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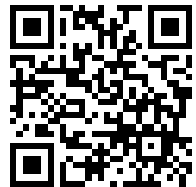
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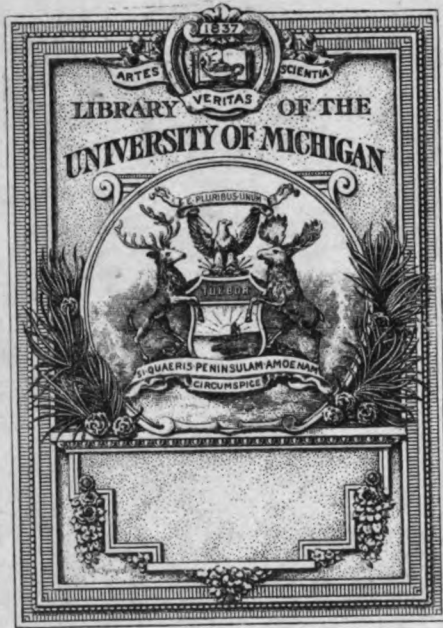
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*The Hahnemannian
advocate*



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HAHNEMANNIAN ADVOCATE

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A MONTHLY MAGAZINE OF

HOMŒOPATHIC MEDICINE

AND ALLIED SCIENCES.

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

VOLUME XXXIX—JANUARY TO DECEMBER, 1900.

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PREFACE.

We have had our hand upon the pulse of the readers of the **ADVOCATE** during the period in which the "Radical Change" has been in operation and find they are responding in a very favorable manner to the diet and regimen ordered and that a healthy homœopathic spirit seems to animate the lines of all who have faithfully taken their medicine.

For the coming year, the general indications will be *Materia Medica*, but there will be some *material* changes in the *form of administration*. While there will be a regular corps of contributors, the plan adopted will consist of a large number of practical questions to be answered by a number of short, concise articles, bearing upon the same question.

The following outline is only suggestive:

1. What kind of symptoms govern you in the selection of the remedy? How are they determined? To what degree does the diagnosis influence you in the selection of the remedy? What part does environment play in the selection of the remedy? Give cases illustrating your selection of the remedy.

2. How do you proceed in the treatment of a case when no one remedy seems to be the simillimum? What do you do when several remedies seem to fit different phases of the case? What is your experience with reference to alternation or combination of remedies? Illustrate with cases.

3. Give your method when symptoms are very limited. What rule or principle governs you in the selection of the potency, form of administration (liquid, powder, pellet, tablet, etc.) and frequency of administration? Illustrate with cases.

4. How do you determine when a remedy has completed its work? Give your method for selecting a new remedy? If you have made a mistake in the first selection, how do you correct it? Illustrate with cases.

5. What significance, if any, do you attribute to drug aggravations?

6. Chronic Diseases: What does this mean? To what causes may they be attributed? How may this be determined and differentiated? Effects of environment.

7. What is psora? What relation does it sustain to scabies and leprosy? What relation does it sustain to all forms of parasitic life? How do you harmonize Hahnemann's interpretation with the modern etiology of disease? Effects of suppression by local applications. What relation does psora sustain to epidemics? What do you understand by *latent* psora? What part does it play in the phenomena of disease? How is it to be eradicated? What is understood by *one-sided* diseases?

8. What is sycosis? What relation does it sustain to gonorrhoea? What relation does it sustain to the condylomata? What relation does it sustain to psora?

9. What is syphilis? What relation does it sustain to the chancre? What do you understand by infection? What do you understand by contagion? Is syphilis, sycosis and psora contagious or infectious? How would you differentiate between psora, sycosis and syphilis?

10. MENTAL diseases: Significance; relation to other diseases; differentiation between psoric origin and that due to environment; treatment, physical and remedial. Illustrate with cases.

11. INTERMITTENT diseases: Significance of types in different seasons; Differentiation between chronic origin and environment? Treatment. Illustrate with cases.

12. Study of the following polychrests with analytical report of cases showing not only the *action* of the remedy under consideration but the *relationship* that remedy sustains to other remedies in conformity with the complicated nature of *chronic* diseases: China; China sulphuricum; Ipecac; Veratrum album and viride; Phosphorus; Sepia; Silica; Hepar sulphuris calcarea and Causticum.

EDITORS.

The Hahnemannian Advocate

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No. 1

Materia Medica.

HEPAR SULPHUR.*

PROF. J. T. KENT, PHILADELPHIA.

Ladies and Gentlemen:—This morning we will talk about Hepar Sulphur, one of the polychrests, one of the *anti-psorics*. It is one of the very deep acting medicines. It takes a deep hold, acting a long time. When the Hepar subject is approached from his very outermost portion he can be observed by his smell. He is an *offensive* subject. His *perspiration* is offensive; all the *discharges* are very offensive. If there be a discharge of pus, if there be a discharge of mucus, if there be a discharge from any part of the body, it is offensive. Especially is this noticable among *children*. In the baby patient, they are called "sour" babies, sour skin, they have a sour odor in spite of much washing; the perspiration is sour. It seems as if the baby can never be so washed as to be sweet. It is always offensive to the mother. So it is when the doctor observes this baby on going into the room. Everything about it is sour. The *urine* and *stool* especially are very offensive.

It may be said that the Hepar patient is often *fetid*, not only sour, but fetid; or sour and fetid; *fetid* discharge from the *bowels*; the *urine* is fetid when it passes, or it becomes fetid in a very short time. Fetid discharges, fetid *pus*, fetid *expectoration*, fetid discharges from the *nose*, fetid discharges from the *ears*.

A striking feature of the Hepar patient, when measured by one

*A Lecture delivered in Dunham Medical College, Chicago, Oct. 3, 1899.

of the commonest rules that we can apply to sickness, which is *cold* and *heat*, THE HEPAR PATIENT IS THE COLD PATIENT, cold, always chilly. In nearly all complaints, the Hepar patient is cold. He is sensitive to cold, *sensitive to cold air*, dreads the cold air, dreads the cool, open, fresh air that would be so delightful and invigorating to ordinary persons. This is so in acute affections, it is so in the chronic state. He is always sensitive to cold. He wants so much clothing on that he is kept burdened, and kept perspiring, and kept hot; and in the acute affections, you often go into the room with so great heat that you will be suffocated. You want to go and put open the windows, but oh he dreads it; with a scowl and loud voice he tells you he "cannot stand the air." At once this classifies Hepar among a certain number of patients, certain kinds of sicknesses that may be called "colds."

Now, we have our "hot" patients, that is, the warm blooded ones, those that want the coolest places for themselves, those that want little clothing, those that want the windows open, those that want cool air, those that want cool things outside and inside, these are classed as the "hot" patients. This alone is one ruling, strong feature that marks and characterizes the whole case.

Now, Hepar goes into the opposite. It is the freezing patient, always sitting by the fire, always sitting by the register. He always wants more clothing than any one else. Unless this is so, no matter what the symptoms are, failure will come from a prescription. Though you have fitted your patient as to all the details of the case, all the little symptoms of the hands, and feet, and nose, and eyes, and the back, though you have fitted him perfectly, if you have left out that one grand thing you will not cure him; you will not cure your Hepar patient. Why, it rules all the little symptoms, it figures in all of them, in almost every little symptom that you hear. You will hear about his being worse from the cold, or his being worse from the open air, or his being ameliorated by a great deal of heat. Very often his headaches are ameliorated by *bundling up the head and making it sweat*. So that the Hepar patient is a cold patient, and we must respect that. He is ameliorated by heat. We must respect these things. When coming into the study of materia medica, we can classify the whole materia medica. Wherever these two things come in, where by reading through the whole text we find so much in it that stamps him as a frozen patient, always

shivering and freezing, or so much that stamps him as a warm blooded, full blooded, plethoric patient, it must rank high in the remedy. There is another class, not especially affected by cold, not especially affected by heat. There are three great classes; but the two, those that are too warm, those that are too cold, must be respected, and that is the beginning, the entering at the open door, the beginning in the study of all acute and chronic sickness.

In many diseases we have the very opposite in the acute state from what we have from the chronic; but we see in Hepar that it runs through them all. We only see, now and then, a symptom that is ameliorated from cold, like the toothache, the *toothache in Hepar is ameliorated from cold*. It is the exception.

We notice again if we go about the studying of things most external and most general, that if Hepar has any sort of an inflammatory condition its TENDENCY IS TOWARDS THE FORMATION OF PUS, whether that be in the glands that are external, or whether that be in the glands that are internal, whether it be in large glands, or small glands, whether it be in the areolar tissues, whether it be in the nerves, whether it be in the bones, or the perineum, pus will form. The tendency is towards the formation of pus, so that we have pustules, we have boils big and little, we have carbuncles, we have abscesses—inflammation of glands with pus. Whether it be in the throat, quinsy, or whether it be in the larynx, the glands of the neck, or whether it be with syphilitics, the tendency is to begin inflammation in the part and go on until suppuration forms.

And a striking feature, wherever the suppuration goes on the formation of pus it is fetid, and hence falls under the general rule mentioned above, that the Hepar patient is an offensive patient. He is offensive to himself, and he is offensive to others. He is a fetid patient, a sour patient. Bear these things in mind, because these things all intermingle and run through each other until one grand unit is observed in Hepar. It distinguishes itself, and it distinguishes every person that it has to do with; whether the patient needs Hepar, or whether the prover has taken Hepar.

One striking feature, wherever this inflammation begins, until it ends, I was going to say, there is *burning, throbbing, sticking*. Sticking, *tearing pains like a splinter*. If there be a sore throat, the patient will always describe it as if he had a splinter, a fish bone in his throat. If it be a run-a-round it will feel as if there

was a splinter in it. If it be an abscess there is the same sensation.

Then is it any wonder that it was observed quite early among the old masters that Hepar tends to suppuration and that Hepar would form pus about anything that is foreign? That is its nature. If there be a foreign substance around that cannot be found you can always trust Hepar, or *Silica* to dig it out, but only when the symptoms agree. It will not cause suppuration around a stick if the symptoms are not there. You may go on feeding your patient Hepar, or *Silica* if you will, until you have poisoned him, and it will establish no suppuration unless the symptoms are there. But if all the features from head to foot agree, then mind you, that suppuration will go on very soon. Of course, if a splinter can be found and if a foreign body can be removed before it has caused suppuration it will be unwise to say that any one will leave it there until it causes trouble. But many times we are unable to find it, but now we may as we have the X Rays.

The *sticking* is a valuable thing for you to repeat. *Sticking*. Everywhere it is found where there is a little inflammation. In a boil, or carbuncle, or abscess, wherever there is inflammation.

Let us now take up another characteristic in regard to the study of Hepar. The Hepar subject is a *sensitive* patient. He is a sensitive subject. The sensitivity is so astonishing in many instances that you will be surprised, that you will scarcely believe it, and many of your patients will be called "cranks" and thought to be pervaricating and exaggerating because they actually *talk out nature*. SENSITIVENESS is Hepar. To what? The *mental* sensitiveness is astonishing, and the *sensitiveness, irritability* and *snappishness* intermingle, there is sensitiveness to all sorts of impressions. Sensitiveness mentally to surrounding impressions. Sensitiveness, mentally and physically. Sensitive to *touch*, sensitive to *hearing*, sensitive to *smell*, sensitive to *taste*; *touchy, violently touchy*. You can never please a Hepar subject. Sensitiveness to *pain*. A young woman that falls over in a faint because she has a pain would not have much sympathy even in her own family. And yet she is nothing but a Hepar case, that is all. If all the rest of the symptoms in her case correspond to Hepar, Hepar will so affect her that the next time she will not faint so easily. Women *faint in labor*, and early in labor, when the pains are not very severe. And then the doctor sometimes says, "I wonder if that woman is going to die, she

looks really very ill," and yet the pulse is regular, and he decides upon further examination that she must be hysterical. What is that? Does anybody really know? We have a general external appearance of what we call hysterics, but it is doubtful if anybody knows what it is.

But this sensitiveness to impressions, this sensitiveness to pain, this sensitiveness to touch, this sensitiveness characterizes Hepar immensely. So you are deprived of a good deal if you have all the rest that should be Hepar and this should be left out; and the new prescriber will often hesitate quite long and look elsewhere in the materia medica to cover his case, because, he says, his patient is phlegmatic, while he knows the Hepar patient is so sensitive, so excitable, so easily aroused. Violent excitability and violent irritability are coupled with the sensitiveness of the mental features. It is almost impossible to think of a good well rounded Hepar subject unless we couple with it irritability and excitability and hastiness. Very impatient. If you go to a simple sore throat you can never do things fast enough for him. *He is in such a hurry.* Very often his own speech seems to be excited and in a hurry. Excitability, irritability and hastiness characterizes the whole mental state of Hepar. It has lots of other little things, but they are all intermingled with excitability and with hastiness, that is, a kind of impatient hurriedness. Running through these, he is with all *malicious*. The striking Hepar case is seldom of a benign mental state, placid and mild. He is more likely to be *malicious* and *full of impulses*, if any one disturbs him and does not do things hastily enough. His irritability advances to maliciousness, he wants to kill somebody. He has *impulses to kill*. This I regard as characteristic; these strange, sudden impulses. Impulses to do violence, and when it creeps on to insanity, impulses to set fire to the house. An insane desire to *burn things up*, and when it enters into *delusions* the *world is on fire* and everything is *burning*. All of these complaints especially arise in old syphilitic subjects that have been strongly *mercurialized*, fed with *Mercury*, when they have come from the hands of traditional medicine men where they have been duped and abused with that very valuable medicine, *Mercury*; and then it is that they become *sour* and *fetid* and the mental state arises. Hepar that makes one of the strongest *antidotes* of *Mercury*. Just on the ground of similars, of course. So *Mercury*, if you will examine it by

the side of Hepar, and Hepar by the side of *Mercury*, you will be astonished at the similitude. It is sufficient to make both medicines wonderfully useful and to provide a place for each; but the one follows the other fairly well at times. Hepar is a natural antidote and will destroy the earlier effects of *Mercury*, and if properly managed and persisted in will many times restore an old syphilitic to health who has been filled with *Iodide of Potassium*; it finds the difficulty and corrects it; it does away with the numerous bone pains that are found in both *Mercury* and *Iodine*. Hepar does away with the tendency to *sore throat* which is so commonly found in *Mercury*. It does away with the tendency to *cold in the nose* which is so often found in old mercurial constitutions; as well as in those who have always taken *Calomel* because it is so good for the liver. Of course they have taken all the syrups in the country which the traditional doctor could find, but Hepar will always break up the cold, and the next cold does not come so soon, and when it comes if Hepar be administered it comes further off.

The majority of our true Hepar cases, or a large number of them, are manufactured by drugs, such as *Iodides* in general, and *Mercury*. All of these complaints come on, and are aggravated, by exposing the part. Persons who are subject to chest complaints, to laryngeal complaints; if a draft strikes the head he is lost, and will surely have catarrh of the chest. The persons who are about to go into phthisis, the persons who have catarrh of a pretty deep seated character, will take on fresh trouble by exposing the head, by uncovering the head in the air, by uncovering the hand when sleeping, by putting the hand out of bed when sleeping. So again it is true of Hepar when acute complaints come on. The Hepar subject in general, if he puts his hand out of bed, uncovers his head, or the covering happens to get off in the night, he is elected for his Hepar troubles. All troubles that come on from such causes, and troubles that when on, are aggravated by such causes; so we say the coughing, the sneezing, the laryngeal troubles, the loss of voice, are very strong features of Hepar,—belonging perhaps more especially to him as a cold subject as has been mentioned above. All the dry cold winds bring on Hepar complaints. The early dry cold winds will bring on the early complaints in the fall, and all through the winter whenever there is an increase in the weather as it goes on and it is dry and cold. In some places, east winds

are dry, and in some places west winds are dry; but it matters not, it is the *dry cold winds* of Hepar, like *Aconite*, and this alone brings the two remedies in close touch with each other in many complaints.

There are many complaints of the HEAD in Hepar. *Neuralgia*, *congestions*, all relieved by heat. Headache, violent, *rending*, *tearing* headache, pains along the *course of the nerves*, the patient is full of suffering, and the head is *kept unusually warm*. If the head is exposed he is elected for numerous other Hepar conditions.

The NOSE comes in for a great amount of trouble. Hepar is suitable for the old *chronic, deep seated, nasal catarrh*; and now if we apply some early things that have been said, *fetid discharges* from the nose, great *sensitiveness* of the case, *sensitive to the touch* with the thumb and finger; in those that have been drugged with *Mercury* for syphilis, with sensitiveness, with *thick bloody green discharges, acrid discharges*, we think of this remedy.

And then we come to some striking features of the THROAT. Hepar is a remedy for many throat complaints, especially *quinsy* for its well known *tendency to suppuration*; but simply *raw, redness* of the throat with a *great amount of mucus*, often *bloody*; there are often little *patches* in the throat, *follicular*, the *glands* are *swollen*, and *pains* in the throat which almost prevents him from *swallowing*, as if *it was a stick*. Of course, there are a good many medicines that have sticking pains in the throat. When examined as a whole, as a unit, you will hardly be lost as to the selection; and then the *larynx* also is a decided region for Hepar. *Voicelessness*. Takes a little cold from a dry cold wind and he loses his voice. *Spasmodic croup* in children. Violent attacks of croup that *come on before midnight*. There is a good deal to be examined about Hepar in connection with its line of progress. You will find that Hepar is not so rapid in its bearing on complaints as some other remedies. It closely runs with *Aconite*. The old practitioners are likely to say when the *croup* comes up, *Aconite*, Hepar, *Spongia*, think of them as a class; and which is which? The complaints that have come on during the day, or the day before from exposing the child to a dry cold wind, and it wakes up before midnight the following night and comes down at such a time with a violent croup should be a fair time for Hepar, if all other things agree. But we take two other things into consideration for another type of croup.

The decided *aggravation* of Hepar is found in the *morning*, and in the *evening*. Sometimes one, and sometimes the other, and hence Hepar becomes a very valuable *follower of Aconite* when *Aconite* is proved to be the remedy. The mother has been out in the evening only a few hours before and the complaints of *Aconite* come on like lightening with great rapidity. As soon as the child goes to sleep it wakes up with a coarse bark; who would not think of *Aconite*? *Aconite* palliates it, breaks up that croup at once, and the mother sleeps, and the child sleeps, but the *next evening about five o'clock the croup returns*. You may feed it *Aconite* if you want to try it, but it will fail. But Hepar should be examined because of the time of aggravation. Its exposure is like that of *Aconite*, and the dry cold winds bring on similar complaints. Examine all the things in connection with it, examine to see if all the symptoms of the case agree; if not, go somewhere else for a remedy.

Spongia has its *aggravation* of croup also *before midnight*, and the *dry rasping* cough and *spasmodic* breathing that is dreadful to look upon. But it is also slower, like Hepar. Much dryer with a rasping breathing, much like *blowing into a horn*. The more *rattling*, the more Hepar. *Mucus forms quite rapidly* in the Hepar state. So the larynx furnishes us a place for Hepar to operate on. All the complaints of the larynx will grow worse from the *exposure* of the hand to *ice cold water*, or *out from under the bed clothes*, or from a child kicking its *feet out from under the covers*. The Hepar patient wants to be comforted and ameliorated from hot things. Wrap up the child very warm and see if it comforts it, and see if the breathing is a little easier. If the child grows worse from the heat, with similar beginnings and similar progress and similar raspings, the sulphate instead of the sulphide is the better croup remedy, because the *Calcium sulphate wants the cold air* and it breathes better. It wants to be uncovered and it breathes better. Its cough is better. Strange, is it not? A slight difference in its preparation, and yet in some complaints I have seen amelioration from cold, cool off the room and put open the windows and the croup is better. How would that be with Hepar? Practically death, that is, violently worse.

Hepar produces a very distressing *summer complaint in babies*, *sour babies*, remember, with always *sour dysenteric* conditions, *offensive*, horribly offensive loose stools. The same is true in adults, in persons who constantly sweat and are never comfort-

able. It slows down many of the organs, and especially the bladder, so that in spite of much straining it is almost impossible to evacuate the bladder, and the stream falls down in a straight line.

CHEST troubles come on and call our attention, many times calling for Hepar. *Chronic catarrh* of the chest with *copious, yellow, thick, offensive, fetid to smell*, and offensive to *taste* expectoration, bloody discharges. Abscesses form in the lung tissue, sometimes small and sometimes large. Stitching, rending, tearing pains in the side of the chest, that correspond to that local dullness.

Hepar has another feature—it is a grand feature; these *abscesses* and these catarrhal complaints of the chest have been more or less troublesome ever since some doctor suppressed some eruption that was out on the skin. He doctored and doctored, and doctored him, and at last he did get rid of the eruption, but the chest troubles came and he did not get rid of them. Everybody is alarmed about him. He is freezing to death, and he is going down steadily with all those symptoms we have been describing. They are not always all the fault of the traditional doctor. I have known Homœopaths to do just such things. Perhaps you may have some of them out west; we have a few in Philadelphia.

Remember, all of them cough, *cough worse at night* from *lying down*, cough from *exposure to cold*, cough from *putting the hand out of bed at night*. Complaints worse from *evening to midnight*, making him sit up in bed to expectorate, which is fetid and offensive. Sour sweat, which is offensive. Weakness and trembling go with all the advanced complaints of Hepar. Sore and bruised in all the parts lain on.

The chill, fever and sweat is too complicated for ordinary study. It is full of strange and interesting things. It is full of chill, and full of fever, and full of sweat. Remember the patient as an old broken down constitution. Many of our old wrecks could well be stopped, at least, on the way to ruin by the administration of suitable doses of Hepar.

CHINA OFFICINALIS.

B. L. HOTCHKIN, M. D., CHICAGO.

PROF. OF MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

We obtain three alkaloids from the bark; *Quinia*, *Quinidina* and *Cinchona*. From these alkaloids we obtain the various salts by combining them with acids. The salt that is chiefly used in medicine is the sulphate of quinia or quinine.

Chinium sulph. or quinine is the principal representative of the China alkaloids and we may assume that the other alkaloids differ in their effects, only as regards the degree and not as regards the character. Quinine acts most intensely in all its acrid compounds.

In animals fed upon quinine were found by post mortum examinations to have narrowing of the space of the stomach and intestinal canal, with thickening of their walls, there was uncommon hardness of the cardiac muscle, the tissues of the liver were colored yellow, the bile watery and greenish, the spleen reduced in size and the blood showed itself less coaguable.

In the provings upon the healthy, considerable increase of the salivary secretion and gastric juice was noticed, while a decrease in the production of uric acid was invariably manifested. More over quinine when once incorporated in the system is found again undecomposed in the blood, saliva, perspiration and urine.

Another thing noticed about this remedy is, that it belongs to the sensitive class, persons that are oversensitive. The entire sensorium is in a state of exaggeration, the senses of sight, hearing, taste and smell have an incredible degree of exaggeration. Things that ordinarily would go unobserved instantly become offensive, this is a feature of the remedy that runs all through its symptoms.

We also have exhaustion of strength after slight motion or exertion with eruption and general perspiration. This sickly or sticky perspiration will be on the single parts of the body, as the breasts, back, groins or palms of the hands. The pains are of a jerking, stitching kind in the soft parts with drawing or boring pains in the bones or joints, which seems to be in the periosteum of the long bones. The aggravation is from touch, motion and in the evening and night. Sometimes there will be a paretic sensation with stiffness of the joints and a tendency of the limbs to fall asleep.

We have not a drug in our whole materia medica that has been more abused than *Cinchona*. It has been handed down to us by tradition and we ought to take an unusual interest in it, because it was the remedy which enabled Hahnemann in a great measure to discover the law of similars. In his provings of this drug, he discovered that the drug was capable of producing symptoms upon the human body, that it long had the credit of curing. It has not only been abused before the time of Hahnemann; but it has been abused since his time. The old school has made use of it in large doses in the form of quinine and this has been imitated by many of the homœopathic school who think that because quinine has produced ague it must necessarily cure it.

The allopath makes use of quinine for everything that has a chill regardless of the kind of chill. We as homœopaths notice one striking feature of the quinine chill and that is, its marked regularity in the kind of chill that it produces. It has a pronounced chill followed by fever and sweat, with perhaps a few exceptional or broken types; but as a rule there is a remarkable regularity and uniformity about the true quinine chill.

The human family is pretty well tinctured with quinine and it is not an uncommon thing to have individuals broken down from the effects of quinine, having what is called a quinine cachexia, with the nervous system broken down and in a very irritable and general anæmic condition.

This medicine is capable of producing a state of anæmic with pallor even to a waxy pallor. It has the ability to destroy the red blood corpuscles of the blood, clots become black and the fluid portion pale; in the menstrual flow two portions are noticed, clots of blood intermingled with leucorrhœa or clots of blood with pale pinkish, or watery flow. In the nose bleed the blood is separated into two parts, the black clots and the watery portion. Another aspect of the China patient will be the hippocratic countenance like those individuals that have lived in low swamps, they are pale, waxy, anæmic. They are always taking quinine in these malarial districts and they soon become debilitated; the hair and whiskers fall out and become thin and scattering. These people lack endurance, they sweat on the slightest provocation, sweat on the back, neck and breasts more than on any parts.

There will be ringing and roaring in the ears accompanied with great irritability, waxy pallor to the skin and great weak-

ness upon walking or exercising. These patients are always chilly and always suffering from pain, every little exertion causes free perspiration. This constitutional state must be present in all cases calling for *Cinchona*. It is the exception when *Cinchona* is indicated in plethoric individuals.

It is the debilitated, weakly, anæmic, waxy persons that are most susceptible and therefore the ones that are cured by the smallest dose and by the dynamic power.

The symptoms that would appear early in the disease, would in all probability not have this peculiar or striking feature that we have spoken of and might not seem related to the constitutional effects of quinine; but if the patient was watched closely, it would be seen that the symptoms were leading towards this cachexia. Plethoric individuals may have symptoms that would be prompted cured by *Cinchona*, thereby preventing the quinine cachexia from appearing.

Cinchona is very analogous to a debilitated malarial state. Persons living under malarial influence for any length of time will have this breaking down of the blood. The common expression is, that the blood is too thin. These symptoms will be noticed in persons living in a malarial swamp for a considerable length of time. There is great yellowish of the skin due to gastro-duodenal catarrh and as a result we have a cachexia brought about, a malarial state or diathesis almost analagous to that found in quinine. This being the case one would think that quinine ought to cure these cases of ague every time and we are disappointed when it does not. We forget that the trouble is with ourselves in not differentiating between those cases whose general sphere of action corresponds to the general line of action of *Cinchona* and those cases that do not.

Hahnemann says that it is the sphere of the drug that we must consider if we want to understand the sphere of the disease in order to cure it. This is why we have to enter into every detail in studying this or any other drug, in order to know whether the drug is going to reach the cachexia; because all that has been said of *Cinchona* applies just as much to *Arsenic*, *Ferrum* or *Natrum mur*. Often the conditions are so similar in their general state, that to the untrained mind they seem just alike.

There is one thing noticed of *Cinchona* and that is, in all of its complaints there is a great deal of pain and suffering, there is pain in the limbs which is made worse by touch. A light touch

over the seat of pain, will, when the pains have become comparatively quiet re-establish them. If you touch the seat of pain, it will arouse up the pain immediately. This is a peculiar feature worth remembering. Hard pressure, however, relieves. The pain is rending and tearing and aggravated by touch. These pains are also made worse from a draught of air, or from lifting the covers. For example, take a lady who has been through confinement and has had a severe hæmorrhage so as to become almost bloodless, these cases are apt to be troubled with pains in the legs that are tearing in character; these cases are exceedingly sensitive to air, they cannot tolerate the least draught of air from an open window and their pains are made worse from the least touch or handling. This is one of the characteristics of *Cinchona* and if the other symptoms of the case agree, it will be the remedy.

A *Cinchona* diarrhœa is worse at night and in the early morning, seldom in the daytime, except after eating, also after loss of fluids. *Ferrum* is the usual remedy thought of for involuntary stools when eating, yet this is often cured by *Cinchona*. In this nightly aggravation it resembles *Arsenicum* very much. In *Arsenicum* the diarrhœa is likely to begin at midnight and generally it will keep it up the rest of the night.

In *Cinchona* the relief from heat runs through the entire remedy, with one, perhaps two exceptions, and that is the chill. This exception should be remembered. The chill is not ameliorated by heat. The patient suffers terribly when the chill is on. The chill is violent but the patient obtains no relief from heat, in fact it is sometimes made worse from heat. There is another exception to the heat ameliorating the *Cinchona* complaint and that is the common complaint of the stomach—warm foods disagree. In this respect it is associated with two other remedies, with which it is totally unlike in every respect. These two remedies are *Pulsatilla* and *Phosphorus*. So we have this symptom, aversion to warm drinks and warm foods—*Pulsatilla*, *Phosphorus* and *Cinchona*.

There is another condition of *Cinchona* that stands out in bold relief and that is the tympanitic abdomen. The abdomen is distended with gas and the patient is constantly belching; but it gives no relief, in fact it rather seems to increase, for the more air he eructates the fuller he becomes. Hence the symptom increased flatulence. *Carbo veg.* also has this great flatulency.

Another marked feature of *Cinchona* is sleeplessness, there is protracted sleeplessness. Cases of this kind will occur after confinement, or after a very severe hæmorrhage and is followed by wakefulness night after night, she being utterly unable to get to sleep. Many physicians would do nothing but give her *Chloral* which only stupefies, without giving any rest. In these cases *Cinchona* will produce a quiet peaceful sleep and a marked general improvement in the patient.

It sometimes happens that we have convulsions in confinement. The convulsions that *Cinchona* is adapted to, are those that come on during hæmorrhage, or at the close of a very severe hæmorrhage. The hæmorrhage is violent, gushing. These convulsions are very serious and often ends in death. Many physicians think that because this is a violent complaint they must have a powerful drug to subdue it. The fact of the matter is, you can cure it if you have the right remedy and you will fail if you do not. Quantity will not atone for the incorrectness of the remedy selected.

This remedy has been used to a greater extent in intermittent fever than in any other affection. It has been given as a specific for all sorts of malarial fevers. They have found out however that it does not cure all cases. Why, they do not know. It cures only when we find these symptoms: Anticipating or postponing type; chills generally in the forenoon, commencing in the breast; thirst before the chill and again as the chill passes off, the thirst begins and increases in proportion to the subsidence of the chill, so that between the chill and the heat there is thirst, and this for water, cold, little and often; as the heat increases the thirst decreases and in the midst of the heat he is thirstless; as the heat subsides his thirst begins and it increases until the sweat begins to break out, the sweat is now copious and the thirst is for large quantities of ice cold water. This peculiar thirst is found no where except in *Cinchona*.

Cinchona is well adapted to ailments of the lungs that is caused from the loss of vital fluids, as hæmorrhages, excessive lactation, seminal emissions, diarrhœa, perspiration etc. The debility however, often depends more upon the individual idiosyncrasy than upon the amount of fluid lost. There will also be that excessive sensitiveness and irritability of the nervous system that has been mentioned before. All the senses seem too acute, they are unable to endure the least fatigue from weakness and debility.

CLINICAL CASES.**Rheumatism and Dropsy—China.**

April 10th, 1894. Mr. R., aged 65 years; has been a hard drinker for many years, and suffered for many years from rheumatism, which was cured some three years ago by *Bryonia* after all other treatment had utterly failed. Says he has not drunk any since and been well until about three weeks ago, when the present attack commenced:

Indifferent, though he thinks he will die.

Face red, conjunctiva, yellow.

Tongue coated white; no appetite.

Very little thirst but drinks often. Desires lemonade.

Violent, irregular, tumultuous action of the heart; dyspnœa.

Pressure in epigastrium; pain in hepatic region; abdomen distended, dropsical; <motion; >rest.

Stools small, painless, nearly black.

Dropsical swelling of lower extremities; they are stiff, cold and the distension so great, he had to have the seams in his trousers opened, to give room for the enormously swelled limbs.

The history of the case and these symptoms induced me to give him *China*²⁰⁰ in water, two teaspoonfuls every hour.

April 13th. No visible improvement, symptoms unchanged.

*China*²⁰⁰ continued, though I had not much hope of a cure; thought on the contrary that the patient with such a history, coupled as it was with poverty, improper and insufficient food, existing for years, would succumb.

The pleasant surprise was, therefore, all the greater when on April 18th, he showed marked signs of improvement, and this continued until a complete cure resulted and patient was dismissed.

March 5th. He received no other remedy than *China*²⁰⁰, and is hale and hearty to-day at 70.

Brooklyn, N. Y.

F. H. LUTZE.

Intermittent Fever—Chininum sulphuricum.

Chas. G. A., aged 8 years, has chill, fever and sweat.

Type: Tertian, anticipating, each attack appears about two hours earlier.

Sept. 9th. Has a chill at 9 to 10 p. m., was put to bed and covered well, got to sleep and rested well all night.

Sept. 10th. About 6 p. m. does not want to be left alone, for he says he sees all kinds of ugly animals, owls, bats and even snakes flying about him in the air; wants the gas lit, which seems to dispel the vision. This caused the parents to send for me.

*Stramonium*³⁰⁰ in water.

Next day about dusk—6 p. m.—he has the same vision, but no chills.

Sept. 12th, 7 p. m. Violent chill, with chattering of teeth, followed by intense heat; fever with thirst, then sweat and relief of all symptoms.

Sept. 13th. The same visions at 6 p. m., at dusk, >light.

Sept. 14th. Again the same visions, followed by chill, fever and sweat.

Stramonium evidently had made no impression on the patient.

I proposed therefore to be present in the afternoon of Sept. 16th, at the time when the next paroxysm was expected.

The chill came about 5 p. m. severe as before, with thirst, blue lips and nails; followed by fever with great thirst, delirium, the same visions at dusk, fear in the dark; skin very hot to touch. Then sweat with thirst and general relief. During the intervals he is so weak he can hardly walk.

Chininum sulph.³⁰ in water (the only potency I had).

Sept. 18th. No more visions or delirium, and only a very light paroxysm, which was the last one. I have treated a great many cases of malaria, and cured all; but this is the only one I ever cured with Chininum sulph.

Brooklyn, N. Y.

F. H. LUTZE.

Neuralgia—Chininum sulphuricum.

Mrs. R., aged 60 years, has been an invalid for five years, and lately suffered much from neuralgia on right side of head and face, which had been promptly cured by *Belladonna*.

The last attack affected the left side of the head and face.

Pains agonizing, lancinating, intermittent, but continuing for some time.

Very sensitive to slightest touch, can hardly bear to lay head on the pillow; it will not only aggravate the pain, but also reproduce it, if the parts are touched lightly, when the patient is free from pain.

<from light, noise, jarring.

>from warmth, from hand pressure.

Chinum sulph.^{45m} in water, two teaspoonfuls every hour cured in two days.

Brooklyn, N. Y.

F. H. LUTZE.

Debility—China.

D. F. L. Male, dark complexioned, 37 years of age. Medium height, fleshy, 190 pounds weight, weak, debilitated, "good for nothing" feeling. Forgetful, misplaces words in conversation, moods variable from cheerful to melancholia or sad, aversion to appearing in company, fears meeting people other than his own family, very sensitive to pain, and averse to exercising much. Has spells of trembling all over—"don't know why."

He has abused his digestive organs in the past by high living. Is now troubled with much gas and fulness in stomach and bowels. Bitter and sour eructations after eating. Eructations sometimes empty, sometimes liquid, and do not give relief of fulness or of the goneness (faintness) which troubles him much. Pressing pain in stomach after meals, especially after dinner. Flatulent distention of abdomen. Liver enlarged and sensitive to pressure. Colic pains after eating followed by lenteric stools grayish or light yellow. Tearing pains in joints of arms and legs with restless moving of these parts which relieves the pains temporarily. Uneasy sleep the first part of night with sleeplessness towards morning. Wakes weary and unrefreshed.

Sept. 4th, 1898, China³⁰ once a day for a week gave some relief. Sept. 13th, the 200th was given with no further improvement. Sept. 28th, China^{50m} was given with further improvement, and Nov. 2nd, a dose of China^{1m} cleared up the case. The low potencies were adhered to in this case upon account of the debilitated state of the patient.

Provincetown, Mass.

W. W. GLEASON.

Hemorrhage—Kreosote.

B. C. H. This woman was of scorbutic constitution, with sallow, yellowish face, 35 years of age. She was subject to bearing down pains in the pelvis and acrid leucorrhœa, with early, profuse menses. She was of intense excitable, emotional temperament, easily weeping or laughing. She came to be treated for the wound of a knife cut on the wrist. It would not heal

entirely, although it did not suppurate, but kept bleeding on motion of the wrist or pressure. It had been troubling her for ten days and still bled at slightest pressure. Kreosote^{cm}, one dose cured promptly.

Provincetown, Mass.

W. W. GLEASON.

Headache—Stannum.

Miss W., aetas 60, has been treated several years by us for fatty degeneration of the heart, emphysema, frequent attacks of bronchial catarrh and the like. One day she complained of headache with pressure in the head without giving any special locality or variety of pain. It came only at night and went away as soon as she rose from the recumbent position. Certainly a remarkable symptom that must be regarded. I found it only under *Kali carb.* and *Stannum*. As in this case the condition of the tubes (bronchial) pointed to *Stannum* I chose it, giving the 14th dilution. The favorable action came promptly.

Headache—Gelsemium.

Miss von L., with whom I was socially related while on a journey, wrote that she has been several weeks unable to have any enjoyment of her trip in this beautiful neighborhood as she suffered constantly from headache, which often compelled her to lie down and prevented her undertaking anything. Whether or not homœopathy could do anything for her, certainly the predominant school had been consulted without any benefit. And antipyrin caused her to suffer more by exciting other symptoms. It was very important that I should cure quickly as the lady is the daughter of a distinguished allopathic colleague and naturally she has not heard anything favorable to homœopathy. In the letter in which she spoke of the frightful character of the pains in her head in general expressions, I only found the one remark which appeared of any value to me, viz.: the blood reached to her head and it felt to her as if it was as big as a house. It seemed to me without doubt that *Gelsemium* was indicated. I therefore sent her in the undisguised homœopathic form *Gelsemium*^{3x}. An enthusiastic letter of thanks was received in a few days. The medicine arrived during a very bad headache morning so that the complete loss of another day's sight-seeing was in view. Immediately a few globules of the *Gelsem-*

*ium*³ were dissolved and then according to directions a teaspoonful was taken every half hour or hour. At noon every particle of headache was gone and she went on an extensive excursion. Since then *Gelsemium* is her constant companion and whenever she feels a headache a couple of globules does the duty promptly so that the lady has become an enthusiastic adherent of homœopathy.

Syphilitic Headache—*Aurum mur.*

Mrs. M. Sah, aetas 35, has suffered constantly for ten years from headache. As she was infected by her first husband with syphilis she has of course taken much *Mercury* and very much *Iodide of Potash* with only transient benefit. The pains were particularly at night, boring very violently. On palpating the skull I found flat doughy elevations, showing that the pains were the syphilitic *dolores osteocope* and *tophi*.

Aurum mur^{4x} four drops three times a day acted promptly and certainly. The headaches were entirely gone in a few days and her general condition improved. I grant that the *lues* were not exterminated entirely and longer treatment was required. The aetiology gave the infallible indication for the choice of the remedy.

Traumatic Neurosis—*Hypericum.*

Miss R., aged 40, had received a violent blow on the middle finger of the right hand. Since then, nine months, she has a constant burning pain in the finger, which on every exertion runs up the arm to the shoulder and even into the thorax. She is a piano teacher and she was entirely prevented from the performance of her duties. She could not play a couple of bars without the most violent radiating pains appearing. The same occurred when she wrote. She had of course consulted different physicians, had been treated by inunctions and afterwards with electricity and massage without experiencing in all of this, three quarters of a year, the slightest improvement. Objectively nothing was to be seen. And even at the beginning, just after the injury, nothing could be discovered and the physicians diagnosed a neurosis. The pain always went from the middle finger, principally in the track of the median nerve to the plexus brachialis, where it radiated even to the breast and back. The case was certainly a peculiar one. The constant burning pain

in the whole middle finger and the exciting trauma prompted me to give *Arsenicum*¹⁰ and *Arnica*⁶ in alternation every three hours. From the first day a decided improvement was experienced, so that she considered herself cured. After a month she exerted herself writing and the old pain returned, although not so violent. It improved again but after every effort the pain returned so that playing the piano for any length of time was out of the question.

I now give *Hypericum perf.*, four drops every three hours. Then followed decided improvement, so that I afterwards repeated the remedy and then heard no more from her.

Nephritis—Arsenicum.

I was called on the evening of the 29th of September, 1897, to see a very sick child. Before I was admitted to see the patient the father asked for a short interview, in which he begged my pardon for calling me to do something that appeared impossible. His son of 4 years of age was sick for eight or ten weeks clearly with nephritis. Certainly his trouble followed marked scarlet fever. As the physician at the sea-baths detected nephritis on account of his bloated appearance, he was returned to Berlin and to the care of the family physician with repeated consultations with some of the professors of the university. Lately these consultations took place daily. Every medicine that could be thought of was given. Yesterday pneumonia was discovered in the left lower lobe, sharp bronchial respiration, temperature 39.4, Centigrade (102.9 F). Since yesterday the physicians had declared that no cure was possible and the consulting professor had said that further visits from him were superfluous as nothing further could be done. Two hours before I called the attending physician, in reply to the father, said that no possibility existed for recovery. When asked by the father who wished to call me, on the advice of his friend X, if the doctor had any objection to a trial of homœopathy, said none whatever. Of course in this case where homœopathy was doubtless to make a *fasco*, no objection would be urged against it; therefore I was called. I positively declared that if I had known the state of affairs I would not have responded, as I had no desire to merely sign the death certificate. However, I saw the patient. The picture I will never forget, the little body was swollen to a formless lump,

great restlessness, tossing about, burning skin were present. An accurate examination was not possible. I succeeded in finding bronchial respiration in the posterior portion of the left lung. On a table was a battery of empty and half empty bottles, champagne and heavy wines, powder boxes, and in short I perceived that everything had been tried except what I was, by way of experiment, to try, viz.: *Arsenic*^{dx}, three drops every three hours. All the bottles with the strong alcoholic liquors of course I removed, as nothing is so injurious as alcohol in renal affections. I promised nothing whatever and the father was intelligent enough to say to me, "I expect really nothing more than that I will be able to say that I have left nothing untried." I promised to return the next morning.

After the first dose of *Arsenic*^{dx} had been given, in ten minutes a quiet sleep set in which continued for two hours. There had not been such a one for weeks, and on the following morning I was received with great jubilation. But as the fever was still high and in the entire lower lobe of the left lung pronounced bronchial breathing existed, I must dampen their joy by remarking if we do not succeed immediately in conquering the pneumonia the patient cannot live. I tried to accomplish this with *Sulphur*^s, some globules of which I dissolved in half a wine glass of water and ordered a teaspoonful to be given hourly. This was in the forenoon of Sept. 30th. In the evening the temperature had sank to 38.5 degrees C. (99.3 F). He felt tolerable, sleep occasionally and he had taken a little milk.

Oct. 1st, in the evening, the temperature was only 37.9 C. (100 F), his condition generally good, bronchial respiration no longer audible, as far as I could discover by examining such a helpless mass. The former attending physician who had asked that he might observe the case, was astonished when, on Oct. 1, he could not discover any inflammation of the lung, to his surprise. On the following day he remarked that Nature sometimes did wonders. In short the pneumonia which had been clearly established by the professor, the former attending physician and myself, disappeared on the fourth day after the use of *Sulphur*. Whether this was merely a *post hoc* and not a *proptor hoc*, every one may decide for himself as to this "wonder of Nature."

The pneumonia was gone and now I gave only *Arsenic*. Along with this action on the lungs there was also an effect of the kid-

neys, certainly from the *Arsenic*. The secretion of urine was suppressed except a very small quantity, often only 200 to 300 centigrammes (300 to 450 grains), although under the action of powerful diuretics. A table carried on conscientiously for months is instructive. The day I began the treatment the secretion of urine was entirely suppressed. They gave wine and other excitants to prevent a collapse. Also a *Camphor* powder was given without any other effect than an intolerable burning in the œsophagus, which lasted for days and he refused to take another. On the first day of the action of *Arsenic*, or if we may so express it, after discontinuing all injurious drugs, he discharged 500 or 600 grammes of a thick turbid urine. Under the microscope there were large hyaline masses, detritus, mucous bodies, etc. I attempted to filter the urine which hardly succeeded, as only a drop oozed out every two minutes. The small quantity was strongly albuminous. The daily quantity increased steadily and after some time, Oct. 10th, the urine was still a wine-yellow with moderate sediment. I will not detail all stages of the course of the disease. A couple of times there was febrile catarrh of the stomach to be attended, because in spite of all precautions the little patient, when his appetite returned, disordered his stomach by trifling excesses in diet. After every little disturbance of the general condition the amount of albumen increased. But the health of the patient became slowly but steadily better, the dropsy decreased, the urine however always containing albumen. February, 1898, 2½ per cent. In the meantime he constantly improved; he stood, moved about the house, practiced gymnastics, ran about, and after half a year presented nothing marked in his appearance. Now he has grown finely and is very strong, looks well and shows in his entire appearance the picture of a sound boy. But there still remains trifling traces of albumen, so that his case cannot be considered complete. At present he is at a watering place on the Baltic. On account of the albumen I still occasionally give him medicine. He has taken *Sepia*, *Plumbum*, *Hepar*, *Nitric acid* and *Mercurius* with temporary visible benefit. I hope that in the course of time the albumen will entirely disappear. As the case has been spoken of in a large circle it has excited much attention and brought to us many questions from allopathic circles who are accustomed to look on homœopathy with but slight regard.

(Translated by A. McNeil, San Francisco, Cal.)

A FUTILE CONSULTATION.

W. W. GLEASON, M. D., PROVINCETOWN, MASS.

Mrs. C. gave up to sickness after a short season of indisposition and took to her bed October 9th, 1899. The physician who attended her, called her "bilious" and gave her three heroic doses of *Calomel* to "clear out the bile." There was a very effectual cleaning out indeed, resulting in large, watery, foul evacuations which continued until Oct. 12th, when the action of the Mercury had so inflamed the liver that there was severe pain under the right scapula, and in the right hypochondrium. Now *Morphia sulphate* was administered to check the pain and evacuations. This was effected but now severe vomiting came on. For this condition *Cocaine* was injected hypodermically. Not doing the wished for work it was followed by hypodermics of *Phenacetine*. But now the heart grew weak and several hypodermics of a combination of *Digitalis*, *Stropanthus* and *Atropine* were given. The patient grew worse and (the night of Oct. 14th) six injections of *Nitro-glycerine* and *Strychnia* (combined) were given, followed by one of *Morphia* and *Atropine*. So far the facts related were given me by the physician in attendance when I was called at 6 a. m., Oct. 15th, and given with a seeming innocent unconsciousness of any misapplication of remedies or lack of judgment in treatment. Under the circumstances, when the husband came to me that evening saying the physician pronounced his wife in a dying condition and he wished me to see the patient in consultation, I was not surprised to find the following condition:

Almost constant retching.

Semi-stupor from which she could be roused with difficulty.

Face cyanosed—nails of fingers and toes livid.

Extreme restlessness.

Face pinched and emaciated.

Respiration superficial, 40 per minute.

Temperature 105. Pulse 148, thready.

Extremities cold.

Involuntary urination and diarrhœa during the retching.

Mouth and throat dry, livid, glazed.

I thought indeed the woman was very near death, but urged by the husband, and the physician's statement that he considered the patient dying and he had done all he could, I placed a pow-

der of high potency on the sick one's tongue, repeating it every five minutes. After the fourth powder the retching lessened and the extremities became warmer. In two hours the stuper had changed to mild delirium and the retching to a cough with expectoration of ropy phlegm. At 3 p. m. I left the patient steadily improving, pulse 120, temperature 102 2-5, saying I would call at 5 o'clock. Before that time the husband called to tell me his wife was doing finely and I need not call until the next morning. I told him that he must tell the nurse there would probably be a critical time from 1 to 3 that night, but to continue the medicine, and call me if needed. I also warned the husband that no more hypodermics of any kind were to be permitted under any consideration, for if they were administered his wife's chances of recovery would be lessened. He promised to call me in case anything was needed and went his way. A little before 2 o'clock that night the patient became rational and complained of pain in the bowels. The nurse flushed the rectum with hot water which brought away much flatus and a natural stool. Of course the patient (who was permitted to get up on the vessel), was very weak, with temperature 103 and pulse weak. Instead of calling me at this juncture, for some reason best known to the family the advice of the other physician was sought and followed. This was the administration of a hypodermic injection of *Nitro-glycerine* and *Strychnine* which was repeated twice before morning. When I called the next day at 10 a. m. the patient was again in a very weak state, considerably cyanosed, extremities cold, and delirious. I refused to attend the case further. The other physician was still in attendance and he continued his hypodermics of *Strychnia* and *Nitro-glycerine*. The patient lingered, gradually sinking, until death ended the scene forty-eight hours later.

I believe this woman would be alive and doing well if the homœopathic medicine had been allowed to complete its work and followed by another appropriate prescription. I believe fully this woman's life was sacrificed to powerful poisonous action of drugs.

TRISMUS OR TETANUS NEONATORUM.

C. T. CANFIELD, M. D., CHICAGO.

Authorities usually comprise both kinds of spasms, Trismus and Tetanus under the same heading. Hartman says that "the

pathological character of both is an erethic condition of the spinal cord, and the motor nerves arising from it; they differ only in degree." Ellis mentions the two as identical, and adds: "There is generally an effusion of blood into the cellular tissue, surrounding the theca of the cord; the vessels of the spinal arachnoid are usually congested, and sometimes there is an effusion of blood or serum into its cavity." It is a singular and rare form of disease, and usually fatal. Many physicians of large and long experience has never seen a case. When recovery takes place it is attended with perspiration and stools deeply colored with bile. Different writers have attribute Trismus to a great variety of causes. The sooner after birth the more unfavorable the prognosis. It is only seen in the early part of the infant's life, from the first to the ninth day, more frequently about the seventh day, never after the eleventh. This leads to the theory that as tetanus of the adult is frequently caused by a mechanical injury, so the tetanus of infants may be produced by lesions of the umbilical cord, or from injuries to the brain and spinal cord, during violent or tedious labor. Dr. Bolles and some others maintain that this is the principal etiological factor in producing the disease. Other eminent authorities refer the chief cause to violent emotions, as grief, fright or anger during pregnancy, or it may be attributed, and was formerly, to uncleanness or variable weather. Treatment: Our old school friends formerly resorted to leeches, blistering, hot baths, enemata of tobacco, opium, musk, calomel and asafoetida, and all are finally declared useless.

The Homœopathist has the advantage of being able to administer his remedies in small doses, but all schools unite in rendering an unfavorable prognosis. In view of these facts, I submit the following case with great hesitation. That it was a well defined case of trismus I have no doubt, and attribute the cure to the administration of our remedies according to the law of Similars. As to the etiology of the case I consider the fright of the mother during the latter part of her pregnancy as the predisposing, and the instrumental delivery the exciting cause of the condition. There was no trouble whatever with the umbilicus and it could not be attributed to uncleanness or variable weather. The birth being in my own house, I could devote more attention to the case than is usually practicable.

Trismus Neonatorum—Opium.

Baby Roy, born July 19th, 1883. Presentation R. O. P. Instrumental delivery. Mother aged 40—primipara. Six weeks previous to her confinement the mother received a severe mental shock. We were riding together one day when we narrowly escaped a collision with a team of runaway horses. Providentially we were uninjured, but the effect upon her greatly alarmed me. She was livid with fear; eyes were fixed, and lips blanched to a deathly hue. Her mind could not be directed from the subject for many days; "those horrid horses," as she expressed herself, were constantly before her mind.

At the birth, the child was with difficulty resuscitated, and afterward moaned and cried continually. *Arnica* was given on account of the severe treatment it received during delivery.

When about thirty-six hours old I observed spasms of face, eyes and extremities. These convulsions increased in frequency and severity and were accompanied with trembling, especially of inferior maxillary. Soon the jaw became fixed, masseter muscles rigid, with frothing at the mouth. Blue circles would form around mouth and eyes, the latter were intensely congested, and later became dim and suffused with tears. Opisthotonos marked and continued, and digital extremities flexed even during apparant intervals from severity of the spasms, which appeared irregularly. Burning fever two days, head intensely hot. Pulse rapid and uncountable. During these partial intervals, the forehead and mouth were surrounded with wrinkles, giving it the appearance of old age. The evacuations were slow and difficult. Treatment: During first stage *Belladonna* was given with an occasional dose of *Ignatia*, the latter being indicated by the character of the respiration. Cold wet compresses were applied throughout first stage; the little patient was quiet only when the compress was cold. The third day the face and extremities became cold, even the breath was cool. Pulse and respiration almost imperceptible. Frothy mucus gathered upon lips, and patient appeared in a comatose state. *Opium*^{3x} was now administered with very little hope of benefit to be derived from its use. To my surprise within twelve hours the respiration improved, the pulse became stronger, and moisture could be felt upon surface of body. A copious evacuation took place and the symptoms pointed towards recovery. Eyes remained suf-

fused, and the skin was highly jaundiced for several weeks. With the exception of a prematurely developed cerebrum, he is healthy and happy.

Iodine.

Oscar S., 62 years of age, dark hair and eyes, yellow complexion, dirty, dry, yellowish, shriveled skin, ill-humored in mind, grouchy, restless anxiety, and feels disinclined to any labor. He watches others critically as if afraid of what they might do or say to him. He will not keep still but seems to like to move constantly. Nothing suits him. Tires out easily. Defective memory. Will not keep proper clothing on in winter. Many years ago he had much malaria; now he has considerable spinal enlargement and the liver is hardened and swollen. A tight hoop-like sensation of the head troubled him, made worse by the heat of the sun or stove. His eyes run water which makes the eyes smart, the upper lids are swollen, and there are glandular nodes in the lids. He seems to feel best when at his meals, and has a voracious appetite. The tonsils are enlarged and subject to inflammation. His digestion is poor, his stomach sour. His urine is normal but profuse with alternation of constipation and diarrhea. He was cured by Iodine in 30th, 200th and cm.

Provincetown, Mass.

W. W. GLEASON.

Indolent Ulcer—Arsenicum album.

Elsie H. Tall, dark complexioned, dark hair and eyes, thin, of rigid fibre, irritable, quick to anger, sallow, sad. Has worked hard all her life and been generally free from sickness. But now there is some weariness chiefly after eating, morning headache on awaking, in right side of forehead, sleep disturbed towards morning, feeling of desire to eructate wind from stomach but cannot raise it, with thirst for large quantities which do not satisfy. On the right leg, anterior surface, below the knee, a large ulcer of a year's standing, which burns, smarts and itches, discharging thin brown pus. Cured with Arsenicum album²⁰⁰ and cm.

Provincetown, Mass.

W. W. GLEASON.

Suppressed Gonorrhœa—Tuberculosis.

Mrs. ———; pale; ænemic; 29 years of age; sallow complexion; light brown hair; grey eyes; protruding lower jaw; about

five feet and eight inches in height; weight about 110 pounds; flat chested.

Both parents and the rest of the family had succumbed to consumption; she had a hoarse, hollow cough; a regular consumptive diathesis; anterior and posterior nares filled with follicular ulcerations; elongated uvula which pressed upon the epiglottis and kept up a continual hacking cough, a rasping sensation in the larynx which made it hard work to talk; would become so hoarse that she could not speak out loud; no appetite, any food taken into the stomach caused severe pains in the stomach with nausea; tongue heavily coated, a whitish yellow with a sickening putrid taste in the mouth; could not sleep from the constant cough and restlessness; enuresis whenever she coughed, urine would escape or when on her feet, a most complete picture of a bone-yard subject.

Prognosis unfavorable, a few doses of *Arum tri*^{1m} once a day, soon helped to clear up the case so that she looked like another person.

Cough had almost ceased; improved appetite; digestion improved; putrid breath relieved and she called herself nearly well.

Her husband, who was in Southern Alabama, was continuously writing for her to come to him. I objected, but she left, promising to keep me informed as to her condition. I did not hear from her for over four months, when she returned one of the most complete wrecks that it has ever been my privilege to behold. Upon inquiry I learned that when she arrived at the place which she expected to call her home, she found that the man which she called husband had been running about with lewd women and had secured a most magnificent dose of *clap* to which she was very soon introduced and from which she became thoroughly impregnated. They had to call in one of the "regulars" who ordered thorough irrigations, threetimes a day, with a strong solution of per manganate of pottassa, which soon stopped the discharge, but left a putrid slightly excoriating leucorrhœa of a strong nauseating odor. The entire sexual apparatus was greatly inflamed; the uterus enlarged and tender; vaginal walls inflamed and painful; bladder thickened and sore; could retain but a few drops of urine, which would dribble away, especially if upon her feet, causing smarting and burning of the external parts; the left ovary swollen and indurated. Had not menstruated for four

months and probably never will again. Complete loss of appetite; could retain nothing on her stomach.

Severe pains over the whole left chest with some of less severity in the right; almost continuous cough, raising lumpy, tuberculous matter, of a greenish color, leaving a sickening taste in the mouth, causing a fainty nausea. My first efforts were to re-establish the gonorrhœal discharge, which so far, I have been utterly unable to do. Happening to drop into a doze, a short, restless sleep, would be aroused by a severe smothering spell, grasping for breath, when her attendants would think that it was her last. The *Ferrum phos.* which relieved the severe pains in the left chest before would do no good, so in my desperation, I gave *Tuberculinum*^{cm} (Swan), in water, one teaspoonful every two hours. That relieved to some extent, so that she got up, dressed and took one very short walk; but she took a severe cold from the exposure and the smothering returned, worse whenever she dropped into a light sleep; for this I gave *Lachesis*^m in water, one teaspoonful every two hours, which caused so much relief that she said she was much better.

It relieved the pains in the chest, it changed the difficult breathing and the bad feelings toward night, so that she rested much better.

The case is still on hand and the prognosis is still unfavorable. I have no hope of restoring the discharge and think that she can not recover, unless it can be done. The left ovary is much better, so is the swollen uterus and vaginal walls which are nearly normal; but I look for her demise most any day. Should not such a fellow be hung for murder?

Suppressed Gonorrhœa—Aloes.

Case 2.—A young man, about 26 years of age had gonorrhœa several times which had been cured scientifically (?) by injections, after which he had frequent attacks of rheumatism which increased in severity and at shorter intervals until he was confined to his bed for the most part of his time; during one of these attacks I was called in. When I learned of these conditions, a few doses of *Aloes* reproduced the discharge. As the discharge increased, the rheumatism grew less and less, until completely relieved, when a beautiful set of figwarts made their appearance over the whole gland; about this time he became vexed with me

and went to the "scientific" who tried to remove them with ligatures which made him so sick that he came back to me. The warts had set up housekeeping and came back to stay, but after a few doses of *Mercurius sulph.*, they concluded to take their departure and he has remained well in that respect up to the present time.

Suppressed Gonorrhœa—Caladium.

Case 3.—Mr.——, about 27, rather dark complexion, what might be called a light brunette, had nasal catarrh, both anterior and posterior, enlarged turbinated bones, had been in the hands of a scientific specialist for two years who had cauterized the nares and throat using irritating irrigations three times a week; when he came to me he was much reduced in flesh and spirits. The nares and throat were very much inflamed and painful; could hardly talk from the irritation of the vocal chords; a hoarse hollow cough; pain and soreness in and through both lungs; loss of appetite; restless unrefreshing sleep; raising a thick conglomerate mucus in considerable quantities, in fact, was what one would call a very well developed case of consumption. His friends said that he could not live more than six months and that there was little or no use in running up a doctor's bill as he could never be any better. I told him that if he continued with his "scientific specialist" his friends were right in their diagnosis. He replied that he had enough of that kind of treatment and that he wanted me to take hold of his case. Upon giving his symptoms a careful consideration I selected Caladium, which I gave him in the 1m potency, one dose per day for about two weeks, when a decided improvement had taken place, he was now put upon *Sac. lac.* with an occasional dose of Caladium. He was kept under observation for near two years and there has been no return of the former trouble and he gained twenty pounds in flesh during the time.

Indianapolis, Ind.

J. R. HAYNES.

III Effects of Suppression of Leucorrhœa.

There have come to my knowledge during the past two months two cases where irreparable injury has been done by suppression of vaginal discharges with injections. One patient has died and the other is fast going at the time I write. If but one of those

cases had happened there might possibly be a question as to how much the treatment had hurried the fatal result. But both of these cases started with simple leucorrhœa, were both treated by the same physician for years with local applications, both took the same course as far as their essential points are concerned, and that course was so peculiar as to stamp the results in both cases as due to the treatment pursued.

Mrs. F. commenced a year ago to have leucorrhœa. A woman physician was called who immediately commenced the use of intra-uterine injections of *Carbolic acid* and other drugs, among which, as near as I can learn, were *Ergot* and *Permanganate of Potash*. The *Ergot* was used to check flooding spells which came on after *Carbolic acid* had been used for months. The injections did not effect what was intended they should effect, and tamponning was resorted to which did not mend matters any. The leucorrhœal discharge gradually became very offensive and after some nine months treatment the faeces began to discharge through the vagina. At this stage the patient was sent to a hospital, only to be returned home as past remedy by the operation, and after a short period of continued suffering death closed the scene.

Mrs. J. came into my care Oct. 7th, 1899. She had been for nearly two years treated by the same woman physician who treated case No. 1. I found her confined to her bed with what she said the woman physician called leucorrhœa. The odor of the sick room was terribly offensive. The discharge from the vagina exceeded a quart in twenty-four hours and looked exactly like that of a severe case of dysentery, its odor being putrid. In the discharge were putrid lumps of flesh varying in size from a pea to pieces as large as half a good-sized hen's egg. Examination of the abdomen of the patient revealed a tumor filling the abdominal cavity, evidently involving the uterus and both ovaries. The genitals were enormously swollen and raw from the discharges, and the burning smarting intense and agonizing. At times there were hemorrhages of clear black offensive blood. Inquiry revealed the course of treatment that had been pursued to have been for the previous eighteen months intra-uterine injections of *Ergot*, *Carbolic acid* and *Permanganate of Potash*, as in the first case, the patient often fainting when the injections were used and being in agony for hours afterwards. What could be done? The patient was too weak to be moved

to a hospital, and the parties were too poor to furnish funds to send for a surgeon to help me operate. The question of survival of operation or subsequent recovery was very doubtful. I did not dare take the responsibility of operating alone under the prevailing conditions. Microscopic examination revealed the presence of two cancer cells in the discharges. As the indications came up *Kreosote* and *Arsenicum album* have been given and under them the agonizing burning has nearly departed, the swelling of the genitals has subsided, and the discharge decreased until now two or three cloths a day only are soiled, but the tumor has not decreased, the patient is greatly emaciated, and the end is not far away.

Here are two cases showing the terrible effects of local treatment of vaginal discharge, and in both cases existed the peculiar feature of recto-vaginal fistula. What caused that rent between the two passages? Was it done by simple breaking down of the parts, or by an instrument in unskillful ignorant hands?

Here are two lives sacrificed to treatment I can designate as no less than brutal and unscientific in the extreme.

Provincetown, Mass.

W. W. GLEASON.

SEVEN DISEASES SUPPRESSED, RE-DEVELOPED AND CURED.

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

Miss L., age 21 years. Tall, well proportioned, dark hair and blue eyes, amiable and intelligent.

Before her birth, her father had a sore on his leg healed by a salve followed by an exceedingly painful rheumatism ever since, mostly about the feet and ankles; he is, like many others, a chronic drug taker.

The mother had suffered from hives or nettlerash from early childhood with tendency to chronic diarrhoea.

From this it may be seen that my little heroine had a bad start for a happy life, and as I do not wish to take too much space I will only write a brief sketch of the case.

Miss L. commenced very early in the fight for life with hives or nettlerash and other children's complaints. During the tender years she was scientifically vaccinated and had a very sore arm with threatened gangrene and erysipelas, with much suffer-

ing, local treatment and medicine; after a time she was said to be cured.

In the course of time she was taken with scarlet fever, when after much medicine, local treatment, mopping and spraying the throat she was supposed to be cured.

A little later (dates lost), she took measles and did not like it, and, by her own will, took a cold bath and the measles disappeared; some time later they re-appeared and another bath sent them back to stay.

After another lapse of time it was a case of diphtheria; a distinguished throat specialist applied all the scientific local treatment with mops, sprays, caustics and medicines, to the full extent of the latest fashion, and when she outlived it all, it was supposed she was well. Again she was operated upon for strabismus in 1891.

After a longer space of time she came to my office on Saturday morning in 1893, stating she had had a chill and now had a hot fever, pain in the eyes, head, back of the neck and ached all over with a tendency to opisthotonos, and said, "now you *must* get me well so I can go to the ball on Thursday night." I examined the case and gave her *Aconite* and told her to go home and to bed, and told her mother that she could not go to the ball; she got along fairly well till Thursday evening, when her father, with the advice of neighbors, knew that Homœopathy was too small a force to cope with a case of cerebro-spinal meningitis, and replaced my services with four allopathic M. D.'s. Then it was a continued series of consultations, blisters and other counter-irritants, with much medicine. For three weeks, the case was swinging in the balance and then the council decided that it had TURNED to typhoid fever, which made another four weeks of treatment which ended in a case of strabismus of both eyes, which required the care of an oculist for over a year. Then again she was supposed to be thoroughly cured.

After this, for several years, this elegant, and to all appearances, well developed, naturally brilliant young lady, many times cured and as many times the victim of so-called medical science, was found to be a miserable wreck and a great sufferer from all kinds of morbid symptoms, seldom ever enjoying an hour of freedom from suffering, but she generally looked bright and cheerful; finally, she and her mother became thoroughly convinced that the fashionable treatment was a failure, came and asked me if I

could raise the dead, with a special request that I should try to get her into a condition of health so that she could enjoy some of the pleasures of life like other young people.

From my acquaintance with the case I did not undertake to find a single similar remedy to cure the whole case, but used remedies more as in acute cases to meet the, then present, later appearing symptoms at the time of prescribing, allowing each remedy as much time as possible, with *Sac. lac.* to keep it working, with a hope to straighten out the case and unlock the deeper seated suppressed disease miasms. Full details of all the treatment would take too much space and weary the reader; my object is only to give an example of suppressed diseases re-appearing, finishing their course under well directed homœopathic treatment, and leaving the patient as it should have done if it had not been suppressed many years before by improper medical meddling and local treatment.

I continued this method of treatment from February, 1897, till Dec. 10th, 1898. With all these, were many indications of a tendency to consumption.

Some time in March, 1898, she was vaccinated again which did not take well, but seemed to leave a general vital disturbance, very depressing.

In October, 1898, she commenced coughing up, from the throat and deep in the chest, cheesy lumps with very bad taste and odor, in large quantities. This continued until January, 1899; none since.

Dec. 10th, 1898, she went to Georgia, for a two months' visit; she complained of pain in the lower part of the back, through to the pubes, during the menstrual period. I gave her *Sabina*²⁰⁰, to be used when the pains came, while away, which relieved that part of the trouble.

Feb. 4th, 1899, she returned home looking and feeling in excellent health. Feb. 9th, had a cold in the head and sore throat. *Arum. triph.*^m one dose corrected that trouble.

Feb. 24th. Complained of indigestion, rich food disagreed, soured and came up, tasting greasy, with frequent weeping without knowing the cause. *Pulsatilla*³⁰, five powders, one a day and *Sac. lac.* (*Pulsatilla* and its analogies, the *Calcaries*, have done excellent work in developing suppressed diseases many times for me).

March 10th. Just in the midst of a smallpox scare in the city.

she came to my office just beginning to break out with scattering pustules like those following a bad vaccination, which afterwards became umbilicated but without any other symptom of smallpox. Feeling sure that it was the development of the March vaccination, I gave her a dose of *Melandrinum*³⁰, and directed her to go home and place herself in quarantine.

March 17th. Was called to the house, the pustules were drying up, desquamating and the patient was suffering with a very different eruption in the form of hives, worse in the mucus membrane of the vulva with intense local and general itching, afterwards becoming raw where on the mucus membrane, without redness or other signs of inflammation. *Rhus tox.*^{mm} and *Sac. lac.*

March 18th. Some improvement.

March 20th. Pustules all gone, hives and itching about the same and another eruption had appeared showing all the characteristics of scarlet fever of three days out, a *Belladonna* case. Gave her *Belladonna*^{cm} and *Sac. lac.* with directions to stay at home. The case soon ran its course the same as a case of scarlet fever would do from the middle to the end of its time, if well treated, followed by desquamation in due time.

March 25th. The hives, which is the only name I can give it, still itching now in the mouth also, most in the buccal cavity, with raised base and raw surface. *Nitric ac.*^{cm} and *Sac. lac.*

April 3rd. Some improvement in the itching, pains in back of head drawing head backward, high fever with aching all over which reminded me of the cerebro-spinal meningitis. Corroborated by an allopathic physician. *Gelsemium*^m, one dose.

April 4th. Skin dry, hot and thirst for large quantities of water. *Aconite*²⁰⁰.

April 5th. Well defined measles, well developed all over which went on and finished its course as it should have done if it had not been interrupted thirteen years before, as she said.

From this followed a long series of work with little satisfaction to me or comfort to the patient. Painful itching in the mouth, putrid breath, and difficulty in eating, smarting around and in the vulva with acrid and very offensive leucorrhœa. All continually reminding me of the father's sore leg which was healed by a salve before she was born. Several apparently well indicated remedies failed to give any relief. *Kreosote* appeared to be the best indicated and improved the general health and modified the

itching till July 19th, when she was taken with sore throat at 2 a. m. and came to my office at 11 a. m. She had patches of old looking membrane all over the tonsils, fauces and nasal cavity which she said "felt just like it did when she had diphtheria twelve years before. It was a *Kali bich.* case; she got it in the cm. with *Sac. lac.* and instructions to go home and stay away from other people, but to let me hear from her the next day.

July 20th. She came back, membrane entirely gone and in every way better and very happy to escape a long sickness.

This appears to finish the list of suppressed diseases and leaves us face to face with the hereditary condition from the sore leg of the father and the nettlerash of the mother, which I can only think of as a psoric condition, judging from the symptoms.

July 24th. Yellow purulent leucorrhœa, blind piles with sharp pains shooting up the rectum, itching, burning, soreness of the skin with the brown blotches and many other corroborating symptoms. She got *Sepia*^m and *Sac. lac.*

Aug. 15th. All itching and soreness with yellow blotches gone, very weak, anæmic but flushing easily from excitement. *Ferrum met*^m.

Aug. 27th. Better every way. *Sac. lac.*

Several changes, and a case of grippe required attention at times till Nov. 18th, 1899. Every way improved; the sores in mouth better but more in the throat, some pain but no itching at all for two weeks, bitter taste and a little nausea, worse in a warm room, better out doors, in cool place and cool applications; leucorrhœa copious, greenish yellow, watery or slimy. Vulva entirely well, bowels regular, a wart-like excrescence on perineum near the anus, no itching or pain, but as she said "a bilious condition." *Natrum sulph*³⁰, five powders, one a day.

Dec. 11th. Up to the last four days, general improvement, since then no improvement, or other change of symptoms. *Natrum sulph*²⁰⁰, three powders, one a day and *Sac. lac.*

Dec. 16th. General improvement—says she feels better than for ten years—a little cough, as from splinters in the throat. *Aesculus*³⁰⁰.

During all this time of re-developing and clearing out the suppressed diseases she kept up and did her part in society, except when temporarily isolated and about two weeks when the itching was so severe as to render self control almost impossible.

One of the greatest troubles in this case has been to keep her father and neighbors from compelling her to submit to local and suppressing treatments.

In this case we have the history of seven different diseases coming in the usual order of children's and adult's diseases and each one suppressed by local, violent, hasty and improper medical treatment, which was supposed to be curative, and the inheritance of hives (psora) from the mother and the suppressed sore of the father's leg.

After a long siege of eighteen months' treatment by symptoms they began to re-appear, finish their course to the end and disappear. And now, ten months later, there only remains the sore mouth and leucorrhœa and the excrescence on the perineum which appears to be a double disease and they are improving rapidly—no signs of the hives or itching. The strabismus which was adjusted to the diseased condition by surgical interference and appeared to be doing well during all this time, is now, in the nearly restored condition of health beginning to give trouble in reading long at a time, the eyes get tired and ache, showing that the rectii muscles are trying to regain their original natural condition, causing a strain.

Intercostal Neuralgia—China sulph.

One day last April, I was called to see Miss L. C., age 24 years, who's uncle was an "old school" physician and who had lost no opportunity to give quinine upon the slightest excuse to the members of the family.

Upon arriving at the patient's house, I found her suffering with a severe intercostal neuralgia, the only peculiarity of the case seeming to be the absence of all other symptoms upon which to base a homœopathic prescription, except the very severe intercostal pain—so severe she could not sleep and it made her quite restless. Left side being affected.

> from heat.

> temporarily from lying on painful side, but she must soon change positions, because of numbness of the parts.

*Rhus tox*¹⁰⁰⁰

Next day no change for better and she spent most of the night crying from pain. The restlessness seemed improved but no change otherwise.

Sac. lac.

Called again the second day still no change for better.

Upon taking her temperature for the first time it was found *sub-normal* almost one degree.

The appetite was fine—but occasional chilly spells came over her.

China sulph⁵⁰⁰⁰ (Sk.) one dose on the tongue—the following night was spent with only two paroxysms of pain which lasted only a short time but a soreness of the affected parts still remained.

China sulph^{cm} one dose which cleared the case up nicely with no return of the trouble to date.

Upon inquiry I found out that her former physicians had told her that she had a sub-normal temperature all the time. Ten days after the last dose of China sulph. her temperature was again taken and found to be normal. Now the question comes, did the abuse of quinine in her former days so overwhelm the system as to hold the temperature sub-normal?

Springfield, Ill.

W. B. PICKRELL.

Hemorrhoids—Kali carb.

J. R. N., painter, age 27. Hemorrhoids protruding in two semilunar masses, size of my fist. They were pale as the skin around them.

Profuse yellow, very offensive pus oozing from anus.

The hemorrhoids are *relieved by HARD pressure*. He places one end of a long towel under his back, bring the other end between his thighs and pulls hard which gives relief so he can sleep till the piles come down again.

Cannot urinate without great pain and urinary tenesmus, unless the piles are pressed hard.

Pulse 120, temperature 102 degrees.

Lips very pale. Conjunctiva very pale.

Oct. 22. Kali carb⁴⁵⁰⁰⁰

Oct. 24. Piles almost well, improved in every way. *Sac. lac.*

Oct. 26. Discharge from anus almost well, no piles. Eating better.

Oct. 28. Pulse 100, feels very well.

Nov. 4. Feels quite well, but is weak; mucous membrane assuming its normal color. Discharged.

What led me to Kali carb. was the relief of the distressing piles

by pressure. Some of the books have it that the Kali carb. piles are *relieved by horse-back riding*, which is equivalent to direct pressure. Then also the *paleness* of the piles and mucous membranes.

The relief of the urinary symptoms by the pressure on the piles is very peculiar symptom and one I do not remember having seen before.

This patient had been treated by a homœopathic physician for six weeks previous to my call and was given up as a hopeless case, and he certainly was very near the border line. The above prescription certainly did surprising work.

San Francisco, Cal.

M. F. UNDERWOOD.

Varicocele from Suppressed Gonorrhœa—Medorrhinum.

W. C., a young man of 26, came to me Dec. 12th, 1896, suffering with varicocele; health seemed perfect in every other way.

Examination elicited the fact that 8 months ago he had a "dose" of gonorrhœa which was promptly cured by the injection method.

No symptoms besides the varicocele presented themselves for consideration except a slight *tenderness* of the *soles* on *walking* or *standing* for some time at his desk.

Medorrhinum^{cm} was given in two doses, two hours apart; next evening he came rushing into the office frightened half out of his wits; "what's the matter, doctor?" "Something has broke loose!" and sure enough when he "took down his pants" he pulled out a great wad of old rags completely saturated with what he thought was urine; a hasty examination of the liquid however dispelled all doubts and of course discovered that it was the gonorrhœal discharge reproduced; it discharged so fast as to drop from the penis at least two drops a second and you can imagine how busy he was kept "keeping himself dry." The discharge slowed down in a day or so and in sixty days the varicocele had vanished and he "never felt better in his life."

Soft Finger Nails—Silica.

The same patient came to me eighteen months later asking me to examine his nails; I found the finger nails very thin and soft,

wearing down short so as to be painful at times; never long enough to trim.

Silica^{30x} two doses. In two weeks the nails had become quite respectable, necessitating the usual care and cutting of healthy nails.

Pneumonia—Lycopodium.

Was called one day last June to see Rev. Mr. S. Found him in bed at 6 p. m., with a raging fever. During the afternoon he had been giving his choir boys their usual practice, the room being quite cold and damp; at precisely 4 p. m., he said he took a violent chill, hurried home, had me sent for and went to bed.

There seemed little to prescribe on, but a prescription must be made quickly as pneumonia of the right lung had set in violently; pulling the chamber vessel from under the bed I noticed a small quantity of urine in it with a sandy sediment, when asked about it the patient said the urine was passed just a few minutes ago.

With the 4 p. m., chill, the right lung and the red sand I gave *Lycopodium*^{1m} and left for home with a doubting and anxious heart; I chided myself that night for not staying with my patient and hastened to his bed-side in the early morning, expecting to find a very sick man. I entered the room and BEHOLD! my patient was sitting up in bed eating a hearty breakfast.

I had never given *Lycopodium* in pneumonia before, but it cured *that patient!*

San Francisco.

M. F. UNDERWOOD.

Comment and Criticism.

SHORT ARTICLES.

Dear Doctor: Your letter of the 3d inst. received and I have been thinking it over. * * * It seems to me that it would be well to have several short articles on each subject with criticism in a separate department, perhaps the criticism not appearing till the next issue of the journal. I don't quite see how you can afford to exclude all clinical cases except the ones just in line with the "outline," aside from "alienating the affections" of some

of your subscribers who wish to appear in print, we are likely to lose some valuable papers. Why not put them in a separate department? I should not waste much space on Personals, News Items etc. * * *
T.

QUESTIONS OF STUPENDOUS IMPORT.

Dear Doctor: Your letter containing plan of work for 1900 came to hand to day. I am not quite sure that I fully understand it. You have not explained to me what topics you desire me to write upon. You have put the work in the form of questions which I suppose you mean to be fully answered by articles, as most of the questions are of stupendous import. You have given twelve divisions or paragraphs which I suppose to mean the work of the different months.

The work is laid out to cover an immense range of thought, in fact the whole homœopathic philosophy.

I have no improvements to suggest unless it would be to shorten it a little, but if you can get short crisp articles on all those questions you will have a fine volume.
U.

REPORT FAILURES WITH REASONS FOR SAME.

Dear Doctor: Your circular letter of the 3d inst. in relation to the outline of study for 1900 in the *ADVOCATE* and the work that you have been accomplishing the last year has been received. To my mind you are working along valuable lines and are accomplishing splendid results.

I think it well to have clinical cases bearing on the remedy under discussion, because it tends to impress upon the mind the salient features of the case, and the symptoms that led to the selection of the remedy and the ultimate cure. Such cases of course are very helpful to the great majority, and also serve as an incentive, for those who are not deeply dyed in the faith, to more strenuous exertion. I believe most thoroughly in many personals, news items, etc. I think, the doctor always turns to this department, and reads with interest, the doings of the profession, especially in his neighborhood. Meetings of the different medical societies I think are also earnestly read. I also believe that encouragement and kindness meet with their just rewards, that many times the cured cases reported in a journal are out of the ordinary and exceptional. If the failures of those physicians

had been reported what a large volume would be necessary. Therefore, I think it well to occasionally report failures. Surgical items, I think, are always interesting, and cures of so-called surgical cases by the indicated remedies, and the medical treatment following a surgical case, to my mind is always instructive.

You are to be congratulated upon the tremendous work you have accomplished during the last year. The journal holds a high position, in my mind, in the profession. S.

MAKES VALUABLE SUGGESTIONS.

Dear Doctor: Your suggestions and outline for study for the coming year received. I have looked over the outline pretty carefully and find no fault with it, but can commend it.

I am not in favor of long articles in a medical journal, and the larger the number of articles, short pointed ones, on the same subject, the better, as it lends interest, and gives variety in expression.

Your suggestion is good, for a number of short articles on the same subject in one No. of *ADVOCATE*, and then the next number, under Comments and Criticism, those articles may be discussed, while under a different department, another series of short articles on a different subject is given, to be in turn discussed the next month in the Comments and Criticism department.

In my opinion, these articles should be secured by invitation or request made on any number of contributors whom you may desire, and upon the subject offered for study that current month. I will do whatever I can for the development of the outline submitted, in so far as I may be able to do so in a short paper each month, or at your request. If it be the principle purpose of the years effort to educate those who are not already versed in the philosophy of our school, I should say that the presenting a *few* carefully analyzed cases will be better than a large number of cases showing *verifications*, if not, then the contrary.

In the matter of Personals, News Items, Miscellany Etc. I think some little space should be given these, as a physician likes to keep in touch, even though so remotely, with the profession at large, and it is a very pleasant diversion from the more solid contents of the journal. H.

GIVE THE REASON WHY.

Dear Doctor: The ADVOCATE is already one of the very best journals that come to my office. It is full of good things.

Your scheme for study for 1900 is excellent. I do not see that any additions can be made to advantage.

I should say *short* papers on each theme would be better than one long one; you will be apt to get a *fuller* view of the subject. The "*discussion*" is doubtful. So many are not at all charitable and are intollerant of differences of opinion. Many do not know the *meaning of words*, hence you have generally a "war of words" rather than a discussion. Many like to "show off," and think to "attack" some one in the press is a "big thing" and "glory." Avoid criticism—*allow* but don't ASK for statement of differences of opinion. If you carry out your scheme you will have all you can print this year.

The exclusive plan for CLINICAL DEPARTMENT is good so far as it goes with the general plan, but I would advise a separate department for *helpful* clinical experiences, especially for the new remedies and new experiences. This separate department will permit *new men* to write—you must *make* future writers.

Verifications are *good*, but the REASON for selection and cure is *better*, and what most men *need and want*. The *common* Materia Medica is a list of Verifications, but just *how to use* it, the *reason* for the selection, is all *dark* to the mass of prescribers. Nearly all are "looking" for help in this line. One of the most encouraging signs of the times is this *desire for information of pure* homœopathy.

News items, personals, etc., should be restricted to items of *real* interest or benefit,—no space to *scratch* any one on the back.

Excerpts on the *mode* and *reason* for selection of remedy from the old wheel-horses are always of interest and benefit,—such as Bœnninghausen, Lippe, Hering, Wells, Gee, Farrington, Swan, Hahnemann's co-laborers, etc., etc.

Success to you,

Y.

 "PRIMARY AND SECONDARY ACTION."

I have just been reading the last number of the ADVOCATE and its articles on "*Primary and Secondary Action*." It only shows how people can become confused by *literalism*, in medicine as well as in theology and elsewhere throughout the whole

range of mental activity! It always struck me that *all* symptoms manifested by the system after the taking of a medicinal or foreign substance belong to the proving without such regard as to whether they be "primary" or "secondary." And *everything* ought to go into the record of the proving and be considered as a part of the materia medica. I insist upon it, if we do anything but take the symptoms as they present themselves in the sick person and then match them with the simillimum, we put off the return to a normal state indefinitely. It is not our business, as curers of the sick, to speculate and theorize and set up little hair-splitting distinctions, worthy only of sophists critical but not creative. Who is to say what is "primary" and what "secondary?" Take a *normal* person, give him a drug, record *all* his symptoms till he returns to a normal condition again; then, when a sick man comes along with any or all of those symptoms give him a potency of that drug and he is more likely to get well than under any other treatment. That is what I understand by homœopathy. If a proving gives contradictory symptoms, what of it? It may be (and, as matter of fact this is so) that a patient will be sick with a series of contradictory symptoms; what he wants, then, is a remedy that will cut up just that sort of caper. And those are just the tools that we have right in our little cases; that's why we cure. Every now and then somebody bobs up with a theory and a proposition to "simplify the materia medica;" but it is idle to talk about such simplification; as much so as it is to simplify the universe itself. The whole truth is, there is nothing "simple" in all God's world, except principles; the manifestations of life are infinitely complex. We might as well admit it and go to work accordingly. Our homœopathic law is simplicity itself, when once you grasp it—just like the fundamental principle at the root of religion, love God and man and show your love by your works. Homœopathy says get all the abnormal manifestations you can from the proving, take all the abnormal symptoms in the sick man you can get and then fit the two and your sick man will return to a normal and well condition, provided he is not too far gone structurally. What could be *simpler*? But the opportunities to practice this rule—like the Golden Rule—are infinite and complex beyond all human unraveling, it seems to me.

Long since I have ceased to care much about the theories and the speculation. What I want to know is, What will the morbidic

agent do in the way of creating abnormality? What sort of abnormality does the sick present? Then I know that he can be cured by any one who knows enough *materia medica* and has eyes enough to see what is to be seen and brains enough to interpret the results of his observation. Tell me lots about *materia medica* and give me heaps of clinical practice and instances and I can do my part toward making the sick people well, and so can you or any other, and there is no other way. "Whoever climbs up through any other door, the same is a thief and a robber"—he steals the sick man's comfort and robs him of his best chance to get well! Is this all right? L.

GIVE US FACTS.

* * * * * By the way, it seems to me that, in the medical journals devoted to the interests of pure homœopathy, in the reports of cases and such facts, as little philosophizing as possible should be indulged in. It seems to me that a number of years could very profitably be expended in gathering the indisputable facts,—of which our experience is so full—and put them in proper shape so that they would speak for themselves; this is the true scientific method. We have had too much to say about the explanation of our facts and have left those facts in *too chaotic a condition*. All prejudice must give way before properly collated truth. Until this is done our homœopathy and sick people will suffer, unnecessarily. A thousand well verified cures by *Sulphur*, for instance, would be worth whole volumes of philosophy upon the subject. Observation, hyposthesis based upon this observation, this hypothesis tested in actual practice; this ought to be the foundation of all our work and our results carefully and accurately recorded and attested. This exaltation of the principle without, at the same time, the presentation of the facts which are the content of the principle, is working at the thing from the wrong end. How should we hope to convert one to homœopathy by presenting only the principles, when we ourselves were converted to it by our observation of the facts out of which the principle grew? We meet the same difficulty in theology; we ask people to accept Christianity without giving to people the examples of lives made nobler by the practice of Christianity. Christianity cannot be rationally accepted as a good working hypothesis of well-ordered living until the actual facts of life

have been examined to see if the Christian hypothesis is applicable to the spiritual and moral needs of humanity. The reason why so many people, nominally converted to Christianity, fail to make it felt in their lives is because they have just accepted a name, without a due understanding of the facts which constitute the content of that name. Just so with homœopathy; our doctors, too many of them, accept a certain principle, without a sufficient examination of the facts behind that principle; hence, the bungling and suffering. Impressions of truth, without due knowledge of the content of these impressions, are pretty dangerous to humanity. A driver was exposed, day after day, until he came down with pneumonia. He was placed in the city hospital and treated by one after another until he was declared hopeless and turned over to a "homœopath" to "execute." He found high temperature and bad conditions all around. These facts he recorded on the official hospital chart. He ordered the plasters removed and administered the indicated remedy, which in this case, was *Rhus*; he gave it in the 200th potency. Day by day the markings on the chart went down until all was normal and the "moribund" discharged. My point is that *that chart was worth volumes of "philosophy"* on the subject. Let us have the recorded facts and the principle will shine out through them all right enough and our controversies will be reduced to the minimum; as Agassiz once said, in a meeting where a great quarrel was in progress about some development in science: "Gentlemen, if we knew more we should quarrel less." Just so; all argument and controversy is impossible, except on the basis of insufficient and half-recorded vision. The work of homœopathy as a missionary force in the world is not yet begun, from a scientific point of view; but the time has arrived to begin, has it not?

L.

Editorial.

THAT DRAINAGE CANAL.

The sewerage of Chicago has been pouring into the Chicago river for many years; and the naturally sluggish stream made even more sluggish by the effort of the Bridgeport pumping station to overcome the extremely slight tendency of the river to empty its contents into Lake Michigan, by forcing 50,000 cubic feet of water, every minute, into the Illinois canal.

Notwithstanding the constant presence of this gigantic cess-pool, the mortality of Chicago has been remarkably low, and typhoid fever has been no alarming menace to the health of her citizens, when proper precautions have been taken with reference to the drinking of notoriously impure water.

Danger lurks in the *stagnant, sluggish* condition of the stream because this favors the development of pathogenic matter, both animal and vegetable. The amount of dilution added to the rate of activity or current determines the degree of immunity. There can be no question with reference to the effect of an inflow of 360,000 cubic feet of pure water, ever moment, from Lake Michigan upon the sanitary condition of the Chicago river. There ought to be no difference in opinion with reference to the effect upon the people living along the banks of the Des Plaines, Illinois and Mississippi rivers. The provisions of the law, creating the sanitary district, made it imperative that a canal should be made of sufficient size to admit of an inflow the minimum amount of 518,400,000 cubic feet of water every twenty-four hours. This secures a constant current, summer and winter, of over one mile an hour. Chicago river (the south branch) is less than twelve miles long, so that every portion of its channel will be washed with fresh, pure water every twenty-four hours. This great volume of water will pass through the entire course of the three rivers, *creating a current where, in the past, it has been stagnant fully six months in the year.*

The cries of terror which have gone up from St. Louis in particular and been echoed and re-echoed from time to time have been without foundation in fact. A careful analysis will show that the source from whence all of the alarm arises is the same in all localities. The local Boards of Health possess a charac-

teristic in common—a form of hysteria—which finds danger in every wind that blows and send out its alarm before the wind begins to blow.

Typhoid fever is a national evil and the source from whence the evil comes is undoubtedly found in defective sewerage; but its location is generally at a point in which decomposing matter is held in restraint—old wells, old brick pavement, close proximity to a cesspool, etc.—under favorable conditions for the development of pathogenic material.

Malaria differs from typhoid fever only in the character of the infecting agent.

The Des Plaines and Illinois rivers are dependent upon the natural rain fall and consequently are either overflowing their banks—leaving stagnant pools upon either sides to breed disease producing germs, or so empty as to leave exposed debris capable of disseminating evil.

For the sake of commerce, dams have been placed across these rivers, thereby creating reservoirs of stagnant water. The amount of disease directly attributed to this source is problematic but cannot be disregarded.

The building of the drainage canal has changed or will change all these conditions. It should be a health-giving stream instead of a source of evil.

It is possible that the people living along the banks of these rivers have not suffered in the past from typhoid fever, but we venture the suggestion that the majority have been constantly manaced with a greater danger from imperfect sewerage than they will from an unfailing supply of living water passing their doors even though that water does contain the greatly diluted sewerage of the city of Chicago; and even though the water may contain some things that render it undesirable as for drinking purposes, the regular supply of water will reduce the malarial factor to the minimum and thus prove a positive blessing while the possible evil is only problematic.

PERSONALS, NEWS ITEMS, ETC.

Dr. Francis Lane, a recent graduate of Hering, has found a very satisfactory location in Victor, Colorado.

Dr. Arthur Peake has been admitted to practice in North

Dakota and has selected Wahpeton as his first location. He cannot fail of success.

Dr. J. P. Sutherland has been honored by the Trustees of Boston University School of Medicine in the election to the position of Dean, left vacant by the death of Dr. Talbot.

Dr. S. Wellman Clark, of Jersey City, died of pneumonia on Dec. 5th. The Doctor made a specialty of "stomach troubles" and was on the Consulting Staff of St. Mary's Hospital, Passaic, N. J.

The Ohio State Board of Health have arranged with sixty-seven physicians of that state to address Farmer's Institutes during the present winter upon the subject of "Tuberculosis" with especial reference to cattle.

Drs. Hawkes and Crawford have taken up their life's work in California with the same vigor and success that characterized their work in Chicago. Both have important papers for the next meeting of the State Society.

Drs. Malcolm C. Sinclair of Grand Rapids and Albert Lodge of Detroit have been appointed homœopathic members of the Michigan State Board of Health; and Dr. Sinclair has been honored with election to office of President.

Michigan comes to the front with a law which makes it a misdemeanor for any person suffering with gonorrhœa or syphilis to marry in that state; it further imposes a fine of from \$500 to \$1,000, or imprisonment for a period not to exceed five years, or both fine and imprisonment. This is a move in the right direction.

It seems as if the plans for a trip to Pæree and environments would end with the plans in many cases owing to the limited accommodations which enable ship-owners to raise instead of lower the rates. We offer the suggestion that some "freighters" have good accommodations with reasonable rates and give a more restful experience than any of the fast "liners."

The Chicago Homœopathic College will entertain their friends by an address from Dr. W. H. Hanchett, Omaha, on the subject, "Twenty Years a Practitioner," Jan. 20th; "Some Points in Ethics," by Dr. H. M. Bascom, Ottawa, Ill., Feb. 9th; "Intellectual Diversity," by Dr. O. S. Runnels, Indianaapolis, March

6th, and "The Practical Side of Medicine," by Harvey B. Dale, of Oshkosh, March 30th.

Englewood Homœopathic Society began the proving of the same remedy given to the students of Dunham Medical College last month. It will be interesting to compare the work of the two organizations. The 30th was used to begin the proving and the results will be kept separate from that of other degrees of potentization in order that sufficient data may be secured to determine the range of action.

Owing to the bigotry of the "old school" staff, St. Mary's Hospital of Passaic, N. J., has been placed under the control of a staff of homœopathic physicians and surgeons by the trustees of the institution. This is an unusually well constructed hospital and under judicious management will be a monument to the cause of homœopathy. Dr. Charles A. Church is chief of staff which of itself is sufficient endorsement.

The *University News Letter* reports the opening of a mound a few miles below Ann Arbor by Dr. W. B. Hinsdale, Dean of the Homœopathic Department, and the finding of a skeleton of a man lying on an oval bed of burnt clay. On the skeleton's left hand was a pile of bones not human, several arrow points, a number of awls made out of antlers, a copper needle, and a barbed fishing spear. The mound was about fifteen feet in diameter. The skeleton was found about four feet below the surface.

The White Cross Visiting Nurse Association, with central office in Chicago, is now prepared to furnish skillful trained medical-surgical nurses to the sick poor in their homes, in country towns and cities; the nurse to work under the direction of a local committee. Conditions made known on application to the president. Kind persons wishing to send delicacies for the destitute sick, such as jellies, preserved fruits, bed linen, infant clothes, are requested to prepay the express on same, because the Association has no funds for that purpose. For particulars and conditions, address, Dr. S. Sherin, President, 1017 West Van Buren St., Chicago, Ill. Telephone 1433 West (local and long distance).

A new Hahnemannian Society was organized in San Francisco Jan. 4th, 1900. Learning from experience that "letting down

the bars" means destruction they have modelled the new society after the plan of the International Hahnemannian Association. Twelve joined as charter members. Dr. A. McNeal was elected President; W. M. Johnson, Vice President; Maro F. Underwood, Secretary, and J. E. Huffman and M. T. Wilson, Censors. Meetings will be held on the first Thursday of each month. They will be liberal in everything except that which constitutes membership. We publish the first paper in the February issue and expect to make their reports a regular feature of the *ADVOCATE* for the coming year.

Owing to the discrimination practiced against homœopathy by the managers of the Colonial Hotel, Bath House Sanitarium Co., of Mt. Clemens, Mich., etc., etc.—*Century*.

It is beyond our ken that a homœopathic physician should endorse baths at Mt. Clemens or send any of his patients there. There is nothing that is not antagonistic to homœopathy from beginning to end, so it is no wonder the managers of the hotel look with discredit upon a physician asking privileges who bases his claim upon the basis of homœopathy.

Book Reviews.

Histology and Pathology. A Manual for students, by Nichols and Vale, Demonstrators of Histology and Pathology in University of Georgetown, Washington, D. C. Published by Lea Brothers & Co., Philadelphia and New York. Pp. 458. Price \$2.00.

This is one of the series of Pocket Text Books published by this old and reliable house. It is a plain, simple statement of the recognized principles involved in these two departments of medical knowledge arranged for the convenience of the student.

Key-Notes and Characteristics with Comparisons. *Second Edition—Revised and Enlarged.* H. C. Allen, M. D. Boericke & Tafel, Publishers, pp. 318. Price \$2.00; by mail \$2.10.

A thoroughly reliable outline of the study of nearly 200 remedies are presented in this little book. In addition to this will be found the remedies to be studied in *comparison* with the one under consideration. Then a cross-index shows where reference has been made to each remedy under consideration. It is not of so much value for reference as for study but its value can be

greatly enhanced by the addition of a comprehensive Repertory and then printing the completed book upon thin linen paper with flexible cover suitable for bedside reference.

The "New Lippincott" for January, 1900, begins the year with a complete novel, full of fresh sensations and amusing episodes, called "The Bread Line," by Albert Bigelow Paine. This is a tale of fun and love in New York's bohemia, beginning with New Year's night at the Model Bakery on Broadway, where some comrades encounter "The Bread Line," and ending there after a year spent in trying to start a newspaper in a Bohemian studio. Love plays a signal part in redeeming the hero.

The significant series of stories on Mormon Life, by Mrs. J. K. Hudson, begin in this number with "The Third Wife." These should prove as useful a weapon against the renewed menace of polygamy as the expected Congressional action.

The short fiction will consist of three extraordinary stories by comparatively new writers: "Behind the Lines," a tale of social life in Washington, by Archibald Willingham Butt; "The Story of a Sky-Scraper," by Percie W. Hart: a tale of to-day in taller New York; and a charming fairy tale for Christmas, by Evelyn Sharp, a new London writer, entitled "In the Prince's Shoes."

Of timely papers there are many. "Art and the Camera," by F. Holland Day; Mrs. Crowninshield's description of the progress of the great Paris Exposition, under the title of "The Paris Fair in Outline;" "An English Music Festival," by Thomas Whitney Surette; the third paper by Ignota, in a series on English society, is entitled "English Political House Parties;" Dr. Theodore F. Wolfe, in "A Bookish Corner of New Jersey;" Dr. C. C. Abbott, "Clementine," the poetess, Thomas Dunn English, and others.

Review of Reviews.—That is just what it is, the most comprehensive review of current events in the world. See what a rich variety of subjects are considered in the January number.

The future of Cuba and Porto Rico, the Philippine question, financial legislation in the new Congress, Secretary Root's report, the British reverses in South Africa, and the recent progress of American municipalities are some of the topics editorially treated. The character sketch is Secretary John Hay, who by reason of the death of Vice President Hobart becomes the successor apparent to the Presidency. The Hon. John Barrett writes with

his accustomed clearness and force on "Our Interests in China—A Question of the Hour."

Prof. Edwin O. Jordan, of the University of Chicago, writes on the Chicago drainage canal, mainly from the point of view of sanitation. Mr. Albert C. Stevens gives an interesting account of modern fraternal insurance associations, of which nearly two hundred are now in operation in this country on what is known as the "lodge" system.

For the benefit of people who have found it difficult to get an authentic statement of just what was done at the Hague conference last summer, the *Review of Reviews* prints the full text of the arbitration agreement now before the United States for ratification, with an explanatory statement by Prof. John Barrett Moore, of Columbia University.

Archives of Neurology and Psychopathology.—Under the auspices of the State of New York the State Hospital Press of Utica, N. Y., the following papers have been arranged for publication in Nos. 3 and 4 of Vol. II. The year's subscription is \$3.00.

Clinical Studies in Epilepsy, by L. P. Clark.

1—Exhaustion-Paralysis in Epilepsy (with text-figures and five plates).

2—Paramyoclonus Multiplex Associated with Epilepsy. (with text-figures and two plates).

3—Hypertrophic Infantile Cerebral Palsy and Phocomelus Associated with Epilepsy (with three plates).

On the Absorption of Proteids, by P. A. Levene and I. Ievin.
Embryochemical Studies, by P. A. Levene.

1—Some Chemical Changes in the Developing Egg.

The Sequence of Changes in the Optic Chiasm produced in Acromegalia, as exemplified by three cases. (one plate). By Ward A. Holden.

On the Evidence of the Golgi Methods for the Theory of Neuron Retraction—(Preliminary communication), by R. Weil and Robert Frank.

On the Significance of the Neuron Metaplasma Granules, by Ira Van Gieson.

Experimental Researches on the Central Localization of the Sympathetic with a Critical Review of its Anatomy and Physiology, by B. Onuf and Jos. Collins.

The Surgical Diseases of the Genito-Urinary Tract, Venereal and Sexual Diseases.—A Text book for Students and Practitioners. By G. F. Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphiology in the Medical Department of the State University of Illinois; Professor of Criminal Anthropology in the Kent College of Law; Surgeon-in-Chief of the Genito-Urinary Department of the West-Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress for the Prevention of Syphilis and the Venereal Diseases, held at Brussels, Belgium, September 5, 1899, etc. Illustrated with 283 Engravings, $6\frac{1}{2} \times 9\frac{1}{4}$ inches. Pages xvi-1024. Extra Cloth, \$5.00, net. Sheep or Half-Russia, \$5.75 net. The F. A. Davis Co., Publishers, 1914-15 Cherry st., Philadelphia.

Every reader, at all familiar with the author begins to look for original opinions upon all of the noted questions naturally considered in a book covering the scope of this book and they will not be disappointed in this new and elaborate expression from a fearless investigator, e. g. speaking of infection he says:

"It is the author's belief that through *evolutionary* changes, what may be termed the normal micro-organisms of the female generative apparatus may undergo *transformation* and assume new and pathogenic properties, not only capable of exciting urethral inflammation in the male, but under favorable circumstances of infecting the female herself." * * * the question is an open one whether the gonococcus is not really a derivative of urethral and vaginal cocci.

Under the heading of "Effects of Mercury in Syphilis" we have a gem. He quotes largely from Clevenger's articles in Journal of the American Medical Association, but the mechanical theory is exceedingly well put.

With reference to medication, the author believes in exhausting all other means before resorting to drugs and as a rule he stops medication as soon as possible. The indications for treatment are extremely meager, in fact, are almost *nil*.

It is a very interesting book and will find many readers and may succeed in modifying the opinions of some; and it is, in this field, that its value as a practical book lies.

Miscellany.

To Thread a Needle.—Hold it with the ring and little fingers of the left hand, instead of with the thumb and forefinger, as is the usual way. This method, according to Dr. Joseph Jackson, leaves the thumb and forefinger free to grasp the smallest bit of silk or other suture material as it passes through the eye and pull it to a safe distance on the other side.

The Malarial Plasmodia, especially their spores, may be confused with particles of nuclei, as well as with that form in which the nucleus gradually becomes smaller and disappears, as well as with that form in which the nucleus divides itself into many parts. Even the blood plaques, which seem to bear a relation to the particles of the nuclei, may occasionally be confused with the spores of the plasmodia.—*Medical Record*.

Neurasthenia.—Dr. M. Wernberger (*Deutsche Medicinal Zeitung*, October 26th) defines neurasthenia as a functional disease without any organic changes, and characterized by an increased sensibility and diminished resistance. According to Charcot, the cardinal symptoms of neurasthenia are: (1) headache and head pressure; (2) disturbance of sleep; (3) rachialgia and spinal hyperæsthesia; (4) muscular weakness (amyosthenia); (5) disturbances of digestion (nervous dyspepsia); (6) disturbances of the genital apparatus; (7) psychical changes, such as irritability, fear, lack of will-power, and tired feeling after mental exertion. Secondary to these are vertigo, nervous asthenopia, hyperæsthesia, paræsthesia, fibrillary twitchings, tremor, muscular cramps, feeling of pressure, and neuralgic sensations.

The Influence of Physical upon Mental Disease.—Dr. W. J. Handfield Haslett (*Indian Medical Record*, November 1st) formulates his conclusion to an interesting article upon this subject as follows: That febrile, suppurative, painful, and constant diseases are most likely to produce benefit, particularly boils, carbuncles, erysipelas, and some of the specific fevers; that protracted and debilitating and wasting diseases, producing anæmia and loss of blood, rarely produce any mental improvement; that purely convulsive neuroses are rarely capable of any amelioration in this way; that stuporose mental states and the second stage of acute attacks are most readily influenced for good; lastly, that the evidence chiefly points to the influence being produced by unwonted afferent impulses by abnormal peripheral irritation.

Chininum Sulphuricum in Periodic Headache.—Dr. Berlin was consulted by a woman of forty years, who, somewhat pale, complained of weariness at times. Her appetite was moderately good. Of nights she sweated a great deal; now and then roaring in the ears. Her chief complaint is a headache, which she had had for weeks. It is indefinite, now boring, now pressing, then throbbing. It seemed to occupy the whole head, though it was greatest in the forehead. During the headache she felt cold through her whole body. The whole scalp was sensitive and all contact would either produce or aggravate the headache. Lying quietly ameliorated. The pain would appear every forenoon at ten o'clock and last until five o'clock in the afternoon, when it would gradually cease. On account of the periodical appearance he gave her Chininum sulph. 3x, five drops every two or three hours. It only recurred once again, and then very slightly.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 19 and 20, 1899.

New Homœopathic Hospital at University of Michigan.—The extreme length of this crowning glory to the Homœopathic Department is 175 feet; depth in centre is 180 feet. The indigenous field stone (boulders) will make up the wall to the top of first story, while gray pressed brick will complete the walls. The building will only be two stories in height and will be

topped with a red tile roof. The contract price for the bare building is about \$50,000. The plans provide for six wards. They are a men's medical, a men's surgical, a women's medical, a women's surgical, an obstetrical, and a children's ward. Besides these there will be operation rooms for major cases and for diseases of the eye, several private rooms, and recovery rooms. The larger operating room will be finished in marble. Two anæsthetic rooms have been arranged for and a lecture room for general medical, clinical, and demonstration courses. The normal capacity of the hospital will be from seventy-five to eighty patients.

Tabes Dorsalis—Paralysis.—Ræcke has studied the subject of the occurrence of tabes and paralysis in married couples. Many cases of this coincidence are now upon record, and the author adds notes of seven unpublished observations. In these latter the wife suffered from tabes and the husband with general paresis, or vice versa, or else both spouses had the same affection. Naturally the only explanation of this coincidence is to be found in the underlying syphilis which, as a rule, is manifest in the history of the cases, the women giving accounts of repeated abortion and other evidences of infection. Cases of this sort are, therefore, examples of conjugal syphilis and furnish evidence of the essentially syphilitic character of tabes and general paresis.

In a table at the end of his paper Ræcke shows that some seventy-five cases of this coincidence have now been reported. As in all similar material concerning the two diseases, there is a residuum of cases—in this table about thirty per cent.—in which it was impossible to demonstrate the presence of syphilitic infection.—*Medical Review of Reviews.*

Oysters and Their Possible Danger to Health.—Profs. Herdman and Boyce, in their report contained in a "Memoir of the Lancashire Sea Fisheries," have been investigating the cause of the color present in the green oysters, and our own much-prized and world-renowned Blue Point has come in for a share of their scrutinizing attention. The green hue is equally familiar to the man who raises them for the market, to the one who raises them from their bed with a pair of rakes, and also him who raises them out of their own juices on the half shell by means of a silver trident. This coloring has been attributed variously to metals, vegetable coloring-matter, bile pigment, and the pigment of diatoms. The investigations recently carried on show, according to an editorial in *The Lancet* of Nov. 18th, on "Oysters and Disease," that in point of fact the green color is not always due to the same cause. In one variety it is copper, and this appears true of the American green oyster, but the metal is found in association with green leucocytes. In other varieties iron is found, while a diatom or moss is suspected as a cause in still others. We are told that American green oysters are frequently thin and have shrunken livers. The important part of the report deals with contamination of oyster beds by sewage and the results of experimental feeding with the feces of typhoid patients. Oysters taken from the neighborhood of discharging sewers showed abundant bacteria in the fluid of the pallial cavity and also in the rectum. In feces-fed oysters the typhoid bacillus could be cultivated from the fluid of these cavities, fourteen days after infection. Bacilli of the colon group were frequently found in oysters supposed to be contaminated by sewage. The recommendation is

made that oyster beds from which markets are supplied be kept free from possible contamination of this kind.—*Medical Record*.

Treatment of Obesity.—Dr. Rud. v. Hoesslin (*Deutsche Medicinal-Zeitung*, October 26th) says that for the past five years he has adopted a combined anti-fat method which has for its basis: 1—Feeding by means of a pure albuminoid fat diet after the principle of Ebstein's anti-fat diet; 2—increase of metabolism by hydrotherapy; 3—administration of thyroid tablets; 4—increase of oxidation by increased exercise. Feeding by means of pure albuminoid fat diet has two advantages over the prescribed diet of Oertel: firstly, the quantity of food stuffs taken by the patient need not be very materially diminished, and secondly, he does not have to suffer from thirst. Another advantage of this diet is that it may be continued for a long time, even for a number of months, without in any way undermining the patient's strength or giving rise to nervous disturbances. The menu for the entire year, according to the diet principle as set down by Ebstein, is, in a word, the abstinence in so far as possible from sugar, flour—in fact, all carbohydrates; with each meal a 15-gm. piece of Seidl's bread is allowed. Dessert is cooked without sugar, but with saccharin; all sweet fruits, such as apricots, blackberries, pears, etc., as well as carrots, peas, cauliflower, are to be avoided. For breakfast coffee or tea without sugar, perhaps with saccharin, and a tablespoonful of cream, together with a piece of well-buttered Seidl's bread, are to be given. If a second breakfast is desired at ten o'clock, then the patient receives one or two soft-boiled eggs, one or two slices of fat ham or fat bologna; at four o'clock, tea or coffee without sugar. Among the drinks, Moselle wine, Bordeaux wine, water, and mineral water are allowed, but beer, even Pilsener, is not allowed under any circumstances. During the first few days, until the patient becomes accustomed to the new diet, attention must be given to the gastro-intestinal tract, since half of the patients have gastric disturbances on account of the unaccustomed fat consumption. On the second or third day mild nausea, belching, and pressure in the gastric region are often complained of. Patients soon, however, become accustomed to the diet. This diet is enhanced in its effects by hydrotherapy, in the forms of cold douches and sweat baths, which increase the metabolism. Thyroid extract is an effective help in the treatment of obesity; tablets of 0.3 gm. each are used, given once or twice daily. The pulse is observed twice daily, and if increased in frequency the dose is at once diminished or the drug is entirely discontinued. Many patients, even with small and infrequent doses, react with continuous cardiac palpitation and increased pulse frequency. In these cases the drug must be discontinued entirely.

How to Lessen the Pains in Labor. For two years I have been managing my obstetrical cases in the second stage in a way new to me and not mentioned in the text-books. When the perineum is pretty well distended, having the patient in the dorsal position, I place the palmar surface of the hands so as to press the foetal head and retard its advancement as I deem necessary. The mother is notified beforehand to bear down or not as directed. I use the index finger and thumbs to aid in the expulsion of the foetal head, pressing all the time upon the perineum, and pushing the posterior commissure backward, thus assisting the head over the perineum. Every mother has said

she did not know when the head was born. In fact they ask me frequently if I am in earnest, when I announce the birth of the head, and say they did not feel any more of the pains after I changed my position, and placed my hands with the index fingers pointing to the rectum, and directed them as to bearing down, etc.

The way I first happened to apply this treatment was at the birth of a short, thick-bodied, big-headed, 17 pound child. I told the husband it was so large it was bound to lacerate the perineum, and perhaps the sphincter ani. She was a multipara. I placed myself in the above described position, so I could allow the perineum to distend as much as possible, and at the same time protect it from laceration as much as possible. After the completion of the third stage, I made a visual examination, and found only a small marginal laceration not worthy of notice, healing by first intention without operation. That child was twice as large as any she ever had before, and she said it was the only one from which she did not nearly die with pain just as the head was issuing from the birth-place, as she called it. The caput succedaneum was not as large as I have had with eight or nine pound children. Her remarks put me to studying, and now, after two years trial, I believe this manner of manipulating materially lessens the risk and pain. Of course, where you have an intractable patient you can not do so well.

I believe in thorough antisepsis, cleanliness of hands, etc., as well as care and watchfulness of the patient, and after dilatation commences and is well under way, I sit by the bed and assist in the labor, rupturing the amniotic sac when needed; also assisting in rotation, flexion, and extension, as I deem necessary. I hope others will try my plan, and report to the *Journal*.—*J. M. Abbott, M. D., Trilby, Wis.*

What Not to Do in Acute Conjunctivitis.—Dr. Edward Jackson presents the following conclusion in *Denver Medical Times*, October, on the treatment of Acute Conjunctivitis.

“1. A mydriate should not be used for acute conjunctivitis. But if one cannot decide exactly what is the condition present, he ought to bear in mind that it may be glaucoma, in which case the mydriatic might do serious permanent harm. More frequently they distinctly aggravate a pre-existing conjunctival inflammation. They always cause dilatation of the pupil, blurring of vision, and a desire to shun the light, and even the enforced rest for the eyes that they secure will not compensate for their unfavorable effects.

“2. Do not prescribe cocaine. It has no curative power, and the period of temporary relief during the anæsthesia and contraction of the blood-vessels is followed by a period of increased vascularity and irritation. In some cases cocaine acts much like atropine, producing violent conjunctivitis.

“3. Do not poultice the eye. It makes little difference of what the poultice is composed; scraped potato, raw oyster, bread and milk, flaxseed, corn mush, or tea leaves are about equally harmful. The latter article has been used so frequently that the ‘tea-leaf eye’ is a recognized pathological entity. Its excessive, rather passive hyperemia, swollen lids, photophobia, and macerated appearance are generally easily distinguished, and the prescribing of a placebo with the *proscribing* of the poultice are certain to bring about prompt improvement. It would seem unnecessary to caution against the poultice were it not

that the practice seems to have such a firm hold with the laity as to indicate that it must still be advised by some doctors.

"4. Do not bandage or use any sort of compress. The effect of a bandage of any kind is, to some extent, that of a poultice. The patient may regard the bandage as evidence of the surgeon's care and the seriousness of the case. It may be important to impress the patient with the idea that you are doing all that can be done for him; but you should find some way of doing that without making the eye worse.

"Even in traumatic conjunctivitis, where rest is most important, the danger of infection overshadows all other dangers; and the bandage favors bacterial development so strongly that the culture test with it is recognized as the most searching practical test for pathogenic organisms in the conjunctiva.

"For similar reasons the compress is to be avoided. Even the ice compress, which is recommended by many authorities for gonorrhœal conjunctivitis, the author would avoid. He has used it. He has watched its use by others who thought they saw great benefit from it; but he has not so interpreted the results. Its enthusiastic advocates agree that it must be promptly discontinued when signs arise of corneal involvement, and corneal involvement is the thing to be dreaded in gonorrhœal conjunctivitis. The cases without corneal involvement will get well anyhow, and the use of the ice compress does not tend to prevent it."

To which may be added :

5. Do not use astringent or caustic applications, and avoid alkaline lotions.

The Centennial Birth of Dr. Hering Celebrated by his Descendants.—A reception was given New Year's night in the recently completed Constantin Hering building, No. 112 N. 12th st., to commemorate the one hundredth birthday anniversary of Dr. Constantin Hering, known as the Father of Homœopathy and the founder of the first medical college of that school in America, as well as to dedicate the structure which bears his name. A large room on the second floor was most profusely decorated in white with green foliage plants, and under a tastefully constructed canopy, the doctor's widow, Mrs. Therese Hering, and Mr. and Mrs. Walter E. Hering received their guests, who numbered more than 500.

The supper room, on the first floor, was a veritable bower of evergreens and pine trees, festooned with laurels. Individual tables stood in pretty alcoves, and from them gleamed in clusters hundreds of small incandescent electric lights of varied colors. The supper room was divided into two parts, one representing the year 1900 and the other 1800. In the former stood a table upon which were spread such modern delicacies as oysters, chicken and lobster salads, croquettes, pates and ice cream, while the latter compartment contained a table laden with a typical, old-fashioned German lunch, consisting of sauer kraut, frankfurter sausage, herring, potato salad, cheese, etc. The waiters in the 1900 room were colored men clad in up-to-date garb, and in the other room they were white men in old-style German costumes. A sign, "Dew Drop In," indicated the way to the land of the ancients.

During the evening vocal and instrumental music was rendered, and Dr. Charles Mohr, of Philadelphia, and Rev. S. S. Seward, of New York, delivered appropriate addresses. In addition to many members of Dr. Hering's family, the following were among those present; Mayor Ashbridge, ex-Mayor Stuart,

Justice James T. Mitchell, Judge William B. Hanna, Charles C. Harrison and Dr. William P. Wesselhoeft, of Boston.

Nothing has been spared to make this building most substantial and safe. The front is built in Renaissance architecture, Roman brick and Indiana limestone, surmounted by a copper cornice. Over the entrance is a bust in terracotta of Dr. Hering, modelled by the well-known sculptor, Mr. A. J. M. Mueller. In the middle of the central arch is a memorial tablet, inscribed as follows:

CONSTANTINO HERING.

QVI IN HOC LOCO SEDEM HABEBAT ET IN QVA IVLII TERTIO ET VICESIMO
DIE A. D. MDCCCLXXX MORTVVS EST.

In the basement there are two 150 horse-power water-tube safety boilers, two engines, with two direct connected dynamos, besides the pumps, elevator, machinery, etc. This plant supplies the building with heat, electric light, and power. The power is conveyed through the building by wire, instead of the old method of vertical shafts, etc.

Most of the larger presses are equipped with individual motors, obviating the use of belts.

There are one passenger and two freight elevators.

The building is eight stories high, has a frontage of 40 feet, a depth of 200 feet, and cost over \$225,000.

A unique feature of the building will be the reproduction in a fire-proof room adjoining Walter E. Hering's private office of Dr. Hering's study in the old homestead. The old desk, sofa, safes, and other relics, together with some of Dr. Hering's manuscript, will be preserved there.

DR. HERING'S CAREER.

Dr. Constantin Hering was born in Saxony, Germany, on the 1st day of January, 1800. At the age of seventeen he began the study of medicine, which he pursued in Dresden, Leipzig, and Wurzburg, until his graduation in March, 1826. Soon after, he was sent by the King of Saxony to South America on a botanical expedition. He resided six years in Surinam, devoting himself to scientific research and the practice of homœopathy. He came North in 1833, practiced medicine in Philadelphia until 1835, when he moved to Allentown, Pa., where with Wesselhoeft, Helfrich, Detweiler, Romig, and others, he founded the North American Academy of the Homœopathic Healing Art, the first college of homœopathic medicine in the world. In 1837 he resumed the practice of his profession in Philadelphia, residing on Spruce street, near Fourth, later on Eleventh street, near Spruce, until 1852, when he bought the house on Twelfth street, the site of the present building, where he thence forward lived until the time of his death, July 28, 1880.

Dr. Hering was one of the founders of the Hahnemann College in this city, in which he occupied the chair of Institutes and Materia Medica, likewise the position of Dean, until his retirement in 1860.

His life was largely devoted to original research and to literary labor bearing upon his profession. Among his works are: "Rise and Progress of Homœopathy," "Serpent Virus," "The Domestic Physician," "The Voluntary System of Medical Education," "American Drug Proving," "The Natural Boundary," "Gross' Comparative Materia Medica," "Complete Materia Medica," (one volume), "Analytical Therapeutics, Vol. I, on the Mind." "The Condensed Materia Medica," and his opus magnum, in ten volumes, "The Guiding Symptoms of Our Materia Medica."

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Materia Medica.

SILICA.*

PROF. J. T. KENT, PHILADELPHIA.

We will take up the study of Silica, or Silicea, another of the polychrests. It is one of the deep acting medicines, very slow in its progress, very profuse in its action. When it once takes hold it affects the body for a long time. The Silica patient is a cold patient, always chilly, always lounging around the fire or a warm place. He wants plenty of clothing, wants warm weather.

Complaints that are made worse, or more rapidly progress in winter, winter coughs, winter headaches and winter rheumatism; he wants to be bundled up. He has cold hands, cold feet, and cold head.

There are times when Silica seems to like a little fresh air, but nearly always takes cold from it. There is a strange, peculiar physical or automatic recognition of something wanting in the whole economy, that is, he reaches out after every strong individual that comes along, to be, as it were, influenced with some magnetic influence. He takes hold of the strong hands—that is, if the doctor is a strong and vigorous man, he will notice that his Silica patient will get hold of his hand and hang on. He seems to get some life out of it. They are old, sickly, nervous, run down, cold, frozen patients. They take on cold, rheumatism, and complaints through the head, and through the feet particularly; for the reason that the Silica patient is always worse from

*A Lecture delivered in Dunham Medical College, Chicago, Oct. 6, 1899.

every conceivable sort of suppression of his pores, and he sweats at his two ends, his head and his feet. His feet are always sweating, and if he gets them cold or damp or wet, if he sticks them out of bed or out from under the buffalo robe in winter they will sweat just the same, no matter how cold they are. If they get chilled and the sweat slackens up a little then will be aroused in him whatever trouble he has. If it is in the head on comes his headache. If he has a chest trouble he gets it in the chest. If it is a nasal catarrh it is in the nose. It does not matter, whatever that Silica patient is likely to have, gets aggravated from getting his feet out of the covers at night, or from walking in the snow, or from becoming chilled. Rheumatic attacks come on.

On the other hand, the head is always sweating, and he always wants it wrapped up; from exposure he gets headache. He is excitable, he is sickly, just the kind of constitution that will go towards suppuration, from which he gets relief, or into tubercular deposits. Tissue making seems to be at a low ebb with him, and hence, infiltrations come and tissues of a low or tubercular grade form. He has abscesses, and the Silica patient gets *relief from the formation of abscesses*. If he did not have the abscess he would have something worse. Fortunate, only when he has the abscess where it can free itself and give relief. Unfortunate it is when the abscess forms in a vital place. Suppuration is one of the common features of Silica, so he has boils, and carbuncles, and abscesses of glands. The glands of the neck, the tonsils, the mammary glands, lymphatics everywhere, and these seem to give relief, because when he has an abscess he gets better for a little while.

The Silica mental state can scarcely be any better than his physical state. You would hardly expect one who has such feeble circulation to make brain tissue that is up to good reasoning and prolonged efforts. Hence, the Silica patient is often in run down mental state, says that he is tired, he is feeble in body and mind. Mental and bodily weariness is what we generally find. He is always tired. He is tired physically, he is tired mentally. Always weary; wants to lie down and rest. There is a great deal of nervous weakness manifested, a tremulous feeling, and a tremulous state of the limbs. Tremulousness of the hands when using the hands, that is, when knitting, when writing when using instruments. Silica subjects often break down from

the use of their instruments. Those that are in the habit of using fine, delicate instruments, fine brushes, fine watchmakers, engravers, lose their occupation in prolonged effort, like local physical exertion. Silica is not able to maintain efforts to any great length of time. Tremulousness. The hand increasingly trembles until he abandons that particular kind of business. We can easily see that all these complaints are a deep seated order, that must progress slowly. They cannot come on in the night. They have regular periods of beginning, or progress and decline. Periodical states, like periodical abscesses, periodical quinsy. It seems that the patient becomes gradually worse until it is necessary to have some sort of explosion, like a sick headache, and then he goes on comparatively well for a time—or like an abscess, and then gets relief. We would not naturally see by studying the Silica patients, or Hepar patients, or any of these suppurative patients—we would not naturally see what a villainous process it is to locally try to abort these means of nature that are sent on the economy for relief, but some men think once in a while, and some never think.

The Silica patient is restless, is nervous, is excitable, startled by every noise. The headache is worse from noise, and worse from excitement. He is easily startled; trembles. Pains are increased from noise, but that does not belong to Silica to the great extent that it does to *Nux vomica* or *Coffea*. Think of a pain being worse from hearing a noise. This want of vital warmth always accompanies, or often accompanies those patients that have such sluggish reaction, or little reaction—want of vital warmth. Complaints all worse from cold. The complaints themselves are all worse from cold, cold applications, and better from warmth; but there is one little state that comes into the Silica constitution that is not sufficiently dwelt upon that is very important, *aggravation from becoming heated*. The Silica patient has such low vitality, reaction, that there is little endurance, and he becomes *sick from being heated*. Aroused into a great state of sweat, anxiety and exhaustion, and then any slight exposure will bring on an exaggeration of the Silica tendencies. Suppuration of the tonsils, or an abscess, or a tremendous cold in the nose, or an asthmatic state in which the chest is filled with catarrhal discharges. The doctor may be waiting upon an obstetrical case. He may be in a run down condition, and after working with his forceps and getting heated he runs out on the cold stoop and

cools off, and the next day he comes down with asthma. But the same thing will come to a person who has been forced into an equal distress. He takes cold through the head, and the feet. The cold that comes in that way comes by suppressing the sweat that is nearly always upon the head, and the offensive foot sweat that is upon the feet.

Weakness and tremulousness have been mentioned, with numbness. Numbness of the extremities. Numbness of the parts lain on, or rested upon. If he rests upon a part it becomes numb. If he lies upon the shoulder that whole arm becomes numb. Numbness of the parts lain on. These states gradually progress, numbness, tremulousness, excitability, until another extreme comes, which very commonly comes in nervousness either from the center or through the circumference and feeble circulation, and paralysis of the extremities. Emaciation. Emaciation of the extremities, and of the whole body.

We are now realizing what a weakly, run down state, what a broken down state of the economy this Silica patient may fit. The emaciation may gradually increase year after year, slowly progressing, and nevertheless the patient all the time has a violent hunger, a violent thirst. Calcarea more often fits an emaciation that comes on in a few weeks, with great hunger and thirst, *eating well while growing thin*—one of the old key notes for *Natrum mur.* and *Iodine.*

Offensiveness is always present through the Silica patient. Offensive stool, putrid, fetid stool, horribly offensive, that is, the diarrhoea. The discharge from the ears, from the nose, the vagina, from abscesses, is putrid very often. Offensive pus, stinking pus. But the well known stinking foot sweat, offensive foot sweat, so offensive that the home is made unhappy in spite of daily washing. The foot sweat cannot be washed away, it is so putrid, so offensive; sometimes it is merely strong, strong offensive foot sweat.

Localized inflammatory conditions ending in suppuration, whether they are catarrhal as the mucus membranes, whether they are of glands, or of bones. It has caries of bones, inflammation of joints with great swelling, with suppuration. We might suppose that infants born from such parents would be feeble, would have a tendency towards phthisis, would be likely to die young—and it is true. They are late learning to walk. Their bones form slowly. The fontanelles close late. Teeth are

late forming. Old fistulous ulcers you would naturally expect to form where such tissues are found—feeble circulation. If once an injury comes it will not heal. If an injury or a bruise comes where the flesh is thin over the bones, as over the tibia and around the ankles, little injuries, inflammation, suppuration, ulcers. The feeble reaction which is found after fevers, has given us the well-known old fashioned name the “fever sore.” The old doctors used to fill their cases with calomel and with various drugs and there was scarcely enough left after finishing the fever to raise an ulcer—and the old fever sores last for years. Silica often goes into the very life of the patient and establishes better tissue making, better blood making, rouses the economy to a better state of nutrition. Thus some low form of tissue making is at the bottom of all fistulous ulcer pains, i. e., is a reason for all fistulous ulcer pains. Abscesses form. Silica will rouse the economy and establish a healthy pus in such activities from which the fistulous ulcer opening leads, and finally a cluster—as the bodily state improves, a cluster of fistulous openings. On your life, do not close them up. You readily see they are the safety-valve of nature, they would not come there without cause. The Homoeopathic physician does not operate for fistulous openings. He does not do it, for the Homoeopathic physician is one who knows better, and he is one who knows to do it is the destruction of his patient, and if he had it upon himself he would prefer to keep the fistulous opening and remain with his family to falling into the hands of the undertaker.

The mind furnishes a vast state of information, many indications, but the grand feature is prostration of mind, prostration of mind from a general bodily weakness. There are plenty of weakly patients, persons with bodies so weakly that they cannot undertake a mental calling. They plod along and get along fairly well if they let mental affairs alone, and they are often called weak minded; but Silica also suits brain-plodders, mental workers, brain tag, mental prostration from prolonged mental effort. Many a young man has finished his college course, gotten through the curriculum with much difficulty, and when he has arrived at the point of going into professional life he is utterly unable to take up the work. Many I have seen who wanted to go into a clerical position, or into law, or into medicine, who have been stopped for 3, 4, or 5 years—and how often will you hear them say that they long to take up that work, but as soon as they come

to take up a book they are so tired, so much exhausted, such fatigue, they cannot stand a mental effort. Going through the usual college course was all they could stand. They had come to the end of their mental endurance.

We find in Silica another state. One who has for weeks and months sustained one prolonged, continuous uninterrupted effort upon some important topic comes to the end of his study and breaks down, he cannot finish it. Silica will help him. We find also in persons who are in the habit of speaking in public with weighty subjects all at once come to a stand still, when the minister dread his pulpit, the lawyer dreads to go into court to make his last or final speech. He feels utterly incompetent to do it. A mental dread and fear. Silica will help him perform the work.

We find it in a prolonged state with such as come daily before the public with this wonderful dread that they cannot any longer perform their services or their office, but when they get about it they seem to forget this and hurl themselves into the work and perform their work with energy, and with such energy, that they let down with prostration, with weakness, with feeble memory. It is brain fag, prostration of mind. The mind gives out.

So it may be seen that Silica, in body and mind, is weary. A state of lassitude, and finally positive weakness. Lassitude is very commonly the state, of course, the condition, the physician thinks between lassitude and actual weakness can well be illustrated, the physician will become enthused by saying that one who is merely suffering from lassitude if excitement or pleasant surroundings come the lassitude instantly leaves and he is about the work. In other words, if a fire came in the building one suffering from lassitude will jump up and get out as strong as ever; but positive weakness and prostration is different, then he becomes helpless and paralyzed.

The next most important feature in the study of Silica is its headache. The Silica headache probably is well known to all of you. Silica headaches are routine work for doctors. Periodical headaches. Doctors are likely to think of Silica for all the old periodical headaches that come before them. Silica is one of the first things he thinks of, and just as likely as not he will ask the foolish question, "is it worse from heat?" or "is it better from heat?" or so and so, which gives him an answer of yes or no. But this is wrong. The physician never asks a patient any

question which can be answered by yes or no. The lawyer has learned that. Periodical headaches, especially those that come once a week with regularity, also those that come on after the head sweat is stopped, especially those that come on from getting a draft upon the head when the head is perspiring. Especially those that come and exist periodically so long as the foot sweat does not appear, then an alteration of headache and foot sweat, that is, the foot sweat has gone and has been away for several years; but if a remedy happens to be given that ameliorates the headache for the time the foot sweat comes back. Also periodical headaches in those that keep their foot sweat and have it with them always. Periodical headaches arise from every prolonged mental exertion. Any periodical headache that is worse from noise, light, cold air, and is ameliorated from the dark, from lying down and from quiet. Aggravated from walking, from going up stairs, from every excitement; from talking. The Silica headache is so serious that the sound of his own voice is like a club to his head, the vibrations of the sound. The Silica headache while it is sometimes accompanied—while it is sometimes caused by suppressed sweat, the sweat often continues with the headache, and increases with the pain. It is ameliorated by bundling the head up, and intense heat from water bags. Ameliorated from heat, from wrapping up. Sometimes it is ameliorated from pressure, but the bundling up loosely is often better than binding up tightly. Worse in a cold room. Winter headache. Especially in winter during the violent cold headache is likely to be such as begins in the occiput, spreads up over the head and settles in the forehead or over the eyes. Comes up in the back of the neck, sometimes very sensitive in the back of the neck.

The headaches are too numerous to consider, that is, as to their individual symptoms, but this is more characteristic than others.

The catarrhal states of Silica must be mentioned. The eye symptoms in general are too numerous to study. This must be read in general study with the systemic state. Such a state as we are going over. But the catarrhal symptoms of the eye, ear, nose and throat are important symptoms. The causes that have been mentioned. Exposure to cold, suppression of foot sweat, will aggravate the eye troubles. Inflammation localized in little pustules, with burning and stinging in the eyes. Chronic inflam-

mation of the conjunctiva. The nose is especially a location for old catarrhs. Dry hard crusts form in the nose, black sometimes. When blown out or loosened it bleeds. The bones of the nose become very sensitive. Fetid discharges from the ears and nose at the same time. Catarrhal affections of the ears and nose. The nose, middle ear, and the external canal all suffering from abscesses and catarrhal affections—fetid discharges. Caries of the mastoid processes in connection with ear troubles, and when it slackens up a little from cold, or when any one of these troubles slackens up a little from cold, headache comes on, one of these periodical headaches coming on with regularity, seventh day headaches, or at regular times. With all of these discharges the patient is better, feels better the more copious the discharge, and the discharge is more copious in warm weather, in pleasant weather. Silica likes fresh air in warm weather, but not fresh air in cold weather. It is the cold that aggravates, and the warm that ameliorates. Yet he is often sensitive to intense heat. The extremes of heat and cold are both aggravations.

You would hardly expect otherwise than that the Silica face is pale and sickly and cachectic.

The throat is especially a place for trouble with Silica, because it has tonsils in it. It has glands. Now the same rule holds good as to the ears. There are some persons subject to quinsy. Some persons as soon as they take cold get quinsy. Silica is especially useful in periodical quinsy. Quinsy that comes in the middle of the cold winter, violent cold weather, cold damp weather. Taking cold and settling in the throat whenever he takes cold. Periodical quinsy belongs to a number of remedies, especially when there is suppression and suppuration. The Hepar recently studied has these symptoms, but you will see they are not closely together. The desires and aversions are stronger in Hepar, may be said violent. That is, his appetite or desire for food is no ordinary desire. It is a painful desire, with an empty, hungry, sinking feeling that must be appeased or he will have some of his sicknesses. Headache is almost sure to come on if he does not instantly fill the stomach. Aversion to warm food, to milk, the infant turns his head away from his mother's breast and declines the milk. Milk brings on vomiting. Milk forms curds in the stomach and comes up solid. Spitting up the food, sour vomiting, which is most troublesome.

Silica has an inveterate diarrhoea, and so long as he lets the diarrhoea alone, although he is weak and prostrated with it, he is more comfortable than when he stops it. He has all sorts of troubles. When he lets the diarrhoea alone he has the headache. That of course is the case before he comes under the treatment of the Homœopathic physician. But the constipation is better known. The horrible straining at stool when the stool is very hard, or when it is better formed and only soft. Inability to bring the muscular action upon the parts to expel the stool is a characteristic of Silica, and he strains at stool. Waits patiently and strains again, and yet he cannot expel the contents of the rectum, and finally it seems to break in the middle, but he is exhausted, and the rest of it fails, and he goes and tries again. Or it may be a hard stool that seems only to protrude in the rectum and passes back again.

The urine is troublesome, is putrid, is bloody. Especially involuntary urine at night in bed, with children. You go into a house perhaps in your wanderings around and you will see two or three little beds, one of them has a tremendously strong urinous odor and you at once say, "I wonder which one of these little Johnnies, or little Susies sleeps in this bed." You go into the next room, you find a little Johnnie, a pale, sickly boy, huddled down by the register trying to get warm, and you notice a similar smell to him that was around the bed in the other room, and you immediately know who sleeps in the bed. Johnnie must have Silica. And the mother says, "why, what a wonderful doctor. He can just look right through as if the baby had a hole through it. He can just look and see what the matter is right off."

The Silica cough is one that has perhaps existed for years. It is a dry, barking, teasing cough. The numbness and trembling are very important complaints. Profuse sweat of the hands and feet, but that of the feet is fetid. Felons form, and run-arounds, upon the fingers. The nails become rough, irregular. The lower extremities especially, hip joint disease—the hip is a special location, the knees and ankles and parts round about. Coldness of the extremities, of the hands and feet and of the whole lower limbs. The whole lower limbs are cold, icy cold, are tremulous, and weak. Caries of the bone, ulcerations of the tibia, weak ankles, ingrowing toenails, and we have arrived at a state where we can see what a run down, what an unfortunate and sickly individual this Silica subject is, but it is in such con-

stitutions that we will find Silica useful for complaints. And is it a wonder that such a constitution furnishes a field for the development of almost every conceivable microbe that you wish to hunt for?

CINCHONA—ACTION ON NERVE CENTRES.*

E. R. MCINTYER, M. D., CHICAGO.

PROF. MENTAL AND NERVOUS DISEASES, DUNHAM MEDICAL COLLEGE.

Time limit permits the discussion of but very little of the action of this drug on nerve centres. Its action is almost coextensive with both the sympathetic and cerebro-spinal systems.

In the study of drug-action it is always well to start right. To me it is important, when possible, to start with some prominent objective symptom. Perhaps no one symptom of Cinchona is more prominent and constant than "swelling, induration and inflammation of the spleen." This leads us at once to inquire into the *modus operandi* of its action in the production of these pathological conditions. It will not do for us to simply say the books tell us it is through this or that system of nerves; for while one author says it acts through the sympathetic, another says the cerebro-spinal, so we are not safe in blindly following such contradictory statements. Indeed the symptomatology, as given by most of our authors on materia medica is far from being a safe-guide, since it is not infrequently the result of the fertile imagination of the provers. Therefore, we must sift out the wheat from the chaff by our knowledge of anatomy and physiological laws.

But back to our splenic symptom, "swelling, induration and inflammation" in any organ or tissue means either paresis of the vaso-constrictors or irritation of the vaso-dilators, either of which breaks the balance between them and opens the vessels. It is in accord with physiological laws that continued irritation means final paresis and vice versa. This being true, we would expect the splenic hyperæmia. Indeed some provers state that this is the condition of the spleen in the beginning of the action of Cinchona. Let us see how the drug-action reaches the spleen. It receives its nerve supply from the splenic plexus, which is an off-shoot from the solar plexus of the sympathetic, receiving fibres also from the right vagus. The solar plexus surrounds

* Discussion at Materia Medica Society.

the cœliac axis, and contains the two semilunar ganglia. The cœliac axis divides into the splenic, hepatic and gastric arteries. The solar plexus furnishes the vaso-motors for these vessels, and it would seem receives the first shock of Cinchona, producing, first, irritation and, second, paresis of the vaso-constrictors on the splenic artery. This permits the, then unantagonized, vasodilators to pull the vessel wide open, and it remains so.

Finally, the continued hyperæmia, that follows, results in a state of hypertrophy, by an over supply of nutrition unless it be sufficiently severe to produce the formation of a new product with the pain etc. of inflammation. In case inflammatory deposits are left in the organ we have "induration." It is needless to say that any of these conditions will retire the spleen from business, so to speak, just in proportion to the severity and persistency of the action of the agent causing it, so we get that condition known as leucocythæmia and other allied troubles.

At about the same time these changes are being wrought in the spleen, similar changes are going on in the liver and stomach and for the same reason since these organs receive both their blood and nerve supply from the same source as the spleen.

The gastro-epiploica dextra is a branch of the hepatic, while the gastro-epiploica sinistra is from the splenic artery. These supply the greater curvature of the stomach, anastomosing to form a complete circuit around it, while the gastric supplies the lesser curvature. When we know these vessels supply the material from which the gastric digestive secretions are derived it is not difficult to understand such dyspeptic symptoms as "empty eructations, sour, bitter; heavy, long continued pressure in the stomach etc." Especially are these easy to interpret when we consider the intimate nerve connection between the Billroth-Meisner plexuses of the stomach (which preside over its glandular secretion) and the solar plexus. Nor does its action cease here. There are many symptoms of intestinal fermentation, which are not difficult to comprehend when we know that the pancreaticoduodenal artery is a branch of the hepatic; that it anastomoses freely with both the splenic and the superior mesenteric, that it is under the same nerve influence as those vessels. When we consider these facts, it would not be difficult for us to conceive of the "jaundice," even if there were no organic changes in the liver, simply from duodenal catarrh, extending into the ductus communis choledoctis. Indeed I have had two such cases un-

der treatment the past year. The duct was simply rendered imperious by catarrhal swelling. With this catarrh of the duodenum it is easy to believe it can extend downwards. So we are not surprised to find "distention of abdomen; flatulence, fermentation, griping pains and diarrhoea."

We would expect to find the pancreas more or less implicated, with fatty stools etc., since its nerve and blood supply are from the same source as the spleen and other organs mentioned, its head receiving branches from the pancreatico-duodenal artery and its body, from the splenic. I am not aware of any one having recorded these symptoms under Cinchona.

From the abdominal sympathetic it is not difficult to trace the action of the drug to the cerebral vessels, where we find the same results as in those of the abdomen, cerebral "hyperæmia," with "headache as if the skull would burst; dullness and confusion of the head as from intoxication; vertigo; ringing in the ears; hardness of hearing," etc. The ear symptoms are doubtless due to changes in the circulating fluid in the vestibule. The cerebral hyperæmia helps to explain the small, hard, rapid, irregular pulse, since it causes a partial paresis of the vagus. It also explains the rise in temperature by its irritating influence on the caloric centres in the brain. The chill is probably due to three causes acting together, the toxic action of the biliary matter, the recession of blood from the surface, for the time being because of spasm of the cutaneous capillaries and the spinal hyperæmia resulting from the drug-action on the spinal vasomotors.

The sweating stage is but the natural result of the reaction of the vital forces.

The general irritation of the spinal cord explains the extreme sensitiveness of the skin, as expressed in "aggravation from slightest touch or draught of air."

Knowing this much of the action of this drug on the nervous systems, it is not marvelous that many of the cases that come to us with the most profound nervous prostration give a history of the prolonged use of quinine under the directions of traditional medicine or *mongrel homœopathy*.

GUIDING SYMPTOMS.

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

The symptoms that guide me in the selection of the remedy are those mentioned in § 153 of the Organon as "the *more strik-*

ing, singular, uncommon, and peculiar." Hahnemann says these "are chiefly and almost solely to be kept in view," but not exclusively. The individual case may change the whole phase of the reason for the selection of the case; that is, some other feature may predominate over such symptoms. A guiding symptom, such as Hahnemann mentions in § 153, is not only to be present in the patient, but it must be *prominent, striking or singular*, (or unusual in such a case of disease); symptoms, in a word, peculiar to the case, or else so prominent and striking as to be prevailing in the case. Generals and keynotes must have the same relation to the remedy as to the patient; i. e., the same degree of prominence. The most prominent symptom of the patient must not only be *in* the remedy, but it should be one of the most prominent of the remedy.

Herein lies the skill of the prescriber. It is sometimes very difficult to understand the relation of symptoms in a given case so as to know the guiding symptom. I have lately treated a case of inflammatory rheumatism where *Bryonia* and *Rhus tox.* had to be differentiated. On the surface *Bryonia* seemed the remedy, for the most prominent *complaint* of the patient was pain on the least motion. This symptom seemed to predominate the case, but the superficial prescriber would have made a great mistake in giving *Bryonia*, low or high. Upon inquiry it was ascertained that the patient changed—or attendants changed her—to a new position for relief from the pain caused by lying in one position for a short time. The *move* was very painful (as in *Bryonia*), but the result of the move gave relief for the time being. Also, the pains became unbearable toward morning and she had to get out of bed and be propped up on the harder lounge for relief. She was really worse lying down quietly, and better—more endurable—sitting propped up. The patient had to have a great degree of warmth; her lounge was over the register with blankets arranged to utilize all the heat. *Rhus tox.* gave glowing results in this case without morphine or other injurious allopathic agencies, and proved to a watching neighborhood that the homœopathic remedy was superior not only to cure disease, but also to very promptly and permanently relieve the severest pain.

The only way by which these guiding symptoms may be determined is by a comprehensive understanding of the Philosophy of Homœopathy as elucidated by Hahnemann, Guernsey,

Lippe, Wells, Swan, and others, who have passed the bourne from whence no traveler returns, and at the present day as taught in the POST GRADUATE SCHOOL of Philadelphia (Kent's), and in the DUNHAM and HERING Colleges of Chicago. There is a something—some comprehensiveness of the intellect—that cannot be explained to the neophyte, but which is assimilated gradually by the study of the Philosophy of Homœopathy. A man might as well try to comprehend and solve the abstruse problems of higher mathematics after learning the multiplication table, as to prescribe homœopathically upon a meagre knowledge of pathology, physiology, diagnosis and medical botany. These are necessary to the well-equipped homœopathic physician, but there is a higher knowledge way beyond the sphere of these that can only be mastered by *unprejudiced* study. These symptoms are determined by the skill consequent upon an understanding of the characteristics of the diseased state—a step beyond pathology—and the *homœopathic* Materia Medica.

The name of a disease is a very poor basis upon which to prescribe, but the knowledge gained by a proper diagnosis, showing the relation of things, often becomes arbiter between kindred remedies.

GUIDING SYMPTOMS.

Hahnemann said that “the more *prominent, uncommon* and *peculiar* (characteristic) features of the case are (to be) especially, and almost exclusively considered and noted” in the selection of the remedy. This is all very well provided such peculiar symptoms are present. Unfortunately in many cases they are not to be found, no matter how carefully one searches for them. When this is the fact, and it is, I find, in a large proportion of the cases I have to resort to other means. I am speaking particularly of chronic cases in which the symptoms are seldom clear cut and striking and which very often seem to call for any one of a number of drugs. Under these circumstances I have found, among other ways of deciding upon the remedy, that what has been called the “completed symptom” gives, many times, very satisfactory results. I mean by this that having taken careful notes of the case and arranged the symptoms in the order in which they appeared, I then select “those which were *the latest to appear*, for to those especially should the remedy be similar.”

These latest symptoms can usually be arranged under the following:

- 1—The part affected.
- 2—How it is affected, i. e. the kind of pain, the soreness, swelling, etc., and
- 3—The modalities.

Of course I know that all cases cannot be arranged under these three headings, but when one *can* class the symptoms in that way there is a foundation upon which to look up the case which is very satisfactory. Then I take the first group—the part affected—and in a particular case, as for example, when the *knee* is involved, I find in the repertory, a long list of drugs which affect especially that part of the anatomy. To be more particular, I perhaps in this case would have to select those having a more marked action on the *right* knee. Next take the second group or division, how is it affected? This may be a sense of contraction, or numbness, or a pain of some kind. The modalities follow—the conditions which give character to the pain, ache, contraction or whatever it is that is present in the part affected. For example there may be relief from rubbing the knee or after taking a few steps. And also there may be complaint that the warmth of the bed makes the pain worse, that cloudy weather with or without precipitation aggravates and so on through a longer or shorter list. Each time you take up a new symptom you exclude those drugs, which covered the previous symptoms, which do not appear in the new one. In fact it is throughout a process of exclusion. Having in this way decided upon a very few drugs, which appear in each of the symptoms, possibly three or four, it is an easy matter to turn to the materia medica and determine which of the three or four is the particular one the case required. It is surprising how often I find, in selecting a remedy in this way, that the concomitants, the outlying symptoms, if I may use the expression, i. e., the symptoms in other parts of the body more or less remote from the especial part affected, are also included in the pathogenesis of the drug. I mean by this little peculiar symptoms which we do not expect to find recorded in the provings. The details of a case will make all this clearer. I may say in passing, however, that the diagnosis plays no part at all in the remedy. Mr. X came to me Jan. 20, 1898, with a letter from a brother physician, portion of which were as follows:

Dear Doctor: I send you the bearer, Mr. X, for treatment. The trouble is chronic gonorrhœa of two years duration. He has been under my care since April, 1897. He has had, at different times, *Sulphur*, *Pulsatilla*, *Sepia*, *Thuja*, *Meserecum* and *Belladonna*. He is married and claims the gonorrhœa came from his wife's leucorrhœal discharge. However that may be he is desirous of getting well. He has used about all the injections that were recommended, and has been under all sorts of treatment, before he came to me. Everything from the patent medicine and quacks to the family doctor. He makes no attempt to conceal anything, therefore you will have no trouble in obtaining both history and symptoms.

Sincerely, —————

Mr. X was of medium height, of full habit, with brown eyes and brown hair. Had been married four years, no children. His wife had been married before and had one miscarriage, before she became Mrs. X. He has had quinsy, colds etc., but never any severe illness. The gonorrhœa (?) came on two and a half years ago, and about six months later there was swelling of the right testicle with soreness, fever etc. The discharge has been growing less, and is now very slight, only a drop in the morning; color, grayish white.

Micturition of normal frequency, never in the night.

Meatus a little irritated, and lately, burning while urinating.

Appetite and sleep are very good, craves fat meat.

Coldness of glans penis in the forenoon, also of the perinæum, especially in bed.

Has had the cold sound passed twice; the first time with relief and the second with increase of the discomfort.

Since last April has had soreness and feeling of pressure in the perinæum and tuberosities of the ischia, which is

< when standing.

> walking about.

> lying down, i. e. the pain and soreness.

> on waking in the morning, but soon the pain comes on and increases during the day, while he stands, and is > as soon as he sits or lies down.

There is soreness to touch or pressure on sitting or from pressure of the clothes.

Frequent ineffectual urging to stool.

Mr. X works in a shoe factory and has to stand all day with one foot on the treadle of a machine.

Taking the present i. e. last symptoms of the case especially into consideration, I looked up *Perinæum* as the part affected. In Bœnninghausen's Therapeutic Pocket Book, Allen's edition, which I use in preference to other repertories, on page 93, there is a list, under *perinæum*, of thirty-nine drugs.

Which is the simillimum? We are assisted in the choice by the difference in the value of the remedies as indicated in the repertory by the various sizes of the type. Thus under *Perinæum* there are six remedies which are printed in the most prominent type and ten more which occur in the second size.

The six most prominent ones are *Agn.*, *Alum.*, *Carbo an.*, *Carbo v.*, *Cyc.*, *Sulp.* It is very likely that one of these is the drug required. On turning to the next group—the kind of discomfort—and taking the *soreness* (externally), page 181, I find that the first drug of the six, *Agn.* does not occur, so it can be dropped. The second *Alum.* and *Sulp.*, also are in the next to the highest type, while *Carbo v.* and *Cyc.* occur in the third size and *Carbo an.* in the fourth or lowest.

Consequently the value of these six remedies under the two symptoms would stand as follows, reckoning four for the highest type, three for the next lower, and so on; (*Agn.* 4), *Alum.* 7, *Carbo an.* 5, *Carbo v.* 6, *Cyc.* 6, *Sul.* 7. The third symptom *feeling of pressure* is really the last half of the second group, as it still further explains how the part is affected.

In the repertory it is found as *pressing in muscles*, page 174, and in this list some of the remedies are wanting, so after adding to each the figure representing its value, under this symptom; there results *Carbo an.* 8, *Cyc.* 10, *Sul.* 9. Now we come to the last group—the modalities, and take first, *aggravation when standing*, page 301, and following the same process, secure *Carbo an.* 9, *Cyc.* 14, *Sul.* 12.

The next symptom, *amelioration walking*, page 320, gives *Cyc.* 18, *Sul.* 16. Having reduced the list to two a reference to the materia medica will aid. The pathogenesis of *Sulphur* gives little in the perinæal symptoms that agree with the case; only

Constant bearing down (toward anus); forcing down after sitting.

Itching in perinæum with soft stool.

Neither did the case present any of the general symptoms of *Sulphur*, so it is set aside. There remains *Cyclamen*; and its proving contains:

Drawing pressive pain in and about anus and perinæum, as if a spot were suppurating; when walking or sitting.

Not exactly the same as the case and yet as the general conditions of the drug coincided, i. e. the > from walking, the < when standing and the fact that the part affected, and the way it was involved were particularly prominent under *Cyclamen*, it was given on Jan. 20, 1898. He received of *Cyclamen*^{50m} (F), three doses, dry on the tongue, one at once, the second the next morning, and the third the following night. He was also given a bottle of disks, saturated with alcohol, one to be taken every three hours.

Jan. 31, 1898.

He reported, "have been growing gradually better the last few days though my work has been unusually hard and have been standing constantly."

Sac. lac. (disks) as before, one, three times daily.

Feb. 24, 1898.

Not much better than at last report, though the bearing down has been about the same, except that it has been worse for the last two days. Urethra sore, to touch, with dysuria.

Cyclamen^{50m} two doses dry and *Sac. lac.*

March 15, 1898.

Urinary symptoms better, less discharge, dysuria less, urethral soreness less; except last two days.

Has had an attack of spasmodic contraction of rectum, which waked him at night.

Soreness of perinæum generally less, also coldness of glans and perinæum.

Sweat sticky, without odor on scrotum and perinæum.

Is working very hard.

On account of the condition being worse the last two days I repeated

Cyclamen^{50m} one dose dry and *Placebo* as before.

April 4, 1898.

Perinæum very much better, some days no discomfort, but the last day or two a little toward night.

Very little bearing down in rectum. No rectal spasm.

Discharge about the same, also urethral soreness.

Sweat less about the parts.

Is working overtime and very hard.

At this time, he had a felon around the nail of the right index finger, caused by running a straw under the nail.

As it was very painful and the local symptoms calling for it, I gave him

Hepar^m (F), three doses dry and *Sac. lac.*

April 25, 1898.

The felon improved at once soon after the last prescription.

Had a sore throat and took various things for it, as tincture *Ferrum*, and gargle with peroxide of hydrogen, also took quinine for the fever etc.

All the perineal symptoms are worse again, they are not as much > by walking about, but are > after stool.

Symptoms of urethra are also worse.

Two spasms of rectum have occurred.

Cyclamen^{50m} two doses dry.

May 3, 1898.

Has been better the last four or five days.

Soreness and bearing down are both less.

Still some scalding in urethra, discharge slight.

No rectal spasms.

Sac. lac.

May 16, 1898.

All symptoms better, except there is still some urethral soreness with slight milky discharge, as the length of time the remedy usually acts was nearly expired, I repeated

Cyclamen^{em} (S) one dose dry and *Sac. lac.*

June 6, 1898.

Very much better especially the last week; before that no improvement but was worse.

Urethral soreness and discharge less.

No rectal spasms.

Perineal soreness much less.

Sac. lac.

June 21, 1898.

Received a letter from him saying: "I have not been feeling nearly as well for the past week, but am not so bad as I was before."

Cyclamen^{em} two doses dry and *Sac. lac.*

July 2, 1898.

Very much improved.

Soreness not all gone, but can stand much better.

Less bearing down.

Urethral discharge and soreness much less.

Sac. lac.

As he was going away for a month I gave him two powders of *Cyclamen*^{cm} to take in case these should be an aggravation.

Aug. 22, 1898.

Reported that he was worse about Aug. 3d and 4th, and so took the *Cyclamen* powders with relief so that now is feeling well.

Had an spasm of rectum. He noticed he said that he did not now have a return of the trouble as often and when it did come it did not last as long.

Had an attack of cholera morbus two nights ago and a few loose stools since.

Sac. lac. and also gave him two powders of *Cyclamen*^{cm} as on July 2d to use when necessary.

Oct. 6, 1898.

Reported that about ten days ago, Sept. 26th, was worse again and took the powders of *Cyclamen*. The soreness, discharge, bearing down etc., all came back only much less than the time before. No rectal spasm. Is gaining now right along.

I have not heard from him personally since, but have seen the physician, who sent him to me, and he assured me that Mr. X was perfectly well and that if the perineal trouble returned he would see me at once. It is now over a year ago.

The time which elapsed between the repetitions of the drug are interesting. Starting with Jan. 20th, 1898, he then went for 35 days, then 21 days, then 41, then 21, then 36, next 43, and lastly 64 days, bringing it to Sept. 26th, 1898. The duration of action of *Cyclamen* is given as two or three weeks, in this case the effect never passed off in less than three weeks and between the last two prescriptions of *Cyclamen* was nearly eight weeks.

February 1st, 1900.

T * *

IMPORTANCE OF ENVIRONMENT IN THE SELECTION OF THE REMEDY.

You ask "What part does environment play in the selection of the remedy?"

By environment we mean the operation of strictly external causes, such as cold and heat, dust and dampness, noise and quietude, locality and motion.

Many guides to the remedy, many of them first rank are found in this field of external causes, suggesting general symptoms to be duly verified or denied, and consequently accepted or rejected according to the bedside "photograph" of the case in hand. Among the many guiding symptoms derived from effects of environment may be given the following list of aggravations, nearly all of which have been repeatedly verified by the writer, and are of such general value as to be firmly impressed upon the memory.

An intolerance of artificial heat, *Apis*; a general aggravation from heat, *Bryonia*; intolerance of clothing from the heat it causes, *Secale*; from its mere contact, *Lachesis*, *Sulphur*, *Muriatic acid*, *Agaricus*; desire for more clothing when chilly, *Arsenicum*; when in fever, *Belladonna*; desire for stove heat, *Ignatia*.

Benefit from warm weather, but worse in winter, *Petroleum*; the reverse, *Argentum nitricum*; worse when snow is melting, *Mercurius*; worse in rainy weather or in damp places as cellars, *Dulcamara*, *Natrum sulph.*, *Medorrhinum*; being drenched by rain or waves, *Rhus tox.*; working in water or wet clay, *Calcarea carb.*; getting feet wet, *Pulsatilla*; getting feet cold, *Calcarea carb.*; or frosted, *Agarius* and *Sulphur*.

Worse from cold, dry rooms or cold dry winds, *Aconite*; from handling cold things, *Zincum*.

Worse from direct rays of sun, *Glonoin*, *Belladonna*, *Camphor*; from jarring of floor or bed, *Belladonna*; from motion of vehicle, *Cocculus* and *Petroleum*; from noise, *Bryonia*; from solitude (and darkness) *Stramonium*.

Worse from a crowd, *Aconite*; from long journeys, also from complete change of home and surroundings, in women, *Platina*; in men *Capsicum*; in children, *Opium*; from pleasant news, *Coffea*; from illness, *Ignatia*, *Staphysagria*, *Natrum sulph.*, *Gelsemium*; from injurious language of others, *Staphysagria*; from exciting situations, *Gelsemium*; from fright, *Opium* and *Aconite*; from serious illness or injury to others, causing sympathetic symptoms

Ignatia and *Moschus*; from disappointed ambition, *Ignatia*, *Straphysagria*, *Hepar*.

Worse from foul odors, gases, etc., *Hepar*, *Camphor*, *Carbolic acid*; from fumes of lead, *Opium*; fumes of zinc, *Cuprum*; of turpentine, *Cantharis*.

Effects of burns and scalds, *Apis*, *Urtica*, *Cantharis*; of bright light, *Belladonna*, *Conium*; night-watching, *Cocculus*, *Nux vomica*, *Natrum mur.*; of luxurious surroundings, in general, *Nux vomica*, *Hepar*, *Arsenicum*; of poor and squalid life, *Lycopodium*, *Sulphur*.

For the Irish race, *Belladonna*; for the negro race, *Bryonia*; for women, *Mangan. acet*; for children, *Belladonna*; for idiots, *Stramonium*.

Novitiates in convents nearly always experience arrest of menses soon after admission, lasting sometimes many months, due to change of home and duties with especial renunciation of the sexual life. They are helped by *Platinum*, *Pulsatilla*, *Lycopodium*, and *Rheum*.

Common "taking cold" is alleviated oftenest by *Aconite*, *Agaricus* and *Natrum mur.*; diarrhoea in hot weather or hot rooms by *Bryonia*; in damp weather by *Natrum sulph.* Special indications often vary and call for other remedies in all the above cases, but the remedies named have been useful with great frequency, always if other corroborating conditions are present as they ought to be.

The sense of hurry felt on beginning a journey is quieted by *Gelsemium*, that felt by pressure of numerous duties clamoring for simultaneous attention, requires *Nux vomica*, or if chronic, then consider *Argentum nit.* and *Calcarea phos.* This last remedy is often useful to anyone taking up a nervous wearing, unusual work.

Mr. B. L., age 19, about to administrate on the estate of an uncle suddenly deceased, applied for a "bracer," *Calcarea phos*^m a dose 3 or 4 times a day, was given and he reported complete success and relief therefrom.

I. D., marine engineer, drenched by waves, hemiphagia, cured by *Rhus tox*³⁰⁰

E. C. Heavy cold and cough from exposure to cold, damp wind, cured by *Dulcamara*.

R. G. B. Catarrhal cold, *elongation of uvula*, *explosive cough*, much nasal mucus, *sneezing*, frontal headache, thirst, *Natrum mur*^m relieved all symptoms.

(*Pulsatilla* antidotes over-action of *Natrum mur.*)

Erie, Pa.

EDWARD CRANCH.

WHAT PART DOES ENVIRONMENT PLAY IN THE SELECTING OF THE REMEDY.

Possibly there are a few Homœopathic physicians, who would not consider the "mode" of life and surrounding conditions in the basing of a prescription, but certainly no "good" follower of Hahnemann's law, would think of prescribing, without observing the surroundings of the home, or inquiring as to their "habits" and mode of living, and as illustrative of this, I will present a case in point.

Was called to see Miss Edith L., a young miss of 12 years. I found the child suffering with malarial fever, and a body that was so dirty and skin so dry and sour smelling, that I really wished for air, to in part mitigate the fetid condition of the atmosphere. The bedding was dirty, the parents were dirty, everything was dirty, the room was without order, flies were the constant companion of each member of the family, and stuck to them as though caressing a thing much loved. Not a bath had been given to this little sufferer, now some fifteen days with a fever, and with temperature, ranging from 103 to 105½, at which rate I found it on my arrival. Now did these surroundings mean anything? Most certainly yes, and with a large accent on the "yes." Further inspection revealed the fact that my patient's head was a mass of small boils, offensive, gluey discharge, exuding through the cruest, scabs, and matted hair. Now some practitioners might have given this patient *Baptiste tinct.*, because it is a great remedy in malarial conditions, and is a wonderful remedy to lower the temperature, others might have given *Quinine sulphate* as I know has repeatedly been done by men professing to be followers of the immortal Hahnemann, but neither of these remedies would have cured the case. Now I claim that I saw enough in my patient. To be reasonably sure of the remedy, and without asking a question, so much for observation.

Now could any sane homœopathic physician say that these things, known as environments, do not play a great part in the basing of a prescription and choice of remedy. This little patient got *Hepar sulph.* and within twenty-four hours was in a fair way to health, and I am happy to say, I did not have to change the remedy, and but four visits were made. Now this case illustrates two things, viz. that a physician must be observing and that the surroundings, mode of life, disposition and actions, are great factors in the basing of a prescription.

Fort Smith, Ark.

J. B. ELLIS.

PRINCIPLES GOVERNING THE APPLICATION OF
MEDICINE TO DISEASE.*

H. W. PIERSON, M. D., CHICAGO.

PROF. THEORY AND PRACTICE OF MEDICINE, DUNHAM MEDICAL COLLEGE.

Stenographically reported by A. K. Williams.

We begin this afternoon a study of the *application of the remedy to the case*. You have studied the *nature of disease*; you have studied the *nature of the remedy*; now we come to the application of the remedy for the purpose of curing the disease. In the past, the work has been theoretical. From this time on it is to be extremely practical. There is hardly a question raised that will not be discussed by you in your practice in some case. And some of the questions will be discussed by you in every case. Your acceptance or rejecting these principles will measure the success of your work as physicians. Hahnemann has given us a theory of the nature of disease, and a theory of the way in which remedies are to be applied for the cure of the same. If you accept these theories, if you get a knowledge of the remedies in accordance with the principles he has given you, you must apply the remedy in accordance with the rules and regulations he has given you in order that you may get the results that he affirms should follow. This is logical and natural, and you have no right to expect results unless you comply with the rules. If you reject, or question the truth of these principles it would be well for you to offer in substitution something that is better. If the suggestions offered seem illogical, it is important for you to show the fallacy of the argument. I cannot tell you what to do, or how to make a prescription, and have it be of any value, unless you take that instruction and put it to the practical test, and see for yourself what truth or error is to be found in it. If you simply accept what I give you as truth without investigation you have lost the most valuable part of the instruction. It is for this reason that I court opposition, and am perfectly willing to acknowledge error upon my part at any time any of you may be able to show it to me.

The first question that will be considered may be stated as follows: *What kind of symptoms govern you in the selection of the remedy?* You state that remedies are selected which produce symptoms *similar* to that of the disease under consideration. Now, *what* symptoms under the pathogenesis of that particular

* A lecture delivered at Dunham Medical College.

drug will govern you in its selection? And you find in § 153 an answer to the question. "The more *striking, singular, uncommon, and peculiar* signs and symptoms of the case are chiefly and almost solely to be kept in view." Now, how are these to be determined? Read a little further: "For it is more particularly those very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for affecting the cure." If you are to look for the peculiar symptoms that are to govern you in the selection of the remedy, the record of common symptoms is of little practical value; but the common symptoms must be used as the ground work upon which you build, for from them stand out the peculiar characteristics. In the scheme we have given you for making a proving you will notice that we dwelt almost exclusively upon this feature of the record, and this is the reason. It makes little difference whether your record will show one, or twenty pages of common symptoms possessing little or no characteristics, if you give us one symptom, or two or three or more that are characteristic. But it will be difficult for you to get those one, two or three characteristic symptoms unless you have a good foundation. It is significant that you have a headache and a backache and that there is constipation with it. Still, those are common symptoms. It is significant that there is a loss of appetite with the headache and the constipation. There you get a group, but it is of no value whatever as an indication for a remedy that will be similar to characteristics of striking symptoms; so you must in your record secure *peculiar* symptoms with reference to the headache, with reference to the constipation, with reference to the appetite, etc. And when your case comes to you with these common symptoms it is important that they should be incorporated into the first record in order that you may have a ground work upon which you may make your inquiry with reference to characteristics.

Now, the second question asked: *how are you to secure these peculiar symptoms?* This is answered, by such inquiries as will draw, from the patient, characteristics without giving him a chance to answer the question by yes or no. Guard against it as you would guard a secret. Strive by every means in your power to conceal the motive prompting the question. Make them think and see for themselves, and in that way, and in that way alone will you be able to get at the peculiar symptoms of the disease. It

may tax your ingenuity to become a skilled cross examiner, but the reward will fully compensate for all efforts on your part; and when you come to analyze the remedy under consideration the same rule applies. You may have a page of symptoms, common and uncommon, but when you come to select from that page those symptoms which make up your case, eliminate absolutely every symptom that does not possess these peculiarities. It is important, at this very point, that due emphasis be placed upon the fact that you are to ignore, as much as possible, the indications toward a certain remedy until after your record is completed, because it is human nature to shape the record of your case to conform to some preconceived notion with reference to—to what the remedy should be. And the result will be that you will be liable to get a distorted, imperfect picture of your case, with the consequent result of selecting a remedy that is *not the simillimum*.

There is another question that must be settled by you at this time: *how much dependence should be placed upon the diagnosis of the case?* The messenger calling you to the case will say that Mrs. B. has appendicitis, and you go to the case, make an examination and find that there is tenderness in that portion of the abdomen in which the appendix is supposed to be found. How strong will be the tendency, in the study of your remedies, in the study of the hand-book that you may carry in your grip, to turn to that list of remedies to be found under "Appendicitis" and to exclude all other remedies from your mind. It is more than probable that not a single remedy in the whole list ever would produce appendicitis; but some one, wise or otherwise, has gathered together a list of remedies whose pathogenesis shows a tendency to a disturbance, a peculiar disturbance in this particular region of the anatomy, and as a result of his knowledge of disease added to his knowledge of the action of remedies this selection may be a wise one. If you must use a pocket book (and no man should hesitate if he does not *know* the remedy), it is just as easy to get into the habit of so arranging your record that Boenninghausen's Repertory or some other safe guide will as quickly suggest the remedy as to slide along in a haphazard sort of a manner with the aid of some of the many "*Therapeutic Guides*," of which the market is over stocked.

Our *Materia Medica* is of such a nature that it is difficult for any but an expert to select a remedy unless he does make use of some repertory in its selection. An ordinary man, a man with a

superficial knowledge of the action of drugs and a more or less superficial knowledge of the nature of disease may be able to select a remedy perfectly fitting the case without these guides, or these aids, but it is simply because his picture of the disease is superficial, and his picture of the remedy corresponds, and the two work upon the same plane. He makes no use of a repertory because a repertory is designed for *exact* work. He could make probably very good use of his pathological diagnosis, and he would reason that if a remedy produces certain results under a certain amount of use, if it had been carried to a far enough degree it *might have* produced results similar in their organic change or in their pathology to the disease under consideration, but you will note that this conclusion is only reached by means of a great big "if." So it is well for you to be *thorough* in your investigation, by means of which you can arrive at a satisfactory diagnosis, but it is extremely unfortunate if you allow the study—allow the knowledge gained by this material investigation to control, or even guide you in the selection of the remedy that will cure. This is something that you may question. You may seriously, may honestly question the truth of this statement, and point to the overwhelming results that have been obtained under the guise of homœopathic prescribing where the prescribers have been guided almost entirely in their selection of the remedy by the diagnosis, but we want you to do better work and get better results than that which comes from any other form of treatment. So, every time, under all circumstances, eliminate every bit of knowledge that comes to you as a diagnostic point in the examination of your case, and be controlled absolutely by the picture presenting the peculiar characteristics of the disease. Now, the point will be raised right here, in what list will these peculiar symptoms be found? Will they be found in the subjective, in those symptoms of which you have no knowledge except they come to you through the patient, that is, you cannot see the evidence of any of these symptoms by your physical examination or by the observation of externals—or shall you be controlled by what you can see, feel, smell, etc? A patient comes to you presenting a peculiar cast of countenance, an anxious look, a timid, bashful look, or whatever may be the condition—do you not see that it is a characteristic and of great value, although the patient may be absolutely ignorant of it? You may interpret the cause for these different expressions as you will, and the truth

or falsity of the interpretation will depend upon the accuracy of the observation. You may see that this look indicates pain, and by closely watching you may attribute it to some trouble about the heart; or, you may see that the peculiar color of the skin would denote some trouble about the liver; or you may see that the absence of color, the paleness, or whatever it may be, may be due to some trouble with the circulation; or it may be due to some trouble with the central nervous organization. But whatever may be the condition, you are to combine these objective signs, with the peculiarities that you find in the subjective, or the symptoms that have been given you by the patient in order that you may get at the true totality. You may run against an obstacle right here. Remember that the pathogenesis of your drug is made up of the records of the provers, to a large degree.

To these have been added observations in cases of poisoning which reveal the *objective* symptoms produced by a limited number of drugs, but you can see at a glance that the relative value of the symptoms produced thereby is not great. You are therefore dependent in a great measure upon the subjective symptoms reported by the provers and in a like manner are dependent upon the patient for a guide to the selection of the remedy.

Let me warn you, at this point, against the danger of becoming *symptomotologists*. There is something more than merely fitting symptoms of the remedy to the symptoms of the case.

The symptoms that are present may be due to the action of the drug and they may be due to extraneous causes, but the symptoms are there, and you are to analyze those symptoms for yourself. You are to build up from this composite picture that picture that will correspond to [the particular case under consideration, and the skill shown by you will measure the accuracy of your observations. Now, when you have the picture made up of the peculiar characteristics of the case there is one point that must be carefully studied by you before you select your remedy, and that is *the part played in this particular disease by outside circumstances, by environment*. Do you get what I mean? A person is sick. You are called to the case. You listen to the report of the patient. You listen to the report of the attendants. You make any examination for yourself. Before you make a prescription it is of the utmost importance that you make an examination into the cause for this. Suppose, for example, that you find the room is filthy, or it is cold, or it is damp,

or there is evidence surrounding the whole case that this person has not enough food to eat, or it may be that the person may be surrounded by all the evidences of wealth and still you learn, from something in the history, that the husband, or the wife, is continually fighting, physically or mentally, with the person who is sick. You may find that there is an element of fear, or an element of dread, or an element of antagonism, or an element of jealousy, or an element of hate, or whatever may be the condition, that has gone on day in and day out, week in and week out, until as a result of this continual agitation, continual disturbance, you have a peculiar form of sickness. Now, do you imagine for one moment that you can select a remedy that will overcome the effects of this environment and allow the environment to exist? You may be able to select a remedy that will temporize, that will give enough additional strength to tide over a dangerous combination, but your ultimate result will depend entirely upon the amount of disturbance charged directly to this particular environment, and if you do not take this into consideration before you have selected your remedy you are going to be disappointed—and do you not see what that means? It means that you may go from one remedy to another seeking for something that will lead to the desired result, and still be disappointed. Some one else may come into the cuse as a result of your failure, and with a word, a single look, be able to get at the secret of the matter, and without giving a particle of medicine, be able to accomplish in twenty-four hours what you have failed to accomplish in weeks. You say that these people have a great personality that they are able to properly interpret character.

Well, it is just as important for you to be able to read character as it is for you to read medicine; it is just as important for you to bring your own personality to bear upon each and every case coming to you as it is to bring the personality of some immaterial substance. More so. It is due to this fact that we have such remarkable cures recorded by faith-healers. By people who depend upon their personal magnetism for their stock in trade. You have simply to deal with the effect, and in studying the effect to go back to the cause, to seek by every means in your power to remove it.

Let us make a brief summary of the principles introduced this afternoon.

1—Assuming that Hahnemann's theory of the *dynamic* nature

of disease to be true and that *similia similibus curantur* is a law governing the selection of the *curative* remedy, it follows that the remedy must be applied in accord with certain definite, fixed principles in order to prove the truth or falsity of these same theories.

2—Only the *striking, singular, peculiar* signs or symptoms are to be considered. These symptoms are largely *subjective*. They are obtained by such inquiries as will draw from the patient and attendants *all* the *peculiarities* without answering a single question by “yes” or “no,” supplemented by personal observations and investigations.

3—*Diagnostic* points are of *no* value from a *therapeutic* standpoint.

4—*Repertories* are of imperative necessity in finding these *peculiar* indications.

5—Remove the *exciting* cause, if from *without*, before attempting *internal* medication if such a thing possible, and promise no *permanent* results until such cause can be eliminated from the case.

CLINICAL CASES.

Neuralgia—Ipecacuanha.

W. T. L., age 26. Clerk in a lawyer's office suffered from neuralgia over the right eye, and in the right temple, extending up to vertex. The pains were intermittent, came at irregular intervals, lasted from a few minutes to half an hour at a time and were accompanied now and then by slight nausea of short duration. Both pain and nausea were always increased by motion, and both hot and cold applications to the painful parts. There was loss of appetite, bad taste in the mouth, tongue covered with a thick white coating and he had frequent eructations. He received one powder each of Ipecac²⁰⁰ and ¹⁰⁰⁰, with *Sac. lac.* and needed no more medicine.

Intermittent Fever—Ipecacuanha.

J. B., a farmer of Newtown, L. I., has fever and ague daily in the forenoon.

Prodrome: Yawning and stretching headache, nausea and backache.

Chill with cold hands and feet with nausea, > open air and from drinking.

Fever with thirst, nausea and vomiting; nausea is constant and not relieved by vomiting; cold sweat on forehead.

Sweat, < from motion, smells sour and stains yellow; nausea. Cold sweat on upper part of body. Worse during sweat, better after it.

Ipecac³⁰⁰ a powder dry on the tongue evenings; it cured in three days.

Intermittent Fever—*Veratrum album*.

Mr. B., had malaria for the past three months and taken all kinds of medicine and large doses of quinine without any relief; has nausea and cold sweat with the chill, can give no other symptoms. Ipecac³⁰. Returns after a week, saying he is worse.

Severe chill early, 5 to 6 a. m. with great thirst, must drink a great deal, wants the water icy cold. Feels very weak, has nausea and vomituration; face pale, sunken, cold sweat on the legs. Then fever, heat ascends from limbs upward with profuse cold sweat on forehead; great thirst; wants ice cold water.

Then profuse sweat, cold, on the legs and forehead especially, face deathly pale, nausea and vomiting.

*Veratrum album*³⁰⁰ cured him in one week, he took 5 powders in water, two teaspoonful every one to two hours.

Cholera Morbus—*Veratrum album*.

Mr. F., was taken with diarrhœa shortly after supper in the evening. He became worse rapidly and at 11 p. m. send for me. Found him groaning with constant griping pains in abdomen.

Stools are watery brown, profuse, very offensive, and very frequent.

Before stool: Gurgling, rumbling in abdomen, nausea and vomiting of bitter, watery mucus.

During stool: Shuddering, chilliness, faint feeling and cold sweat on forehead.

After stool: Great exhaustion with empty sensation in abdomen as if he ought to eat something, but cannot eat. Craving for very cold water, but is afraid to drink, it causes retching and vomiting.

*Veratrum album*²⁰⁰ in water two teaspoonful every half hour. He felt relieved after the second dose and was well next day.

Constipation—Veratrum album.

Mrs. R., has suffered for years from constipation, taken pills, salts and all sorts of cathartics, with only temporary relief (while the opposite state and graver disease—diarrhoea—lasted) but gradually became worse.

Stools once a week or even less often; they are large in quantity, and in circumference, hard and dry; require much straining to expel, causing much pain as from tearing of anus, with exhaustion and cold sweat on forehead and fainting after stool.

Then an empty feeling in abdomen as if she wanted food.

Veratrum alb³⁰⁰ a powder dry on the tongue, every other morning. She noticed some improvement at the end of the second week.

Veratrum alb¹⁰⁰⁰ (B. & T.) a powder dry on the tongue every fourth day. She took three powders and was cured.

Headache—Veratrum viride.

Mrs. M. has suffered from headache ever *since she was overcome by heat during the previous summer*. She is hardly ever free from it; is generally located in the occiput, but sometimes in the forehead; then it is most severe and accompanied with flushed face, vertigo, double vision, nausea and vomiting and high fever. I did not succeed in getting these symptoms all at once, and had given *Belladonna, Gelsemium, Nux vomica* and perhaps some other remedies, a powder at intervals, without affording any relief, when finally I was led by above symptoms to look up the symptoms of *Veratrum viride*, and found all of the patient's symptoms there.

Veratrum viride¹⁰⁰⁰ a powder every third morning cured her in two weeks.

Brooklyn, N. Y.

F. H. LUTZE.

HEADACHES.

T. LAUDER BRUNTON, M. D.

(This paper presented so many valuable points that we felt it worthy of reproduction in the columns of the *ADVOCATE*.—ED.)

Before commencing the discussion of the treatment of headaches it will be advisable to come to an understanding regarding the meaning which we attach to the word "headache." Al-

though it is by the brain that we perceive pain, yet the brain itself, when subjected to direct irritation, gives rise to no feeling of pain. It is only when it is excited through the medium of peripheral nerves that the sensation of pain is felt. This is the case with pain in the head as well as pain in other parts of the body, and to the pains which are confined to the head the name of headache is often given, but not always. We find that if pain is localized in a particular organ in the head we do not, as a rule, apply the term "headache" to it. We speak of toothache, of earache, and perhaps of eyeache, but not of headache unless the pain is of a more diffuse character. When it is localized in a part of the head other than the eye or ear, but is of a *shooting* character and is limited to one particular spot, we often apply the term neuralgia to it. By headache we generally mean, then, a more or less diffused pain in some part of the head. There are two kinds of pain, however. There may be a *sharp shooting* pain in one particular part of the head or in one particular organ, and, associated with this, there may be a *diffused* pain, so that we may have at the same time a toothache and a headache. Not infrequently the headache depends upon irritation in the teeth, in the eye or in the ear, but often the cause of the headache is irritation of the nerve fibers in fibrous structures in vessels.

The pain which is associated with tumor to the brain is probably due to pressure of the tumor upon some of the fibrous structures within the cranium; but the headache which is associated with various nerve conditions and is known as migraine, is probably due almost entirely to the stretching of the nerve fibers within the blood vessels. Various opinions have been advanced with regard to its pathology. Some say it is due to cramp of the vessels and that the vessels during the paroxysm are firmly contracted. Others say that during the paroxysm the vessels are widely dilated. In my own case I have found that both statements are true and both are untrue, both being imperfect. The fact is that I get in migraine dilatation of the proximal parts of the carotid artery with a contraction of the peripheral part, and that if I take off the strain from the vessels by pressing the carotid the pain is at once relieved.

Now in regard to the pathology of headache we have to consider two things, namely, (1) a general condition and (2) a local condition. The general condition renders the patient liable to pain, the local condition determines that the pain should affect

his head rather than his intestines or his big toe or some other part of his body. The general conditions which lead to headache are those either of (a) imperfect nutrition or of (b) disordered nutrition. We find headache very common in imperfect nutrition, such as anæmia, and perhaps still more common in disordered nutrition, such as occurs in rheumatism, in gout, and, above all in albuminuria. In all these cases the tendency to headache is more or less constant, because the disorder of nutrition is more or less permanent. But in apparently perfectly healthy people we find that headaches come on now and again, and they are apt to come on with more or less regularity. Thus it would appear that in many such people there is a tendency to disordered nutrition occurring with more or less regularity, and such patients are accustomed to recognize this in themselves, and to say that they are apt to become bilious. We find this regularity occurring most markedly in women, because just before, during, or after the monthly period, women are very liable to suffer from headache. But in men, where there is no monthly period, we find also a tendency to regular recurring headache, and probably in them also there is a regular alteration in nutrition.

Now, the nature of this alteration is rather hard to determine, because our knowledge of nutrition generally is insufficient. Yet, a common observation may allow us to associate this altered nutrition, more especially with one organ, namely, the liver, because men and women are accustomed to say that they are liable to bilious headaches which recur every now and again. In order to understand this recurrence it is necessary to consider the functions of the liver.

The liver is a porter which stands at the gate of the organism and prevents all the deleterious substances which pass into the intestinal vessels from the intestine from reaching the general circulation. These substances are caught by the liver, they are either destroyed or transformed by the liver, or excreted by it unchanged into the intestine. From the intestine they may partially pass away with fecal matters, but many of them may be reabsorbed, and so they go on in a continual round from the intestine to the intestine and back again to the liver, until at last the amount of these substances becomes so great that the liver is no longer able to deal with it, and they pass through the liver and get on into the general circulation. Now it would appear as if there was a certain period required for this accumulation.

The period will vary in different individuals, but it will also vary in the same individual under different circumstances, and more especially we know that it will occur in the same person in a less time when he is on a more highly nitrogenous diet. You know that it has been shown that during the decomposition of albuminous materials in the intestine various poisons are formed, and these poisons probably accumulate in the liver until they get through it into the general circulation. By putting a man, then, upon a non-nitrogenous diet you lessen the proportion of these substances, and so you may increase the intervals between the headache more and more, until you make the interval indefinite and prevent the headaches from recurring at all. Absorption from the liver is greatly altered by emotions. So much is this the fact that sometimes after emotions a person may become completely jaundiced, absorption having taken place so quickly from the liver that the bile actually colors the conjunctiva and the face. Therefore we should expect that anything which was circulating with the bile in the liver would be rapidly absorbed in consequence of emotion. We find that anxiety, grief, sorrow, especially any depressing emotions, is apt to bring on headache. We have, therefore, very good reasons for attributing many headaches to the presence of abnormal constituents circulating in the blood. If this idea be true, we ought to be able to relieve headaches by clearing out many of the morbid products from the intestine and from the liver.

So far, then, for the general condition of poisoning by toxins; but there are other injurious substances even less known. Many of them are classed, I believe, under the head of uric acid and certain substances connected with gout, and rheumatism are very apt to produce headache. The most powerful cholagogue that is known is salicylate of soda, and one of the most powerful remedies in preventing and relieving headache is the latter. We may conclude, then, that a good deal of the misery caused by headaches is due to the absorption of toxic products.

But why do toxins fasten upon the head and cause headache instead of causing man to suffer from pain in his intestines or in his big toe? The reason is that in most cases we have some local lesion which determines the pain to the head, and the most common lesions are either decayed teeth or something wrong with the eyes. The abnormality in the eyes varies a good deal. In some people it is simply a little inequality in the visual length

of the two eyes; in others it is astigmatism, in others it is want of accommodation. In others it may be presbyopia, or it may be hypermetropia. In all cases of headache the thing to do is to examine the teeth and see if any are decayed; next the eyes, and see if there be any abnormality in them. The most common cause of headache is certainly some abnormality in the eyes, but you will find that a great many patients show nothing wrong with the eyes, and then you must look for some other cause. You examine the ears, and see that there is no tenderness in them; you look at the back of the throat and see that there is no thickening of the mucous membrane of the posterior nares, tending to block the Eustachian tubes, and thus indirectly affecting the ears.

A still more frequent cause of headache, however, probably is irritation in the nose or in the cavities connected with it. A very common cause of headache in winter is irritation in the nasal mucous membrane spreading upwards into the frontal sinues and giving rise to frontal headache. In some other cases, again, you will find that it spreads towards the antrum of Highmore in the malar bone, and you then get a one-sided headache. There is nothing to prevent the irritation from spreading to the ethmoidal and sphenoidal sinuses, and probably it does so spread, and in many cases headache, especially when felt right in the middle of the head, depends upon something wrong in the sphenoid or ethmoid, but we know less about this, and we cannot deal with them so easily. Yet it is necessary always to bear in mind the possibility of these cavities giving rise to headache in cases where you cannot find any other cause for it.

Headaches, and especially the headaches known as migraine, may be accompanied by various other symptoms. In ordinary cases migraine depends upon some spasm of the vessels outside the head, but not infrequently there may be spasm of the vessels outside the head, and then the functions of the brain may be affected. The functions of the cerebrum are, as you know, vision sensation, hearing, and motor power, to say nothing of general sensation. If spasm of this vessel should so occur as to interfere with the free circulation of blood through the cerebrum, symptoms will ensue whose nature will depend upon the position of the spasm. Supposing that spasm occurs at such a point that the occipital lobe will be deprived of a good deal of its blood, visual hallucinations will probably ensue, and these are amongst

the most common concomitants of sick headache. People suffering from sick headache are very apt to get a zigzag appearance in front of their eyes. They, at the same time, frequently experience a difficulty of seeing. They look at a book, but they cannot read; the lines waver like the air over a field on a hot summer's day. These zigzags are generally colored, and very often amongst other colors there is a green color.

We do not often hear of any hallucinations of smell or taste accompanying migraine, so that probably the contraction of the vessels stops nearly opposite to the ascending parietal branch. But sometimes patients may complain very distinctly of motor symptoms, and one of the most marked is aphasia, and in some cases of sick headache you will find your patient may become completely aphasic. How far this is due to the occurrence of atheroma within the arteries I do not know, but in one patient in whom the aphasia was well marked during an attack of sick headache I found after death, which resulted some years subsequently from hemorrhage into the pons, that the cerebral arteries were studded with atheromatous patches.

In tumor of the brain the headache is intensely severe, but it is almost always accompanied by severe vomiting, which is of a peculiar character, unassociated with nausea. It is sudden and violent, and immediately after the vomiting is over the patient feels well again and is able to eat. Associated with those two cardinal symptoms we find optic neuritis, and when we find a headache without the other two symptoms, the probability is that it is functional and not due to any tumor whatever in the brain. Another cause of headache seems to be associated more with some of the fibrous tissues. There may be inflammation of the periosteum of the head, just as there may be inflammation of the periosteum of any other bone, and this inflammation may affect the periosteum either from gouty, rheumatic, or syphilitic irritation.—*New York Lancet.*

PTOMAINE POISONING.

E. R. MCINTYER, M. D., CHICAGO.

PROF. MENTAL AND NERVOUS DISEASES, DUNHAM MEDICAL COLLEGE.

A ptomaine may be defined as a chemical compound which is basic in character, and which is formed by the action of bacteria on organic matter. The word is derived from the Greek and

means a cadaver. Some ptomaines are highly poisonous, while others are inert.

Thorough cooking does not destroy the poison of putrefying meat. Symptoms: Sensation of constriction in the throat, mouth and hips; dizziness, no headache; pulse rapid, speech difficult; limbs feel heavy, hands grasp spasmodically, legs will not support the body, and the knees knock together. Nausea, vomiting, diarrhoea. Hands numb, feet cold. The cold may extend over the entire body and be followed by profuse perspiration. Sense of suffocation, and then restless, dreamless sleep. Obstinate constipation may exist from the first, but more usually follows diarrhoea. In some cases it is a few hours to two days before the symptoms appear, after eating the meat. The heart is usually quickened but may be much slower than normal and its action feeble. These variations in symptoms are probably owing to different action of different ptomaines.

The difference in their character depends on "(1) the species of bacteria; (2) the kind of albuminoid or gelatinoid undergoing putrefaction; (3) the temperature; (4) the degree of moisture and (5) the access or non-access of atmospheric oxygen," according to R. A. Whitthaus.

Marked nervous prostration and muscular debility. These symptoms vary greatly in individual cases. As a rule the functions of the brain (mental) proceed normally, but delirium and coma may be present. In some cases there are marked convulsive actions, especially of limbs, while in others paralysis is a marked and early symptom. Pupils may dilate or contract or become changeable.

Paralysis of eye-muscles and lid is not rare. From eating the flesh of a cow killed while suffering from puerperal fever, 256 soldiers and 36 citizens in Middleburg, Holland, were taken sick with nausea, vomiting, diarrhoea, elevation of temperature and prostration, on Aug. 29, 1887.

My own deductions from the symptoms are that the poison acts first on the pneumo-gastric nerve as evidenced by sense of constriction in throat, the pharyngeal muscles being supplied by branches from that nerve. It is also indicated as the point of attack by the nausea, vomiting and diarrhoea, it being the chief nerve of control over peristaltic action of gastro-intestinal tract although the sympathetic controls the secretion of the mucus membrane of the bowels, hence it is also involved as proven by

the watery diarrhoea. The rapid pulse would also point to irritation of the same nerves since they control the propelling power of the heart, while the pneumo-gastric inhibits its action and its power of overcoming the sympathetic is shown in the fact that the heart finally becomes very much slower than normal.

The spinal cord is also affected as shown by the paralytic condition of the legs with numbness in certain nerve tracts. This points to a lesion that attacks both the motor and sensory columns. To recapitulate; Ptomaine poisoning attacks the vitality of the whole organism through (1) the cerebro-spinal nerves and (2) the sympathetic. It destroys the life of the nerve centers not entirely unlike arsenic.

From the devitalizing power of ptomaines on the centers presiding over nutrition we get as a late manifestation of their action, interrupted metabolism; the power of elimination is lost, by the natural channels, and the skin makes an attempt to rid the system of its waste and worn out matter. So we find boils and scaly eruptions on different parts of the body.

COMPULSORY VACCINATION.

WM. L. SMITH, M. D., DENISON, TEXAS.

Truth is not truth save only to the infinite; to the mind of mortal man Truth is not necessarily Truth, but only that which appears to be true. Therefore, what is glorious truth to one is inglorious nonsense to another, yet both may be equally honest of purpose in their search after Truth, and the enthusiastic vaccinationists of today come wonderfully near placing a pinch of salt on Birdie Truth's tail.

The principle of vaccination is correct. City councils have endorsed it, health boards and public school trustees have decreed that it *must be done*; but neither of them truthfully explain the modus operandi of vaccine virus, nor assume any responsibility for the dangers consequent from compulsory introduction into the subject, irrespective of present conditions of health, of virulent animal poison, the product of a loathsome disease; that may set up a process which of itself may prove fatal, but much more frequently entails a life-time of suffering or disease, or so change or weaken the subject's resisting powers that they easily succumb to other diseases.

Compulsory vaccination is *illegal and unconstitutional* and has

been so decreed by the higher courts of the larger cities in the United States, notably, the Supreme Court at Chicago in 1897, ruled that "There is no existing law under which public school children as a class could be compelled to submit to vaccination."

Judge Thomas M. Wyatt of New York City, as a part of his opinion in 1893, says: "Laws compelling vaccination are unconstitutional, the attempted legislation on the part of the State is not an attack upon an evil that exists, but upon the possibility of an evil. It is not aimed at the sick but at the well. It subjects the well to a pecuniary damage, but does not attempt to cure the sick. It shafts are leveled not at a reality, but at a possibility—a possibility that may never happen. The legislature of the State might as well compel every child or person to be treated with injections of the lymph of Dr. Koch, to protect them from possible consumption, or with the Bichloride of Gold of Dr. Keely to prevent the possibly of drunkenness."

Reasserting that the principle is correct, let us examine the principle and find wherein the protecting power exists.

Given a Perfectly Healthy individual who has never been vaccinated, the compulsory fiat says: "Thou must be vaccinated, for thou art liable to catch smallpox." Please note the individual thus warned is *perfectly healthy*. Now vaccinate this individual, let it take successfully and it is averred that this individual is now more or less (more or less is as definite as you can get at it) proof against the contagion of smallpox. No individual can be more than perfectly healthy. Therefore any altering or modification of perfect health must result in a minus or less than perfect health; and less than perfect health must necessarily be ill health or disease in some degree. Hence it follows that the protective power of vaccination is due to a diseased state of the body. Therefore vaccination is a diseasing measure; one disease is given to prevent a like one—vaccinate to prevent variola. Here we have a perfect parallel of the Homœopathic law of cure which may fittingly be called Homœoprohylaxis.

If the principle is correct where then is the error or evil of vaccination? In the method of application or execution, which is barbarous, filthy and dangerous. Homœopathic physicians can do better; can administer the virus in such potency and posology as to absolutely govern and control its action.

But can the majority of the medical profession who unanimously vaccinate be wrong? Even so, *truth* has always dwelt

with the few. In the domain of thought great numbers count for naught; and it is not the first time that a no less unanimous profession has been unanimously wrong. But health boards proclaim: "*The unvaccinated are a public danger.*" "*A constant menace to the community.*" No man can give away what he has not got. The unvaccinated must have the smallpox before they can jeopardize the life or health of any one else; and recorded evidence of past experience is overwhelming that when smallpox attacks a community it does not commence with the unvaccinated. If vaccination protects how can the unvaccinated be a manace to those whose vaccination protects them from attack? If it only mitigates, than so far as contagion is concerned one case of smallpox is like another, and the unmitigated, because unvaccinated, cases are neither more nor less a public danger than the vaccinally unmitigated ones. This being necessarily so, the public has no more concern with my choosing to take my smallpox without mitigation than with my taking my coffee without cream. Vaccination is either good or bad. If good, its goodness would have removed any necessity for compulsion years ago; if bad, its badness destroys the right of enforcement upon the unwilling.

In the returns of the Register General for England there is a regular permanent heading for "Deaths from Cowpox or other effects of Vaccination." The entry began in 1881, since which time there have been rendered on the basis of death certificates, signed by physicians, many hundred deaths. Such unjustifiable destruction of life by compelling people to submit to the outrage of having their children's bodies contaminated with the virus of a filthy disease is nothing less than a crime. How can any honest intelligent seeker after the *truth*, who has given the subject careful attention and who has been able to divest his mind of prejudice and preference in weighing the evidence, fail to be convinced that vaccination is a fallacy, its compulsion a crime.

LIBERALISM.*

MARCO F. UNDERWOOD, M. D., SAN FRANCISCO.

Mr. President—In assembling here this evening for the purpose for which we were called together there are certain points to be observed in the outset that we may build on a solid foundation.

In casting a glance backward over the centuries we find that

*Read at the organization of the California Hahnemannian Association at San Francisco, Jan. 4th, 1900.

organizations of various kinds have from time to time been destroyed by conflicting elements within themselves. This has been true of Kingdoms and Republics, religious, scientific and literary associations, and our closing century bears no exception to the rule.

We believe in law, plenty of it and of the right kind; organizations that have little law have little of anything else.

There is a widespread spirit in the land called liberalism. This liberalism might more properly be called "*indifference*," or yet more aptly "*anarchy*." There are many degrees of anarchy and this spirit of anarchy is by no means absent from our so-called homœopathic societies. Now by anarchy I do not mean rebellion but I mean just what the word means—"*without law*."

Most of us present well remember the Organon Club of this city, and well remember too what became of it. Its spirit was that of a missionary society; its doors were open to whomsoever asked admission. Where is the society now?

This great cry of liberalism is only a cry of anarchy; a cry to be let alone; a cry to be left without any governing laws; a cry for the privilege of each to be *a law unto himself*."

Shall we heed this cry of weakness and make our rules so lax that every eclectic may come in and vote us out of existence, or shall we make the requirements of admission of such a nature that the applicant must "*show his faith by his works*?"

For my part I would make it as nearly as possible a distinct Hahnemannian society and make it impossible for any but a true and tried Hahnemannian to gain a membership with us.

We shall doubtless be accused of exclusiveness. Well, let it be so, if it must; but remember, we are organized for a special purpose, that of promulgating, preserving and proving the homœopathy as taught by its founder.

We have a State Homœopathic Society which looks well after the political, social and legal interests of our school and with that society we have no quarrel or feeling other than fraternal. But our work lies clearly in another direction.

The old story of the Arab who took compassion on his camel on a frosty morning is as true as ever. The Arab allowed the camel to put his nose inside the tent to eat his breakfast and the camel kept on coming in till he filled the whole tent and the Arab himself crowded out. There had lessons in this for us at this time. As there will never be but a small minority in our

school who believe and practice as we do, why should we seek for numbers, or accept every one who wishes to join? Would it not be better to have a membership of ten and that ten harmonious and true to the cause than to have thrice the number with the introduction of fatal liberalism?

The I. H. A. has a two-year juniorship before becoming a full fledged member, and it is little enough. I am in favor of adopting the same law.

Let all attend our meetings who like. Let our meetings be open to every practitioner of every school that they may come and learn if they choose, but experience has taught us in more ways than one that the average so-called homœopath does not want to learn more about homœopathy; his shelves will be found filled with regular works on medicine but homœopathic books are scarce in his library. I do not know of a half dozen homœopathic libraries in this city that are worthy of the name, or that are complete enough to enable one to work out successful prescriptions on the average chronic case.

What then should we do but go straight on in the even tenor of our way, lending a hand to him who feels the need of help, strengthening ourselves in the knowledge of our noble art and casting our mite of experience into the great treasury of science that others who seek for truth may more readily find it.

Comment and Criticism.

DRUG EFFECTS—A REJOINDER.

The HAHNEMANNIAN ADVOCATE for December 15th, 1899, contains a report of the papers of the Materia Medica Section of the Southern Homœopathic Medical Association, which met at Asheville, N. C., in October last. The ADVOCATE also contains an editorial which discusses "Primary and Secondary Action of Drugs." The report and the editorial do not agree. In the report the chairman of the Materia Medica Section endeavors, among other things, to make plain his belief that drugs do not act, and that a knowledge of primary and secondary drug effects is of importance to the medical practitioner. In the editorial the editor of the journal endeavors, among other things, to make plain his belief that drugs do act, and that a knowledge of pri-

mary and secondary drug effects is not of importance to the medical practitioner. The writer naturally agrees with the chairman and not with the editor, and consequently will say a few words further to support the arguments used in the report of the *Materia Medica* Section.

As Hahnemann failed to prove that drugs have an inherent energy which takes the initiative when introduced into the human organism, so the writer of the editorial also fails in his attempt to support this untenable position. He states that when a drug is thrust into the human organism "a new force has been introduced," but he gives no proof of this assertion. He further says that, "The new morbid force introduced through the drug into the organism possesses an individuality *peculiar to itself* and capable of impressing its influence upon material substances in the same way as the vital force." This statement is not correct. Doubtless the drug when introduced into the organism *has* "an individuality peculiar to itself," (this can be proved without difficulty) but that the alleged "morbid force" is "capable of impressing its influence upon material substances in the same way as the vital force," has not yet been proved; and from the fact that a drug will not cause disturbances in the organism unless animated by its vital force, suggests the rationality of believing that the vital force is responsible for the manifestations of the presence of the drug and not the alleged "morbid force" of the drug. The only foundation for the assumption that drugs contain a "morbid force" which so nearly resembles the vital force of the organism that they act "upon identically the same plane," is through the introduction of the drug into an organism already animated by its vital force. No one has yet reported the action of this "morbid force" when introduced into an organism from which the vital spark has flown, a cadaver.

We know that whatever action is manifested in the human organism is due to the principle which animates it, whether that activity be stimulated by a blow from without, by food introduced into the stomach, or by a disturbing idea. That the organism has the ability to extract energy and tissue from food does not prove that food *acts*, and because action follows the ingestion of a drug does not prove that the drug acts.

The editor says of the vital force of the human organism: "It has no intelligence, no personality, no power of reasoning." Nevertheless, it is superior to the alleged "morbid force," first,

because its existence can be demonstrated, and second, because its versatility of manifestation is beyond expression. It is a demonstrable fact that the human organism is animated by *active* force; but this much has not been demonstrated of drugs. This pitting of a fantastic, undemonstrable assumption against a fact is absurd. There is no reason why we should spend our time and energy in attempting to find some occult cause for pathogenetic manifestations, when we have in the vital force of the organism a fact that cannot be ignored. The limit of divisibility of matter has not yet been discovered, nor has the influence of ultimately subdivided matter been weighed, and until this is done it is a most unprofitable waste of time to be chasing the *ignis fatuus* of drug "morbific force."

The second point advanced by the ADVOCATE is, "That *primary* and *secondary* terms are confusing and are due in a great measure to inaccurate tests."

It is certain that this question of primary and secondary pathogenetic effects does sadly need study. The terms are confusing to those who have not investigated them, of course, but instead of "inaccurate tests" being the cause of the coining of these terms (now many years ago), "inaccurate tests" are prominent among the reasons why these two classes of effects are not better understood.

Of course our interpretation of these contradictory sets effects must depend upon our theory of drug action, but having disposed of the untenable theory of drug "morbific force" we are brought face to face with the fact of these two opposing states of the organism, which demands explanation. According to the argument used in the report of the Materia Medica Section of the Southern Association, and which it is unnecessary to repeat, it is obvious that the primary effects are of paramount importance to the practitioner of medicine, particularly if he wishes to make *a priori* homœopathic prescriptions. Without a knowledge of these double effects the practitioner will blunder along as the majority of us are now doing in an most un-Hahnemannian manner, to the end of time, but with such knowledge he may attain possibilities that have heretofore been veritable impossibilities.

In conclusion I can reiterate my belief that drugs do not act, but that drug pathogenetic phenomena are due directly to the vital force of the organism into which the drug is introduced,

and that this postulate is founded upon the fact that no one has yet shown that drugs contain initiative acting force and that the organism *is* animated by such a dynamis, and further, as a corollary, it may be regarded as at least probable that primary pathogenetic manifestations are due to an active attitude of the organism into which the drug has been introduced, and the secondary manifestations may be regarded as an evidence of a negative or passive condition of the organism, and if this be the case then these primary manifestations only need be considered by the therapist.

Baltimore, Md.

ELDRIDGE C. PRICE.

PRIMARY AND SECONDARY ACTION OF DRUGS.

BALTIMORE, Feb. 1st, 1900.

EDITOR OF THE HAHNEMANNIAN ADVOCATE.

Dear Sir—In your valued journal for January 15th, are some comments and criticism by "L." relating to "primary and secondary action of drugs. In speaking of the work of those who are attempting to ravel out this tangle of double drug effects, he says: "It only shows how people can become confused by *literalism*, in medicine as well as in theology and elsewhere throughout the whole range of mental activity."

I confess that this sentence is somewhat confusing, because it is difficult to say whether "literalism" refers to an attempt to disinter the facts of this double drug action from the mass of adventitious material under which they are buried, or whether it applies to an attempt to accept our symptomatologies as they have been given to us. Unquestionably the attempt to make sense out of the nonsense of many of our provings is confusing indeed, but I am very sure it is not more confusing than the endeavor to reconcile all details found in our average text-book symptomatology.

In his assertion that "*everything* ought to go into the record of the proving and be considered a part of the materia medica," "L" shows his ignorance of the unreliability of human testimony. Let him make a health record and a *Sac. lac.* proving, preceding the drug proving, and then his dictum about accepting *everything* will probably be a little less positive.

"L" writes as either a very young man, or as one who has giv-

en very little serious thought or study to the great subject of drug pathogenesis, and who has not concerned himself about the sources of our symptomatology. He speaks as if the practice of medicine were a simple matter with "the tools that we have right in our little cases," and of the sick he says he knows they "can be cured by any one who knows enough materia medica and has eyes enough to see what is to be seen and brains enough to interpret the results of his observation." Apparently this is all very easy; but not all our medical practitioners are as well satisfied with the knowledge they possess of "the tools" they have in their "little cases," as is "L."

Evidently "L" belongs to that class of practitioners who are well satisfied with the existing collection of symptomatology, and who are also sometimes equally well satisfied with their own abilities. For this class I have never written one word. The work of those engaged in the thankless task of trying to get even nearer, to the heart of things, to the truth, than was attained in the eighteenth century, will appeal only to those who are open to conviction, who do not believe perfection in materia medica has even yet been realized, and who are willing to discuss the possibilities of increasing our knowledge, even though such knowledge may tend to "simplify the materia medica." Such men recognize the fact that "the manifestations of life are infinitely complex," and they also recognize the fact that some persons are inclined to add to these complexities, and when an attempt is made to simplify these perplexities, bring order out of chaos and find the principles underlying the facts of existence, these persons are always sure to object to a change however right and advantageous that change may be. I have been struck by the fact that when regarded from the standpoint of science—of common sense for that matter—the philosophy of some men implies that all who believe in homœopathy must have impaired powers of reasoning; but fortunately it is really not necessary for a man to be a fool to believe in homœopathy.

I am inclined to think that "L" simply does not appreciate the purpose of those who are working in this field of double drug influence. He has surely not made a practical study of the subject or he would not so unqualifiedly condemn the effort of those who but seek greater knowledge in the realm of drug pathogenesis, and but strive to lighten the labor of the therapist.

Very truly,

ELDRIDGE C. PRICE.

“WHAT PART DOES ENVIRONMENT PLAY IN THE
SELECTION OF THE REMEDY?”

Environment plays a very important part indeed since the functions of almost or quite every organ in the body may be disturbed by it, and to such an extent that a cure is wholly impossible until the environment is changed.

An equally interesting phase of this subject is the comparative influence of the same environment upon different persons. Every practitioner has confirmed this statement I am sure, and if he has been a close observer has seen a *relationship* existing in the influence of *environments* that *approaches* in importance and interest to *the relationship of remedies*.

To recite cases illustrating this seems like carrying coals to Newcastle, since in addition to the personal experience of the readers of the *ADVOCATE* on the subject, all good literature terms with illustrations of the influence of environment upon the souls, minds and bodies of men. Since it is upon this tripod that each homœopath consciously depends in the selection of the remedy, there is ample evidence that environment must largely influence us in the making of a good prescription. An attempt of mine to illustrate this fact with cases from practice would seem like an attempt to paint a southern sun set—the material is abundant, but the master hand equal to the task has not yet raised his brush.

Yours at the plow,

Pine Bluff, Ark.

WELLS LeFEVRE

Editorial.

"A RADICAL CHANGE."

Our moving day was planned for February 1st, but numerous little circumstances prolonged the final adjustment until the 15th of the month. This explains the delay in the issue of the present number.

The editorial and general offices, located [at 92 State street, 1106 Stewart Building, will be open from 9 a. m. until 5 p. m., a much needed change.

THE HAHNEMANN MONUMENT.

After many disappointments, the monument committee have secured the passage of the following act through both houses of Congress. It has also received the signature of President McKinley, so they are only waiting the response of the profession to secure the erection of the beautiful monument.

"Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That permission be, and the same is hereby granted the Hahnemann Monument Committee of the American Institute of Homœopathy to erect a monument in honor of Samuel Hahnemann in such a place in the city of Washington, D. C., other than the Capitol or Library grounds, as shall be designated by the Chief of Engineers, United States Army, the Chairman of the Joint Committee on the Library, and the Chairman of the Monument Committee; and the sum of \$4,000 or so much thereof as may be necessary, is hereby appropriated out of any money in the Treasury not otherwise appropriated, for the building of a foundation upon which to place said monument; said monument to be presented to the people of the United States by the American Institute of Homœopathy, kindred associates and citizens."

Too much credit cannot be given to the persistent efforts of Dr. McClelland of Pittsburg, the chairman of the committee, and Dr. Custis, the representative of the committee in Washington.

We understand that the auxillary finance committee are meeting with very gratifying responses from the profession, and that it is to be hoped by the first of April to make a definite announcement with reference to the probability of the monument being erected during the coming spring, and dedicated next June.

WHAT IS A HOMŒOPATHIC PHYSICIAN?

Some two years ago Dr. E. H. Porter, while President of the New York State Homœopathic Society, defined "*a homœopathic physician is 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.*" This definition set a ball rolling which has gathered power by its very momentum, until the entire profession are actually taking sides for, or against, this definition.

At the last meeting of the American Institute of Homœopathy a resolution was introduced, adopting this definition as the official expression of the institute. By this action it passed from a state to a national question. At the same meeting of the American Institute with practically the same spousers, the old motto "*Similia similibus curantur*" was changed to read "*Similia similibus curenter.*" Neither act was the impulse of the moment, but both were prepared, after due deliberation and with a definite purpose. It is not for us to criticise the motive prompting the act because we believe the parties were honest in their opinions, and believed that they were placing the Homœopathic school upon a consistent foundation.

Our purpose in calling attention to this matter is because it seemed necessary for the Homœopathic profession to give an official definition of their status in order that the observing public might be sparing in its criticisms, and that indifferent practitioners might have a shield behind which they might stand and defend their employment of expedients other than those coming within the legitimate scope of Homœopathy. This is the criticism that comes from the camp of the antagonists to any distinctive title.

We believe Hahnemann formulated a law of cure, and that the wording as adopted by the American Institute was used by him because the investigation, at the time, was not considered sufficient to justify any dogmatic assertion, by this scientist, on the positive workings of an unailing law; but the experience gained through the investigations of a century have most clearly proven, to those who have faithfully applied the principles involved by the action of this law that there is no question about the existence of a law governing the selection of remedies for a cure of disease; and that the law is adequately expressed by the old familiar "*Similia similibus curantur.*"

Now with reference to this definition. At first glance it would seem as though the definition wisely provided for every contingency that might arise; that it was a simple, and at the same time logical definition of the true status of a Homœopathic physician. But a more careful analysis reveals the fact that it stops short of covering the ground assumed by the advocate of a law of cure. It is defective by reason of the fact that it gives the superficial, and consequently inconsistent practitioner of medicine the right to assume this sectarian designation. We can see no justice in any physician assuming the title of this specialty until he shall have made himself a master of its principles, an expert along that line of practice.

It is for this reason that we would restrict the definition to those who have made such a thorough and comprehensive investigation of the principles embodied in the law expressed by Similia, as to know not only the fact of the existence of a law, but the workings of the same. We therefore think it wiser to refrain from defining the status of the Homœopathic physician; but if a definition must be given, that it would be sufficiently comprehensive to establish not only the fact of the existence of a law of cure, but the further fact that the possessor of this title is competent to judge of its efficiency.

PERSONALS, NEWS ITEMS ETC.

Dr. E. C. Morrell, of Norwalk, Ohio, died Jan. 9, 1900, at the age of 68 years.

Dr. C. S. Putnam, of Casselton, N. D., wants a successor at once. A good place.

Dr. S. R. Stone has been reappointed county physician at Rhinelander, Wisconsin.

Dr. J. B. Hershey, has removed from Falls City, Neb., to Cripple Creek, Colorado.

Dr. J. F. Hackett has removed from Exeter, Neb., to Onawa, Ia., leaving a good field open.

Dr. J. W. Hewittson intends leaving Valley City, N. D., and says it is a most desirable location. Write to him.

The Senate Judiciary Committee of the Georgia legislature, recommended the non-passage of the osteopathic bill recently.

The first edition of "*Mind and Body*" has been exhausted and nearly one-half of the second has already passed into the hands of interested readers.

Dr. W. A. Dewey, of Ann Arbor, has been appointed successor to Dr. Talbot on the Legislative committee of the American Institute of Homocopathy.

Routine business took up the time at the February meeting of the California Hahnemannian Association, but we are promised some valuable papers in time for the March issue.

Dr. Peter Cooper, has removed from Wilmington, Del., to Phoenix, Arizona, where he is associated with Drs. Woodruff & Bottin, giving especial attention to the eye, ear, nose and throat.

After a long and tedious delay, the prizes offered by the *Medical Visitor* have been awarded to Dr. T. E. Reed, Middletown, Ohio; W. J. Renwick, Auburn, Maine, and E. W. Boardman, of Parsons, Kansas.

Dr. J. E. Huffmann, of Healdsburg, a graduate of Hahnemann, San Francisco, is another visitor to this section.

(Dr. H. is the proud possessor of a diploma from the Dunham College, of Chicago.—ED.)

The Homœopathic Department of the State University of Iowa has nearly one hundred students in attendance during the present college year. This is a gratifying increase over the past and speaks well for the dual medical department.

The Missouri Institute of Homœopathy will hold its twenty-fourth session in St. Louis, April 17th, 18th and 19th, 1900 to which you are cordially invited, not only to attend the meeting, but to contribute a paper. For information address the general secretary, Willis Young, M. D., 2344 Park ave.

It is practically settled that the next meeting of the American Institute will be held in Cleveland, Ohio. The date has not been officially announced, but will be some time in June. That city is one of the most delightful of any along the shores of the great cluster of Inland Seas during the summer months.

It is with great sorrow that we report the accident whereby Dr. M. E. Douglass, Baltimore, Md., sustained a Collis fracture of the right radius. The doctor is such a willing writer that this comes as a double infliction—to himself and the profession. Here's hoping that his future usefulness may not be impaired.

We are sorry to report that Dr. T. H. Hudson, of Kansas City, is suffering from a temporary relapse after his long and pleasant recuperation in Chicago. The doctor is one of those nervous temperaments who will not affix a governor to his engine and therefore does not know how to regulate the expenditure of his force until it is exhausted.

Rev. A. W. Littlefield, has been compelled to resign his pastorate in Louisville, Ky, owing to the continued illness of his family and return to Massachusetts. Mr. L. is a staunch Hahnemannian, whose contributions to the current literature of Homœopathy is read with interest and profit. His home for the present will be Peabody, Mass.

All graduates from recognized medical colleges will be admitted to practice in the State of South Carolina by the registration of their diploma. This new law goes into effect at once. By reason of this enactment a valuable field has been opened to Homœopathic physicians. Further information may be obtained by writing Dr. J. A. Whitman, 86 Wentworth st., Charleston, S. C.

We regret to announce that the *Archiv fuer Homœopathie*, that trustworthy exponent of Homœopathy in the land of its birth has been discontinued by reason of the lack of support given it by the profession. This is a great misfortune, but not an unmixed loss because by it the readers of the *ADVOCATE* will be honored with frequent papers from the pen of its distinguished editor, Dr. Alexander Villers.

The Independent Polish Catholic Church, of Chicago, are building a large hospital, capable of accommodating 500 patients at the corner of Hoyne ave and Homer street, at a cost of \$150,000. The bishop is a thorough believer in Homœopathy, but since this organization is to be general in character and to meet the needs of all classes, only one-half of the accommodations will be placed at the disposal of Homœopathy.

Dr. James John Garble Wilkinson, the oldest and in some respects, most eminent of English homœopaths, died at the advanced age of eighty-seven. He achieved a wider fame as a writer than a physician, and was a friend of Ralph Waldo Emerson, Carlyle, and other men of note. He was profoundly versed in latin lore, and has translated many of Swedenborg's scientific and theological works. He was a rabid anti-vaccinationist, and published a number of pamphlets on the subject. In religion, he was a sound New Churchman.

The Homœopathic Medical Society of Chicago, held its regular meeting at the Great Northern Hotel, Tuesday evening, Feb. 15th. An interesting paper was read by Dr. Julia Holmes Smith, upon Anemia, a potent factor in Pelvic Diseases of Women. The discussion was opened by Dr. E. S. Bailey; Dr. A. E. Thomas read a paper on Dyspepsia and Dr. C. Guerne Fellow presented valuable points upon Associated Nasal and Occular Diseases. The discussion was quite general and interesting, but homœopathy was noted for its absence.

The great pipe organ which was on exhibition at the World's Columbian Exposition in Chicago in 1893, is among the objects of interest at the University of Michigan. The organ is at the back of the platform in University hall. It has four manuals, 3,901 pipes, 116 stops. The largest pipe is thirty-two feet long. Electric motors aggregating seven horse power are used to fill the bellows. The connections of the keys with the pipes is electric. In the upper northeast corner of the large hall is an echo organ, which is operated from the key board of the large instrument.

The Materia Medica Society, of Chicago, held it regular semi-monthly meeting in the Club Room of the Sherman House, Tuesday evening, February 13th. The subject was *Nux vomica* and papers were read by Profs. Hœhn, Woodward, McIntyre and Duncan. A very profitable discussion followed. The papers will appear in the March ADVOCATE, and we hope to be able to present the discussions in the future. The next subject under consideration will be the study of *Rhus toxicodendron*, Tuesday evening, February 27th. Any physician can receive regular notice by sending name and address to the Secretary Dr. P. S. Replogle, 92 State street.

The Third Annual Graduate Medical Course of clinics and lectures of the homœopathic department of the University of Michigan will be held in Ann Arbor, beginning April 23 and continuing through May 4. The course comprises a series of lectures lasting two weeks and a series of clinics lasting five days. Clinics will be held each day of the first week, forenoon and afternoon, until four o'clock, excepting Monday forenoon and Saturday. The lectures will be given late in the day, after the clinics, and in the evening. The faculty of the homœopathic department will be assisted by Dr. J. M. Lee, Rochester, N. Y., Dr. Frank Kraft, Cleveland, O., and Dr. J. C. Nottingham, Bay City. The course is given for the benefit of the profession

throughout the state. No charge is made except to those who wish to register for a graduate certificate. To receive such certificate the applicant must be in attendance the full two weeks.

WILLIAM WALTER STAFFORD, M. D., LL. B.

William Walter Stafford was born in La Salle, Illinois, Sept. 21, 1865. From his youth he gave evidence of a brilliant mind. He was a typical boy, fond of sport, and was, to use his own expression, "constantly in trouble." His success as a surgeon was anticipated by remarkable mechanical ability. As early as 1887, he had become interested in medicine and had studied evenings, with the intention of some time completing a course. In the fall of '91 he entered Hahnemann College, Chicago, and studied there two years. His vacations he spent as conductor on the Rock Island Road. He took his last year's lectures at Hering College, and was constantly associated with this institution until his illness. After his graduation in '94, he was appointed house-physician to the hospital, and demonstrated his surgical ability in the clinics there. When Dr. J. R. Boynton resigned the Chair of Surgery to take up his work in the east, Dr. Stafford succeeded him, and was Professor of Surgery in Hering until his death. He was a member of the various homœopathic societies, and was Assistant Recording Secretary of the American Institute, and Secretary of the State Society. Dr. Stafford died when he was barely thirty-four; and yet he had crowded into the few years of his professional life a success that would have been a zenith to many. There were earnest men of all schools of medicine who knew that a fearless, progressive man had chosen a profession to idealize it. There were those who had never known him personally, physicians and patients at the hospital, who made daily inquiries for the man who even while he suffered "had whistled and sung himself into their hearts." There were those who had never seen him who wept for him; they knew from others' lips that a great soul had passed, and that the loss was theirs. His peculiar charm of personality, his magnetism, his far reaching sympathy and generosity, his bravery; it seems scarcely possible that these can never be the gift to any one again. Long centuries ago above the entrance to a pagan tomb was written "Courage;" most fittingly might the word seal his own. He was buried in Parsons, Kansas.

F. W.

Book Reviews.

The Pacific Coast Journal comes out in a new dress. It has gone into the ranks of the blanket sheet periodicals which can only be preserved with difficulty. The business management is in the hands of brother Tisdale and he already gives evidence of his hustling perpensities.

Potts' Nervous and Mental Diseases.—A Pocket Text-book of Nervous and Mental Diseases, by Charles S. Potts, M. D., Instructor in Electro-Therapeutics and Diseases in the University of Pennsylvania, Philadelphia. In handsome 12mo. volume of 443 pages with 88 illustrations. Cloth, \$1.75, net. Flexible red leather, \$2.25, net. Lea Bros. & Co., Philadelphia and New York.

The book is to be commended on account of its simplicity as well as on account of the character of the illustrations fitting that of a text book in many respects. It is to be hoped that the publishers will have sufficient response from the entire series of books to justify them in the expenditure.

Crockett's Gynecology.—A Pocket Text-book of Diseases of Women, by Montgomery A. Crockett, A. B., M. D., Adjunct Professor of Obstetrics and Clinical Gynecology, Medical Department of the University of Buffalo, N. Y. In one handsome 12mo. volume of 368 pages, with 107 illustrations. Cloth, \$1.50, net. Flexible red leather, \$2.00, net. Lea Bros. & Co., Philadelphia and New York.

As has been announced in the columns of this magazine, Lea Bros. & Co. have in prospect fifteen text books upon the most important topics, filling the life of the student. This work on gynecology is uniform with the works, which have already preceeding it, and is up to the usual high standard of excellence sustained by this old house. There are some things worthy of mention in the book; among others is the fact that local treatment, is, to a large degree, discouraged, and all diseases not requiring mechanical interference, are recommended the merits of *internal* medication. This is along the line of progressive medicine, and should be encouraged wherever it may be found.

Leaders of Typhoid Fever, by E. B. Nash, author of "Leaders of Homœopathic Therapeutics" published by Bœricker & Tafel. Price 75c; by mail 80c.

Those who have been sufficiently fortunate as to possess a copy of "Leaders in Homœopathic Therapeutics," will recognize

the individuality of the author in this book. It seems as though he was taking you to the bedside of the patient, and their discussing the peculiarities of the individual, and the indication for Homœopathic prescribing. In this it differs from Burdett's works which gives you the treatment without the indication. This book will bear careful reading, and thorough study; and, therefore complete investigation will give the reader satisfaction in the use of same. Dr. Nash is a natural and consequently an able writer when dealing with a subject of which he has intimate acquaintance; and for that reason should be encouraged to give to the profession the fruit of his experience.

The Youth's Companion in 1900.—Classified, the list of eminent men and women who will write for the Youth's Companion during 1900 is found to embrace heads of the national government; statesmen prominent in Congress, Parliament and the diplomatic service; leading educators; popular composers and singers; heroes of the army and navy; celebrated naturalists and other men of science; travellers and explores, and a chosen group of the most famous story writers.

In travel, the reader will be taken through picturesque scenes and thrilling adventures from Palestine to the Philippines, from Cuba to Russia, from Mexico to Madrid, and from the Highlands of Scotland to the heart of Africa; the latest wonders of science are to be described for him by the highest authorities; pictures are to be given of the ceremonies and pomp of European courts, and of the characteristics of their rulers, as well as pictures of home life in various countries, from New England to the Holy Land; biography flows from fresh sources and through illuminative anecdotes of illustrious characters, and the problems that attend the pursuits of ambitious youth are to be discussed on the moral side by eminent divines and on the practical side by eminent financiers.

Illustrated Announcement Number, containing a full prospectus of the volume for 1900, will be sent free to any address.

THE YOUTH'S COMPANION, 203 Columbs ave., Boston, Mass.

American Monthly Review of Reviews.—The topics editorially treated in the February issue are the Nicaragua Canal proposition now before Congress, the Canadian and Erie Canal projects, underground transit in New York and elsewhere, the currency and business situation, the Treasury and the banks, the

popular election of Senators, Mr. Beveridge's speech in the Senate on the Philippine question, our tariff policy in Puerto Rico and Cuba, the meaning of "neutrality" in the Boer war, and the strength and weakness of the Boer position.

The long army service of the late General Lawton are reviewed by his old commander, Gen. O. O. Howard, and the life story of Field Marshal Lord Roberts, commander-in-chief of the British forces in South Africa, is told in an unsigned article.

A study of the German Empire from a point of view not often taken by writers for the American press is presented by Baron Pierre de Coubertin in an article entitled "A French View of the German Empire." Germany is treated in anything but a hostile spirit, and the portrait of Emperor William is more favorable than the American reader ordinarily sees.

Mr. W. T. Stead writes on "The Perilous Position of England," pointing out the dangers which threaten from across the Channel.

Mr. Charles A. Conant, the financial writer, contributes a brief article on "The Treasury and Money Market," analyzing the peculiar embarrassment in which the Government finds itself placed by the country's general prosperity.

Miscellany.

Rumor has it that in the near future a School of Dentistry will be attached to the Hahnemann Hospital College of San Francisco.—(*Coast Journal*).

Permanganate of Potassium Antidote to Nux vomica.—The *Medical Times* is authority for the statement that one-half grain in a quart of water will render Nux vomica a harmless compound. This is worth remembering.

Faith Cure vs. Mind Cure.—*Albany Medical Annals*, Charles Dudley Warner says that the difference between the "Faith Cure" and the "Mind Cure" is that the mind cure doesn't require any faith, and the faith cure doesn't require any mind.

Consumptives not Quarantined in California.—The State Board of Health of California has wisely decided to offer no restriction to the entrance of consumptives into that state. They could not if they would and it is doubted if they would if they could.

At a Recent Congress of Russian railway officials, it was decided, says the *Railway Review*, that there should be erected at various places hospital stations and baths, and that in some regions bathing cars should be run, as is now done along the Siberian Railway.—(*Scientific American*.)

According to A. Gautier, arsenic is constantly present in the typhoid gland, apparently like phosphorus and iodine, combined in the nucleins. Arsenic is also found in minute quantities in the spleen and in the skin, but no other organ gives even the faintest trace. This precise limitation of its occurrence has important toxicological significance.—(*Scientific American*.)

Death of Dr. William A. Hammond.—He died very suddenly at his residence in Washington, January 5th, aged 71 years. As a young man he possessed talents of a remarkable order, which gave him great prominence as an organizer. He also had great executive ability. These qualities soon placed him at the head of the medical staff of the army during the rebellion. In later life his investigations were along the line of isopathy, and the use of extracts from various glandular substances received their greatest stimulus from this source.

Criminal Offense.—It is stated that two druggists of York, Pa., recently entered in a lively competition regarding the sale of morphine, and one of them offered the drug as low as 15 grains for 10 cents. As a result of the increased consumption at the low price, many young men have become addicted to the habit. The local press states that there are 100 habitues. A crusade has been made against the sale of the drug, owing to the death of one of the prominent young men of the town, which followed a hypodermic injection administered by a friend.

A Novel Expedient.—S. P. Linberger, a Christian Scientist, died at Wooster, Ohio, on November 23. After his death it was discovered that his son was sick with typhoid fever, and that the members of the family would not permit a physician to be called. The young man's associates drew the attention of the Probate Court to the case, and Judge McClarran promptly appointed a guardian for the young man, with instruction to produce at once a physician and a competent nurse, and to see that the medicine prescribed was administered.

Magnetism of the Earth.—Dr. Henry A. Rowland, professor of physics, Johns Hopkins University, claims to have made a discovery which, if true, will be of the greatest importance to the scientific world. The discovery gives an explanation of the cause of the magnetism of the earth. Professor Rowland shows by experiment that magnetism is developed in a rapidly revolving body and is convinced that the principle holds good for the earth and other heavenly bodies as they revolve through space. The experiments are only in their infancy, but have proved so satisfactory that they will be continued.—(Editorial *Medical Times*.)

Definition of the "Pathies."—The *Clinique* says that a correspondent quotes and forwards the following definitions:

Christian Science—Suggestion plus absurdity.

Divine Healing—Suggestion plus faith in God's mercy.

Osteopathy—Suggestion plus massage.

Hydrotherapy—Suggestion plus water.

Metaphysical Healing—Suggestion plus fog.

Hypnotism—Suggestion plus sleep.

Spiritualism is somnambulism, and

Theosophy is an intellectual pleasantry.

Train Students to become Investigators.—Professor Chas. Sedgwick Minot, of the Harvard Medical School, delivered the annual address to the Yale medical seniors on June 27. He said: "We are brought to the conclusion that though the primary function of our medical schools is to educate practitioners of medicine, yet they ought to assume now the further and higher function of training medical investigators. The requirements of comparative medicine call for more changes than we have yet mentioned. The very word comparative implies that animals shall be included in the study."

There is no method so satisfactory for the training of the student as to make him think for himself. Lectures should be made obsolete and the student put into a position where he may bring the results of his investigations before the class and there defend or be shown the error of his investigation.

Xanthoxylum in Dysmenorrhœa.—Used with good success when the following symptoms were present: Severe throbbing headache over right eye, sometimes over the left; felt as if head being taken off; severe griping pains in abdomen—neuralgic pains, burning sensation in abdomen, a great deal of pain in ovaries, sometimes one (r), sometimes the other (l); pain extending down inside of thighs, pain so severe patient could not

keep from screaming and begged for something, anything to stop the "horrible" pain. Menses too early, flow profuse, clotted and very dark, a sensation as if everything was being forced out. Other remedies had been tried and failed. *Xanthoxylum*²⁰⁰ gave good results.

Indications for Operation for Gall Stones.—For my own use I have formulated the following indications for operation:

- (1.) When the attack is progressive.
- (2.) When there are severe and repeated attacks.
- (3.) When faceted stones have been passed, and the patient has relapses rather than recurrences.
- (4.) When there is persistent gastric disturbance, and persistent tenderness over the gall bladder between attacks.
- (5.) When there is impaction.
- (6.) When the patient is incapacitated by reason of frequently recurring chills and hyperpyrexia with alarming gastric and constitutional symptoms.
- (7.) When there is jaundice dating from an attack.
- (8.) In all cases where medicines and general treatment fail to afford relief.—T. L. MacDonald in *Medical Century*.

A Single Requisition for Medicine.—The *Army and Navy Journal* gives the items of a single requisition of the medical officer of Manila for medical and surgical supplies: 7,500,000 grains of quinine, 20 tons of Epsom salts, 5,000 bottles of paregoric, 3,000 bottles of iodoform dressing, 8,000 bottles of colloidium, 5,000 bottles of chloroform, 2,500 tins of ether, 16,000 bottles of bismuth, 7,000 bottles of alcohol, 10,000 quart bottles of whiskey, and 12,000 yards of plaster. There were also 600,000 compound cathartic pills, 1,000,000 tablets of strychnine, 1,600,000 tablets of sodium salicylate, 625,000 tablets of salol. Of surgical dressings there were 50,000 yards of plain gauze, 5,000 yards of unbleached muslin, 50,000 sterilized bandages, 4,000 pounds of absorbent cotton, and 96,000 roller bandages.

Hahnemann Monument.—The plan for raising the amount necessary for the completion of the monument has been modified to the point in which personal work upon the part of the individual physician will be carefully supervised by a State Committee instead of a National organization.

The Auxillary Finance Committee for Illinois, Chairman, J. R.

Kippax; Vice Chairman, Julia Holmes Smith; Secretary, E. S. Bailey; Treasurer, Geo. F. Shears.

The sum of \$7,500 has been apportioned to this committee and the territory to include Illinois, Michigan and Wisconsin. Several plans have been devised by means of which this money is to be raised. One of the most feasible being to place in the hands of each physician a subscription blank upon which may be recorded the names of his patrons who desire to show their appreciation of what homœopathy has done for them individually. It is to be hoped that the full amount will be secured before the meeting of the Institute in June.

Coal Oil in Drinking Water.—Dr. I. E. Shute, of Opelousas, La. calls attention, in the *Medical Summary*, to the use of coal-oil in drinking water. "Some years ago," he says, "I saw a creole pour coal-oil into his cistern, and on inquiring for what purpose, was informed that the coal-oil prevented all insects from entering the water, and would clean out the 'wiggletails' and wood lice, so I went to experimenting.

"I took a barrel of rain water, full of 'wiggletails' and wood lice, poured in a tablespoonful of coal-oil, stirred up the water, and in an hour afterward no living insect was to be found in the barrel, the water being as clear as crystal oil, the oil only showing on top and the taste sweet and pure. I believe it purifies the water as well as prevents the formation of germs. I defy anyone to find a cistern among the creoles of St. Landry Parish that does not contain coal-oil. I am now in the habit, when called to a case of fever, of asking if their water has been 'coal-oiled,' and if not I order an ordinary gobletful of the oil to a large cistern. Also, I believe it prevents all diseases originating in impure water."

The Patient Stomach.—The rush of modern civilization leaves little time for the average man to think of anything outside the immediate tether of his own absorbing pursuits. He is content to eat, drink, sleep, and take his pleasures as they come, without encroaching upon the period of his scant recreations by such solid labor as that involved in continuous thinking. In this way eating and drinking are regarded much as breathing, or the complex nervous and muscular acts that take place in walking or talking; all are accepted as matters of course. Indeed, it is just this easy way of treating vital functions that only too

often leads to their abuse. Let the reader pause for a few moments and think how he treats, and has been in the habit of treating, his own patient stomach. Does he begin the day with a heavy breakfast, including several cups of strong tea? Does he take a meat luncheon, with wine or other alcoholic drink? Does he indulge in afternoon tea, and wind up with a dinner of half a dozen courses, tempered with more alcohol? If a man, does he distribute odd alcoholic drinks over the whole day's program? Is tobacco included in the daily trials of the stomach? A steady course of public dinner would, in time, ruin the digestion of a rhinoceros or an ostrich. The three square meals a day of the average country house quickly upset the digestion of the visitor who is used to think highly and live plainly. Indeed, no great intellectual activity can be permanently associated with gluttony. The amount of abuse the modern civilized stomach can withstand is an eternal monument to the perfecting powers of the evolutionary survival of the fittest."—*Medical Times*.

How Brain-Workers should Eat.—It is all right for the man who labors all day in the open air to eat freely; but the man of sedentary habits, the brain-worker, must adapt his way of living to his needs. He must be well nourished, for the brain is incapable of good work unless well supplied with pure blood, but such a man cannot possibly furnish vital force to digest three large meals daily. If he tries it, nature will protest at every step. The chemical changes of digestion will be imperfectly performed. The stomach will neither secrete freely nor churn the food with cheerful alacrity; the pyloric orifice contracts and allows such chyme to pass with grudging reluctance; the intestinal lacteals are ashamed to absorb such miserable pabulum, which chokes, irritates and congests them, so the large meal remains in the digestive organs to ferment, putrefy, and steep the individual in foul gases and depraved secretions. But the system can furnish enough vital force to convert a small meal into pabulum of high standard, which will be absorbed without difficulty. Three such small meals are not enough to keep the individual properly nourished, however; four to six will be required. Each should consist of but one or, at most, two articles of food, the diet to be varied by changes at meals. The portion of food served must be small; the patient must stop as soon as the appetite is satisfied, and gaseous distention is proof positive that the meals are still too large or too close together.

Dieting in Pregnancy.—Bedford Fenwick, in a lecture on this subject, earnestly advises preventive method which he has invariably employed in the pregnancy of patients who had any degree of pelvic contraction, or other condition which caused dystocia.

Practically, the system to which he alludes is based upon the exclusion from the diet, as far as possible, of starchy and saccharine foods and the restriction of fluids. In other respects but little change is made, and nitrogenous foods are given in moderation. The following is a fair example of the dietary which he has for some years used, with excellent results, in private practice:

For Breakfast.—A small teaspoonful of tea or coffee, an egg, and two slices of toast.

For Lunch.—Any kind of meat, game, or fish, green vegetables, one slice of toast or a dry biscuit, cheese, one wineglassful of wine, milk, or any other fluid, excepting malt liquors.

At Afternoon Tea.—A small teaspoonful of tea or coffee, with one slice of bread and butter, or cake.

For Dinner.—The same as for luncheon.

The quantity of fluid to be taken during each day is, therefore, restricted to about fifteen ounces, and some patients at first find it impossible to satisfy their thirst with this quantity. The addition of a small quantity of lime-juice and effervescing water is sometimes useful, or the patient may be advised to suck thin slices of lemon if the thirst is considerable.

The result of this dietary is that no superfluous fat is developed on the fœtus, and the bones, although firm, are undoubtedly more soft, and the bones of the head are therefore, more easily moulded than is the case when the mother is taking an ordinary diet. The practical result of this system, in the lecturer's experience has been that women who had previously had extremely difficult labors, and who, in many instances, had never borne a living child, have subsequently had comparatively easy times, and have had living and healthy children at full term.

The only drawback, beyond the sensation of thirst, is that these patients exhibit a tendency to early rupture of the membranes; and thus the first stage of labor seems to be more tedious and painful than it would be if the membranes remained intact, and the hydraulic influence of the amniotic fluid were available for the dilation of the cervix. During the last week of pregnancy in these cases—that is to say, as soon as the uterus begins to fall in the pelvis—the patient should be advised not to leave the house, but to rest as much as possible on the couch during the day, so as to avoid any strain or over-exertion which might precipitate the rupture of the membranes.—*Medical Times.*

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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Chicago, March 15, 1900.

No. 3

Materia Medica.

PULSATILLA.*

J. T. KENT, M. D., PHILADELPHIA, PA.

Stenographically reported by H. E. Williams.

To-day we will take up the study of Pulsatilla, one of the most frequently indicated medicines in America. If you were to manufacture the Pulsatilla subject, a full-fledged Pulsatilla patient—if I wanted to produce a proving in a hurry I would select persons naturally *sensitive*, of a *mild* disposition, and of the blond type; especially those who are mild and gentle, that have the principles of plethora and easily excitable. Now, *stall feed* these patients. *High living, sedentary habits, not much exercise.* Feed them on *rich* food. If it is a woman, put her through, let her raise a good sized family, and as a result we have a state of nervous exhaustion. Weakness, tremulousness, full veins, disordered stomach—and these patients have full veins—always worse if the room becomes heated or close. They must be out in the open air. The whole venous system is engorged, and is so sluggish that it cannot carry on or return the blood to the heart rapidly enough and the patient needs to be stimulated by cold air; that contracts the caliber of the veins so as to favor the circulation of the blood back to the heart, and then they are more comfortable.

But with these sluggish veins in the limbs—varicose veins—sluggish veins in the portal system with its very sluggish liver,

* A lecture delivered at Dunham Medical College, Chicago, Oct. 5, 1899.

sluggish veins in the brain from prolonged work and this sensitiveness to impressions, and we have a Pulsatilla patient with a mental state so sad, so suspicious, so changeful and so capricious, tearful, bowed with grief, no matter what comes along, yields to everything, "Oh, have it your own way, have it your own way, only peace, peace, quietude, rest, freedom from turmoil and care; let me alone; go about it your own way!" Full of sadness and grief, wants things and when they are received they are not what was wanted. Forever contending, never satisfied; and as it goes on into a more advanced stage of mental fatigue, brain fag, a sort of a passive mania comes on, or a state of absolute apathy, indifference to everything; indifference at least to things that were once pleasant.

You will find this mental state frequently; it is likely to come after difficult confinement; after menstrual troubles, in which the patient sits, and sits, and sits, and says nothing; refuses even to answer questions. Sits, sits wherever placed; eats whatever is put before her; complains of nothing; says nothing. It competes with *Cocculus* for that state. Pulsatilla is pitifully irritable; always hurt, irritated, emotional, excitable; the emotions are raised to the extreme and are attended with palpitation, with trembling, with exhaustion, with a desire to lie down and be at peace; so it is said that those who are tearful and mild and gentle need Pulsatilla *when all the rest of the symptoms agree.*

Now, all of this mental state is so exaggerated, is roused up into conditions bordering on frenzy; the emotions, the tearfulness, all the mental states are roused until she can get a window open. You would naturally think she wanted to breathe more air; wanted to breathe better air; she does want more air, and even the mental state, is roused until the window can be put up. More fresh air. These symptoms running through Pulsatilla, *ameliorated from cold and aggravated from heat; aggravated from close air; aggravated from warm applications; aggravated from warm clothing, from too much clothing, is a most decided feature.* All the symptoms that are found in Pulsatilla might be in a case, and yet Pulsatilla not be suited at all, in a case ameliorated from heat, because Pulsatilla is aggravated from warmth. The Pulsatilla patient becomes dreadfully distressed in her entire being from warm wraps. A woman who is caught out with a fur coat in a close room, in a theater, in church, or too heavy clothing, comes home with headache; comes home with hysteria; takes

cold afterwards and the symptoms are all aggravated; the mental symptoms are disturbed and aroused. The whole economy is in a tumult. A boiling, as it were, an earthquake in the economy. The limbs seem to suffer; the abdomen seems to suffer; the whole body is in a state of turmoil. Flashes of heat fly over the whole economy until she can get the clothing off. She comes home from church and has to take off her clothing. She comes home from the theater and throws off her garments, down even to her nether garments, to get some air on the skin. She uncovers her limbs and exposes the distended veins. These patients especially roused and nervous—women who have hot flashes with distended veins in their hands and feet and abdomen; puffed, dropsical, a sense of fullness, so exhausted before the menstrual period. Many of them are cured by Pulsatilla. If you examine the face it is purple, many times, nervous sensations of one side of the body—Pulsatilla is a great medicine to encourage complaints on one side of the body. Pulsatilla has a chill even on one side of the body. It is only a sensation. It has one-sided headache. It is quite common for troubles to locate upon one side. An old German woman told me so many symptoms that I was in utter confusion, and then she says, "Doctor, I don't think you can cure me; there is so much the matter with me;" but upon turning the covers down she was sweating only on one side of the body; and the dear old German woman recovered at once. But it is sometimes cold upon one side of the body.

The diseased limb, with even a slight disease, will wither away. Affected parts become numb. Affected limb becomes numb.

The marked mental symptoms, the singular freaks that are seen running through Pulsatilla are often the landmarks for it. Sticking, tearing pains here and there about the body. Flying, wandering, movable complaints. Symptoms fly from one part to another. Metastasis. When mumps from cold change locality, in the woman go to the breast and in the male to the testicles. Pains fly around from one joint to another; tearing, burning, rending pains move from one organ to another. Now in the child it is violent earache. Next time the child is crying from something else. All the complaints are worse when heated, and ameliorated by cold. Pulsatilla complaints, somewhat like *Phosphorus*, many of them, are worse lying on the right side. It has most decided nervous mental excitability, accompanied with violent audible palpitation, worse lying on right side, worse be-

coming warm in bed, worse becoming heated. Complaints relieved from cold, and it is often ice cold, before the relief comes. Relief from cold, and more particularly ice cold. Ice cold things, wants cold food—like *Phosphorus*. Wants ice cold water applied to inflamed joints. You will not find a large number of remedies relieved from cold. Patient with rheumatism in the ankles, wants his ankles bathed in a tub of ice water; he says, "Why, doctor, that is the only way I can sleep." Heat generally relieves rheumatism. Heat generally feels comfortable to rheumatic joints. The *Pulsatilla* patient wants them wrapped in cold ice water, and if it is an ankle or a foot he will put it in an ice bath, which makes him comfortable, and he does not take cold. The relief from cold of that sort causes us to compare *Ledum* and *Secale*. The *Camphor* pains are relieved by *heat*; the body itself is relieved by cold—that is different, you know. If you go and sit down by the bedside of a patient who is rheumatic and neuralgiac, without swelling, and pretty soon, if your hand, pretty warm, is placed on the patient, she says, "Doctor, your warm hand gives me pain in my fingers." Symptoms observed by the physician when he is examining his patient, in every place the hand is rested for a moment the part becomes warm and there is pain. A *Pulsatilla* rheumatism wanders around irregularly from joint to joint and place to place, with no particular fixed indications or pains, and is relieved by cold. *Lachesis* alternates sides, from one side to another with a good deal of irregularity, and is relieved from ice cold applications.

Pulsatilla is full of dizziness. Whenever the room becomes warm, the patient is dizzy and feels faint with nausea. Notice how closely related those things are to each other. In our mind we are likely to keep them a long ways apart; dizziness, faintness and nausea; yet they are so close together that many times you will be able to cure by taking a modality that applies to any one of the three, so that if you have nausea and you do not find in the repertory the modality, amelioration or aggravation of that particular thing under nausea, you may be able to find it under "faintness," or you may find it under "dizziness." Not the nausea that comes from the disordered stomach, but such as comes through the sensorium from emotion, from bodily heat, from exhaustion. If the patient becomes warmed up from exercise, or rapid motion, the complaints come on. Dizziness, faintness, coughing, and all the other things that the

body is the victim of. I recollect distinctly a wood sawyer coming into my office with a dreadful cough that he never had except when he was sawing wood, and he must earn his bread and butter that way. The poor devil had nothing else to do, and he must saw wood. He would go to saw and he would gag and cough and choke, and of course *Pulsatilla* was the remedy. Why? Because he coughed with his spasmodic cough whenever becoming heated up. *Pulsatilla* is ameliorated by slow meandering about, to be sure, in the cool open air; but if he hurries a little he gets sick. Vertigo, faintness, coughing, nausea, distress, and as the darkies say in the south, a misery. The pains are worse by rapid motion, and ameliorated by slow motion. The slow motion ameliorates, but if the motion is hurried or continued until the body is heated in proportion as it is heated there is aggravation.

The changeable state, like the wandering, is as characteristic of the mental state as of the pain. The mind is never twice alike. I ought to have mentioned the singular fanatical tendency of *Pulsatilla*. It is wonderfully so. *Pulsatilla* patients will hunt up every conceivable new form of religion to embrace and have a good time over. Religious affections of the mind, religious fanaticism, religious whims, aversions to the opposite sex. She believes that she is singled out to remain single, with a religious aversion to the opposite sex. That it is a sin to bear children; that it is a sin to marry. It is a sort of insanity, but that it takes the religious form is due to the fact that the *Pulsatilla* patient primarily is one of the most affectionate of mortals. Affectionate children often need *Pulsatilla* for their morbid affectionate state; go into hysterics over the manifestation and the working up of themselves mentally and physically through their affections, so that those who are morbidly affectionate run into fanatical religions to give vent to strong pent-up excitement.

But with it all, *Pulsatilla* must remain cool, must go slow, must take it easy, or be very miserable. Another thing that runs all through *Pulsatilla* symptoms is the times of aggravation. *Pulsatilla*'s mental state and nervous symptoms and excitability and the emotions are aroused particularly in the evening. The sadness, the melancholy, the violently affectionate state is aggravated in the evening. The stomach disorders, in general and such head troubles as are due to over-eating, and they are closely related to the stomach, are all worse in the morning. All of

these in a measure are associated with that fullness and distention of the veins.

The regions of the body are all affected by Pulsatilla. Hardly any part escapes. We know, because all parts have veins, and all parts are permeated extensively by the nerves and veins, and these are especially and uniformly disturbed throughout the body.

Pulsatilla is full of headache, congestive fullness, pressure, rending, tearing pains; aggravated by warmth, ameliorated by pressure and cold; ameliorated sometimes from being quiet or from slow motion; especially aggravated from being hurried, or becoming heated, or any excitement or mental work. Mental work is one of the things that prostrates the economy and brings about a Pulsatilla condition. Over-heat and headache, in connection with the menstrual period. Headache one sided, or in the head over the eyes. Walking slowly ameliorates in the open air. But these headaches are too numerous to describe. Only the general character of them can be studied.

Another grand feature that runs through Pulsatilla is its tendency to form acrid discharges wherever there are mucous membranes; and these acrid discharges are bloody, slimy. The leucorrhœa is acrid, excoriating the parts, making them raw, and especially before and after the menstrual period. But the acrid discharges are thick, yellow, sometimes bloody, green, purulent, copious, and these, if not repressed, generally belong to all the parts that have mucous membranes; hence, we can easily manufacture a picture of the case by putting together the things that we have said.

Under the ear we find many very striking symptoms. Pulsatilla is almost, and might well be so, a routine remedy for earache. It always has been and always will be. If a child has earache some doctors will always give Pulsatilla. But if that child is yelling and crying with hate, give *Chamomilla*, which has rending and tearing pains in the ear—but if it is rending and tearing and the child is crying pitifully then give Pulsatilla.

It has discharges of green or greenish yellow, copious discharges from the ear. Discharges from the ear with various degrees of deafness. After scarlet fever. Discharges thickening the drum of the ear. Little boils come in the ear. With the mental state, which you can easily pick out almost at sight, the very tone and pitch of the voice, of every word that is uttered, or every expression of pain, distinguishes Pulsatilla from many other medicines.

Discharges from the nose, old catarrhs, recent catarrhs. Thick, yellowish green, copious discharges from the nose, with clots of blood. Cold settles in the nose; the nose is always stuffed and full. Ordinarily in an early *Pulsatilla* case before the fluent state has become marked, there is over-sensitiveness of impressions. But this soon passes away with even inability to observe the ordinary things at table. Loss of smell and taste often in the later stage; thickening of the membranes of the nose and mouth; taste and smell often mixed up together. Complains he cannot taste and smell. Disorders of taste and smell with the catarrhal state. Now, the *Pulsatilla* patient is subject to catarrhal headache. On first taking cold which settles in the nose, the old yellow discharges from the nose are converted into a whitish discharge, and then it is that he is very miserable. His head aches between the eyes, or the whole head, and he suffers from the heat, and every conceivable disturbance that would affect the patient until that discharge comes back to be yellow again, and as long as that discharge goes on he is more comfortable. Where they use all sorts of medicaments and newest inventions from the lower regions to stop these discharges and to make the patient miserable, they manufacture quite a number of *Pulsatilla* patients. They stop the discharge, but they do not cure the patient. One of our brightest minds, of the old school, said to a Welshman who was treating a case of pneumonia, "I have cured the pneumonia." "Yes," said DeCook, "but you have killed the patient." So it is; they cure the catarrh, but the homœopath does not get the patient in time.

We have a catarrhal chest trouble that goes from bad to worse, but the discharge is essential until that state of disorder which is behind it all has been removed by the homœopathic remedy, and then the discharge seems to be no longer useful and it quits. But from the nose and throat way down into the remotest air passages, copious discharges of the greenish yellow, often mingled with blood, distended veins, and little clots of black blood—yes, black blood when *Pulsatilla* is indicated, it is black ordinarily. Black discharges.

We must hurry along and take up the stomach, which is the seat of many of the tribulations in a *Pulsatilla* sickness. Everything disorders the stomach, cannot take warm foods. Craves all sorts of strong things. Aversion to meats and fats. They often make him sick; inability to digest sometimes very simple foods. Ice

cream makes him sick; not because it is cold, but because it is rich. The stomach is slow in its digestive powers, that is, it seems to be slowed down in its ability to take care of the food provided for the stomach. Digestion is slow, so that many hours after eating his stomach feels distended from what he has eaten. Feels a load in his stomach with belching, nausea and vomiting, a rancid stomach. Desires cold food. Thirstlessness is the rule. There is some thirst during fever, such light fever as accompanies measles, and even this is often attended with thirstlessness. The stomach is in a state of disorder, and is often complicated with many other complaints, and especially those who have been high livers. Night suppers, extraordinarily rich things, so that he can no longer take food that may be called rich or fat. So long as his whole economy is sensitive to the simplest form of food the patient is poisoned by the local application of fats. Many patients report that they have been treated by So-and-so, who has tried to remove the eruption by ointments. He has an ulcer, and every time he puts on the ointment it sets up a burning inflammation, and he says, "I felt as if I was poisoned and got sick all over." Experience often observes such things, and Pulsatilla is the natural enemy of such a state, the natural friend of such a patient. Taking fats into the stomach is impossible. Rubbing them upon the outside is impossible. He is poisoned. Poisoned by lard, butter, grease, gravies and rich things. Knowing this led me a number of times to the use of Pulsatilla in the cure of old troublesome, indolent leg ulcers, those ulcers that are burning like fire, relieved only by cold, worse by the warmth of the bed, burning from ointments that allopathic physicians have used. Such is only a reminder. I would never think of giving Pulsatilla on that alone, but it is one of the features of Pulsatilla. The entire case must of course conform to Pulsatilla or it should not be thought of.

Rectum and stool. Diarrhea, diarrhea from becoming overheated, from over-exertion, from mental work, from exhaustion, broken down constitutions. Bloody discharges in dysentery. Much tenesmus. A dysentery that is continuously changing from dysentery to diarrhea. One day diarrhea the next dysentery. No two stools alike. All ameliorated by cold; that is, by becoming cold. The diarrhea is checked from being heated.

The bladder is full of distress. Involuntary urine, retention of urine, a very troublesome and frequent micturition. Cannot

lie on the back. Whenever lying down in the bed on the back the urging to urinate becomes so marked that he must turn upon the side. Men, women and children. Frequent violent urging, tenesmus, burning, smarting, bloody urine. Troublesome catarrhal conditions of the bladder, painful catarrhal conditions of the bladder.

In the male there is much trouble, excited conditions of the sexual passions. Troublesome erections. It is indicated in gonorrhoea, with copious yellow-green discharges. That Pulsatilla should attract your attention to the treatment of the patient, hence it may be well to say, and to repeat, that in those gonorrhoeal affections, those who are warm-blooded, those who are sensitive to heat, and ameliorated by cool surroundings, if such patients have thick yellowish green discharges with much urging, troublesome, painful erections, Pulsatilla will cure them.

There are many troubles of respiration. The cough is a most distressing one. The Pulsatilla cough is a violent cough, a spasmodic cough, a dry teasing cough, except in the morning, when there is expectoration, then it is loose. He must sit up quickly and cough it out, holding on to his head, holding on the bedside, holding on to anything; it seems as if his whole body will fly to pieces. But if he could only get up some mucus he would get relief, he is sure. The expectoration, when it comes, gives relief.

Pulsatilla catarrh of the chest has been sufficiently hinted at, but the heart palpitation and the whole body palpitation should be considered. He cannot lie on the right side. The pains in the arms, and varicose veins, and the rest have been sufficiently mentioned.

THE NUX VOMICA PATIENT.*

E. R. MCINTYER, M. D., CHICAGO.

PROF. MENTAL AND NERVOUS DISEASES, DUNHAM MEDICAL COLLEGE.

His mind is defective, his thought travels slow.
He makes use of words that are wrong, just to show
That his memory is rapidly failing.
He's irritable, cross, ceases not railing
At other men's actions, looks and behavior.
There's nothing that suits him not even his Savior.
He is proud, malicious and zealous inclined.

* *Materia Medica Society of Chicago.*

He is wild with his passions, they are all in his mind.
 The sweet milk of kindness in him becomes sour.
 He never is known to be happy an hour.
 His appetite fails him, he feels he will choke
 On a morsal of food or the cream of a joke.
 Eructations, of passions as well as of gas,
 Are as common as sleep in a medical class.
 His forehead is tensive, as if it were pressed,
 With tightness and roughness and rawness of chest.
 He's troubled with headache in center of brain,
 And feels the skull splitting asunder with pain.
 His scalp becomes sensitive to touch or the wind.
 Like *Belladonna*, but differing in kind.
 The latter is sore, the hair causing pain,
 Because of severe congestion of brain;
 While the former feels bruised from spinal reflex,
 With eyes that are painless and full of red specks.
 His smell is over-sensitive, he is likely to faint
 From odors of brimstone or limburger taint.
 There is acrid discharge and obstruction of nose,
 Which he always is trying in vain to unclose.
 His face is earthy, or sickly, or blue,
 Chlorotic or red, or distressed it is true,
 And his forehead still pains him, likewise his cheek,
 With twitching of muscles that cause him to shriek.
 His tongue you will find, like a rich man's yard,
 Is clean on the front, while behind it looks hard;
 It is dry, heavy, stiff, with difficult speech,
 Not suited to ladies or he that would preach.
 His breath is offensive, so is his taste;
 Because he's been living and eating in haste.
 In his throat a sensation of swelling or lumps
 With stitches to ears, as felt in the mumps,
 From catarrh in the throat and spasm of nerve,
 That under the arch of aorta does curve.
 He frequently finds when a "passage" he'd seek,
 That the spirit is willing, but the flesh is too weak;
 And then when a stool he's expecting to find,
 He's surprised to discover there's nothing but wind.
 He frequently speaks of the "piles" he has now.
 Whose presence is proof of his troubles,

Since his wash woman asks him how he got hurt,
For she discovered the blood on his shirt.
There's pain in the back in the morning at four,
In the dorsum, I think as a little bit lower.
When he turns in the bed, so now it would seem,
Dull pains or stitches in back make him scream.
There's spinal selerosis because of the use
Of whiskey, drugs, spices, or sexual abuse.
And this is the reason (I'll give you a tip).
For pains that go wandering from toes into hip,
And for trembling and stiffness of legs and of feet,
When he is attempting to walk on the street.
There are painful cramps in the calves or the toes.
From spinal reflexes, so far as he knows,
And these are soon followed, as cars in a train,
By shocks in some part of the body or brain.
Convulsion of muscles, tetanic, severe,
Produce great contortion with mind that is clear.
He's sleepy and stupid and drowsy all day,
But when he retires, sleep flies away.
It often returns quite late in the night,
With visions and night-mares that fill him with fright.
At three in the morning we frequently find
Him awake from the thoughts that crowd on his mind.
There's spasm of bladder from sexual excess,
Or tarrying long at his whiskey, I guess.
He passes his urine by drop and by drop,
And then when he wants to he can't make it stop.
At night, when asleep, he is dreaming, may be
Of seeking a place where no one can see,
Or other dreams, may be have run in his head,
That wake him to find he is wetting the bed.
Painful erections that arouse him from sleep,
Or else an emission may cause him to weep,
Because of a feeling that he will sustain
A loss of his power, if not of his brain.
These symptoms are caused by disease of the cord,
And so is the sensitive skin in a word.
There's itching, burning, and ecclymosed patches,
That still remain stinging after he scratches.

NUX VOMICA—AN ACROSTIC.

Nerves on an edge from mental strain,
Under coffee, tobacco, or alcohol's rule,
'Xceeding constipation pain.

Vast urging but *no* stool.
Oft wakes with headache and lassitude great;
Much pain in the sensitive hemorrhoids too;
Is depressed, dyspeptic and dissipate.
Catches cold from *dry wind*, has hernia too,
Aggravated by *food* or *drug*, strong and *crude*.

Louisville, Ky.

A. L. MONROE.

CLINICAL REPORTS.

Pulsatilla.

Aug. 24, '99. Miss B., mentally depressed; throbbing, beating, stitching left shoulder; > pressure, < warm room.

Pains in left shoulder and cervical muscles.

Arm and shoulder heavy to wrist.

Crampy right groin to knee.

Changable pains.

Pains in back, small of back as if sprained with chilliness.

Dragging sensation.

Symptoms aggravate towards evening.

Menstruation irregular.

Yellow leucorrhœal discharge.

Restless at night.

Nervous.

Wakes unrefreshed.

Pulsatilla.

Chicago.

F. R. WATERS.

Miss B., aged 29.

Shooting pain, between temples, comes and goes suddenly.

Throbbing left temple.

Sharp pain < stooping forward.

> pressing head,

Heavy < leaning forward—rush of blood to head.

Worries and cries easily.
Foul and bitter taste morning.
Tongue coated yellow.
< rich fat food.
Sharp pain in chest—left—central.
Sharp pains right side hypochondriac region.
Hacking cough.
Thick white mucus.
Menstruation regular up to last three months, now every
nine days.
Dark, red, clotted.
Comes on and stops suddenly.
Sore through bowels at that time.
Heavy sensation.
< headache.
Leucorrhœa, yellow to transparent, before and after
menses.
Ovary—burning constantly.
Sharp pain comes and goes suddenly.
Had two attacks of inflammation, ovary seemed to en-
large.
Back-aching constantly.
> better lying on floor on back.
Urinate often.
Feet cold.
Sleep—restless, sleeps with arms over head.
Dreams—lying in a pool of blood, not hers; covered with
blood.
Seeing dead people.
Seeing burglars.
Jumps in sleep.

Pulsatilla^{200--1m}

Chicago.

F. R. WATERS.

Miss G., dark hair and eyes. Gentle, mild, easily influenced.
Subject to "crazy headaches."

Violent pain in right occipital region, with nausea.
Head sweat considerable.
Vertigo especially mornings.
Throat dry and raw; not thirsty.
Trembling spells.

Fainting spells with pale face.

Chilly sensation in the back as if cold water was sprinkled upon her.

Menstruation was established late in life and is now late and scanty.

*Pulsatilla*³⁰ cured.

Geo. M., blonde. Changeable disposition; peevish.

Arm and legs tired, weary and heavy.

Joints and ankles swollen.

Stinging, shooting in ankles during wet weather.

Cramps in the stomach before breakfast—relieved by eating.

Nocturnal enuresis every time he gets cold, the urine being very pale.

*Pulsatilla*³⁰ cured.

Miss S. B., blonde, moody, very sensitive.

Hemorrhoidal tumors manifest at every menstrual period, bleeding freely.

Involuntary micturition when coughing.

Leucorrhœa, thick, yellow.

Catching pain about the heart, better from pressing upon it with the hand.

*Pulsatilla*³⁰⁰ cured.

Miss N. She was roused from sleep at night by excessive action of the heart that caused her to be short breathed, and to cough as if from inhaling the fumes of brimstone.

Constipation with frequent ineffectual efforts to evacuate the bowels.

Heaviness of legs amounting to weariness.

The veins on the back of the hands large and prominent.

Pulsatilla cured.

Provincetown, Mass.

W. W. GLEASON.

June 17th. Mr. P., a tailor, while standing before his cutting table, was suddenly seized with a severe pain in the left knee joint, so violent as to cause him to groan aloud. With much difficulty he hobbled to a car, and was taken to his home.

When summoned to see him, I observed the following symptoms:

Knee very much swollen, but not discolored.

Sensitiveness so great that the slightest touch or movement caused him to groan.

Inability to let the limb hang down, must have it supported on a chair. (Indication for *Pulsatilla*.)

Pain *most* violent on *first* beginning to move, yet every movement was attended with suffering. (*Pulsatilla*, *Rhus* etc.)

While debating in my mind the proper remedy, the patient suddenly arose, and, with much effort and many groans, staggered across the room.

On asking why he did so, he answered that he felt *he must move*. *The motion gave no relief, yet he must move*.

I immediately recollected that, in a former conversation, Dr. Lippe had informed me that this last was a *Pulsatilla* symptom, relating a case of lumbago which he had cured, where the same indication was prominent. Thus decided, I gave my patient *Pulsatilla*³⁰⁰. Although he was unable to mount the stairs at the time I saw him—7 p.m.—yet at midnight, he was able to crawl up to bed.

The next morning he arose and dressed without much difficulty, and during the day took a short walk.

The following day he returned to work.

The Organon.

WALTER M. JAMES.

Nux vomica.

Mrs. S., large corpulent, masculine appearing, with dark hair and eyes. Wants to talk of her ailments all the time.

Constipation—urging to stool many times a day with no result.

Stool but seldom unless she took physic, she had taken much physic.

Hiccough after eating.

Heartburn.

Eruptions of sour mucus burning the throat.

Hemorrhoidal troubles—menses every three weeks, profuse, with painful urination.

Darting pains in the legs while at stool.

Nux vomica cured.

Henry I., very set disposition.

Memory poor, easily confused in mind so that he loses the thread of mental effort and must repeatedly commence over the mental task in hand.

Has been a beer drinker.

Has had delirium tremens.

Finds much fault with everything and everybody.

Dizzy on stooping, sometimes dizzy when lying in bed at night.

Sight failing—sees double. Eyeballs smart considerable in bright light.

Mouth tastes bitter.

Milk disagrees, as does coffee.

Stomach sensitive.

Scraping, or crawling sensation in stomach.

Palpitation of the heart when lying down.

Stitching pain in lumbar region when turning quickly in bed.

Trembling spells all over the body, particularly in hands and legs.

Considerable insomnia.

When he does sleep he snores terribly at every expiration.

Nux vomica cured.

Charles T., Intermittent fever.

Chill at 11 a.m. with violent shaking without thirst.

Face bluish during the chill.

Legs ache. Chill followed by a long heat stage with great thirst for large quantities of water.

Wants to be covered warm in bed.

Don't want to put even a hand out from under the covers.

Whole body burning hot.

Noises in his ears as of a waterfall.

Sweaty stage comes on without thirst.

Pain in legs relieved.

He sweats mostly on the right side of body except the legs which don't sweat.

During the apyrexia gastric symptoms with frontal headache.

Nux vomica cured.

Provincetown, Mass.

W. W. GLEASON.

Cholera Infantum—Belladonna.

Master S., 18 months old, came under our care on the 19th of July, 1879. Had been very sick all night; had very frequently vomited; his bowels had been moved every hour; stools thin green mucus; at times he would cry very loudly and violently for five or ten minutes, but was lying most of the time in heavy stupor, out of which he started with a face very much flushed and red; pulse full, hard, 120 in a minute; had not passed any urine since the previous evening; had no appetite, and refused his usual food, but drank as much water as was offered him. Gave him one dose of *Belladonna*^{cm} at noon. The starting from his sleep and the crying ceased before morning, when I found him paler, sleeping better, had not vomited any more, stools less frequent, pulse 96. The improvement continued for five days, when he had more pain in the abdomen, stools not frequent, but consisted of very deep green mucus; his thirst had entirely ceased. A few doses of *Pulsatilla* fully restored him. Now, I learned that this boy had fallen out of his little carriage about nine months ago; had injured his tibia, and was almost entirely deprived of the use of his leg; he walked seldom, and then only with apparently great pain; the upper part of the tibia was very much inflamed, and pus was discharged from two openings. The Allopathic family physician had done nothing for the child, and the mother in her anxiety, had asked a Homœopathic surgeon (so he calls himself) to see the child. As this surgeon was out of town, I gave the mother three doses of *Silica*^{cm} for the child, to be given morning, noon and night. When the surgeon came about five days later the boy was running about lively, and did not complain of any pain. The surgeon gave it as his opinion that the bone must be laid open and "scraped." The parents finding that the child improved so rapidly under the applied internal treatment, did not consent to the "scraping." The boy has been running about lively ever since (now October 20th), the discharge has almost ceased, and the healing process is rapidly progressing without "local treatment."

Comments. Here was a plain case of *Cholera infantum* in its worst form. The mental and brain symptoms clearly indicated *Belladonna*, which also corresponded with all the other symptoms. The effect of a single dose of *Belladonna* continued for five days; there was no necessity to repeat the dose, and had it been erroneously repeated, the effect of this homœopathically

curative drug, selected on account of its similarity with the symptoms of the sick (acting promptly in this one dose), would have been made to aggravate the case; and when its effects were exhausted, and other symptoms appeared, the next indicated homœopathic remedy cured the case. The neglected bone, which was injured nine months previously, now came to be treated homœopathically, and the quick action of the similar remedy (*Silica*) saved the boy from unnecessary and *unhomœopathic* local treatment. The very fact that the boy was so promptly cured of so very grave a disease as *Cholera infantum* has always proved to be in this locality, and at that season proved that the apparently carious condition of the tibia did not depend on a deep-seated diseased condition of the organism (scrofula or psora, etc.), but was merely the result of "neglect." A child taken at that age with *Cholera infantum* in this place, at that season, suffering at the same time from other deep-seated diseases, such as scrofula, hardly ever recovers, and then only after a long tedious treatment.

(*The Organon.*)

AD LIPPE.

Phlegmasia Alba Dolens.

June 2d, 1876. Mrs.—— had been safely and naturally delivered of her second child twelve days ago. Yesterday had severe pains in *right* leg from inner side of thigh to toes, could not keep it still; this subsided after a few hours, but about 1 p. m. the leg began to feel heavy, and the calf became swollen, aching and throbbing; the pains were relieved by warmth; milk partly suppressed; lochia very offensive, like dirty water; sadness. At 6 p. m. a hard lump in calf was detected, and there was thirst. She had taken first *Rhus*³⁰⁰ with temporary relief, and afterwards *Arsenicum* which merely relieved the thirst. At 3 p. m., June 2d, I found her sad; milk still more suppressed; less thirst; otherwise unchanged. The selection of the remedy was not easy, but the *aching in the calf*, combined with the *heaviness*, led me to select *Berberis*, of which I gave the 70^m every three hours.

June 3d, 7 p. m. Milk returning, but watery; lochia still offensive; less swelling in calf; the lump is gone; less heaviness, and no throbbing; thigh is now swollen, and there is pain from groin down inner side of thigh nearly to knee, as if out of joint, but only when moved. *Berberis*, every four hours.

June 4th. Can move leg better; less swelling of calf and thigh,

more at ankles; still pain in thigh; much more milk; no thirst; tongue coated white. Continue medicine.

June 5th. Less swelling in calf, thigh, and ankle; less pain in thigh; tongue cleaner. Continue medicine.

June 6th. Milk more natural; thigh less swollen, less painful, and leg less heavy; redness and swelling in right heel and outer edge of sole, enlarged vein in sole, aching in heel and sole, especially on outer edge. *Kali carb.* and *Phosphorus* have redness of sole, but only *Kali* has the swelling and aching. *Raphania* has the swelling and redness of heel, but not the aching thereof, which is also found under the former remedy. *Kali carb^m* was therefore given, every three hours.

June 7th. Less pain in thigh; can bear leg to hang down for a minute; less swelling in leg, ankle, and foot; less redness of foot; vein natural; milk more copious and more natural; tongue clean. Continue medicine.

June 8th. No pain in foot, very little in thigh; can move leg better; milk improving. Continue medicine night and morning.

June 9th. Can get in and out of bed without help; only a little inflammation in heel; less pain in thigh; ankle still swelled. Continue medicine.

June 10th. Much better; less swelling of ankle; not much pain in thigh; popliteal space feels stiff; milk natural; can walk three steps with help (for one week exactly was unable to stand); lochia not offensive, very free, just like menses. Continue medicine.

June 12th. Swelling almost gone; less stiffness; can walk better, but it causes pain down inner side of entire leg; not felt at any other time; milk better, but not sufficient; lochia paler, brought on by movement; appetite returning. Continue medicine every morning.

June 14th. Only swelling of ankle, with aching there on walking. Has come downstairs. Stop medicine.

June 20th. Swelling and aching decrease daily. Bandaged ankle.

June 26th. Very little swelling or aching; left off bandage, as it caused swelling.

July 29th. Ankle swells a little in evening; no other symptoms.

September 16th. Right calf and ankle swollen; calf hard, and at times numb. The hardness and numbness in the lower leg pointed to *Graphites*, which was given in the 14^m potency, night and morning for nine or ten days.

November 29th. Reports that she began to improve in about a week after commencing *Graphites*. Is now much better; no numbness; calf a little hard and swollen; a little swelling of ankle. No medicine.

December 1st, 1878. Got quite well. Has been recently confined again, and made a good recovery, without any return of the *Phlegmasia dolens*.

Comments.—This case shows the utter uselessness and folly of prescribing according to the names of diseases. In Guernsey's invaluable work on Obstetrics, twelve remedies are mentioned, with their symptoms, under *Phlegmasia alba dolens*, but neither *Berberis* nor *Graphites* are amongst them, and the symptoms of *Kali*, as there given, were not those which led to the selection of this remedy in the above case. If, therefore, new remedies have to be added to a list compiled from the immense experience of a Guernsey, who shall limit the therapeutics of any "disease," to a fixed round of medicines? *Any disease may require any remedy; only let the symptoms of the individual case correspond, and the true curative remedy is found*, and will effect a cure—or, in incurable cases, give the greatest possible amount of relief—provided Hahnemann's other directions as to its administration are faithfully adhered to. This case is also another proof that *Berberis* is *not* one of those medicines which "must be given in large doses," as is asserted by some of the Eclectics *who imagine that they are Homœopaths*.

(*The Organon*.)

E. W. BERRIDGE.

Chronic Periodic Headache—Tuberculinum.

Oscar H., age 55. At the age of six or seven years fell from a tree, and struck the right frontal protuberance, cutting gash. Recovered as boys generally do. When between nine and ten years of age he was attacked by a severe headache while at morning mass in the church. Soon, from the intensity of the pain, he became unconscious, and was taken home. Professors Nasse and Wurtze, of the University, were called, who, as he was afterwards informed, gave him large doses of quinine, and it was three weeks before he recovered and left his bed.

These attacks came on subsequently every year, either in May or June, and have continued to the present time. He has five times had an attack in the fall. The headaches continue, at each attack, to recur daily for ten or fifteen days, once to eight-

een, and after that he would be well until the following year, with the five exceptions above noted. In 1849 he entered the German Hospital in London, and remained there through one attack, some ten or twelve days. He was given a bitter medicine, which he supposed it was quinine.

The next attack was in Cracow, Austrian Poland, on which occasion he consulted the military physician, who gave him a brown mixture, a tablespoonful to be taken before every meal, and told him that in two days the pain would be gone for ever; and in consideration for so great a cure he was to pay the physician a florin (about half a dollar) for each tablespoonful he took. He took seven tablespoonfuls, and the pain ceased, and he paid seven florins, and offered all he had left—about one hundred and fifty florins—for the receipt; but the conscientious physician refused, saying that it would be stealing his money, as he would never have occasion to use the medicine again. But he was mistaken, for the next year he was attacked in Paris, and consulted the celebrated Ricord, who examined his head a long time, and then said, "You can never be cured, but I would give a large sum for your head, just as it is."

His next attack was in Vienna, at which time he had a severe sore throat, with the tonsils greatly swollen. Consulted Professor Fischer, who told him that if he would allow his tonsils to be removed it would cure him of his headache. This was done, but the headache continued. From that time till he came to America, in 1854, he had no more treatment, as it usually continued from ten to fifteen days, whether he took medicine or not. After being in this country two years without treatment, he consulted physicians in New Orleans, St. Louis, Memphis, Baton Rouge, Louisville, and Cincinnati, without the slightest effect. In the fall of 1875 he went to the Homœopathic Hospital at Ward's Island, where he remained till May, 1876, and at that time received from Dr. Talcott, the resident physician, *Arnica*^{cm} which caused severe aggravation, but the next day he was relieved, and in a few days was entirely free from pain. This was the first time, since his relief in Cracow, that the period was shortened. In October, 1877, he called on me. The symptoms were the same as he had always experienced, namely, the pain commences in the right frontal protuberance at 8 o'clock a.m., and continues till 2 p.m. About 12 or 1 he *falls asleep* (possibly unconscious), from the intensity of the pain, and on awaking is

free from pain, and feels perfectly well until 8 a.m. next day. The attacks continue from ten to fifteen days, once to eighteen, and after that, as before stated, he would be free till the following year. At the time of his visit to me he received one dose of *Tuberculinum*^{cm} in the evening; in ten minutes had a sharp aggravation, or rather a second attack on the same day, the pain passing from the right frontal protuberance back to the right occipital region. The pulse was much excited, and beat very strong. The next day he was much easier, and in five or days it passed off entirely; during that time it was light, and continued about an hour each day.

March 21st, 1878. At 8 a.m. worse than ever before; with every pulsation a stab as if from a dagger in the right temple, the pain extending over the right side of the crown to the occiput and into the neck.

March 22d. At 7 p.m. gave one dose of *Tuberculinum*^{cm}

March 26th. Entirely relieved.

April 1st. Thinking a pain was coming, took a dose of M M.

April 29th. Slight pain in right frontal protuberance, not unbearable, continued daily for three or four days, commencing at 11 o'clock; took powder of C M M.

May 20th. Similar attack; took one powder each day for three days.

July 9th. Headache appeared at 8 a.m. in right temple; took powder of C M M, and in an hour it was gone.

July 10th. The same.—No more sensation till Oct. 17th, when he had a slight prickling in right temple and frontal protuberance, making the head feel quite heavy; continued between an hour and a half.

Oct. 18th. Same.

Oct. 19th. Gave nine powders of *Tuberculinum*^{mm}

Oct. 31st. During three days had slight sensations in the part, but which ceased as soon as he took a powder.

June 30th, 1879. Mr. H. called today to say that since the last date he has had no headache; his head feels perfectly sound, and he considers himself entirely cured.

(*The Organon.*)

SAMUEL SWAN.

Impairment of Vision—Sulphur.

William T., age 14, is at school, but cannot apply himself to learning because of impairment of the vision of both eyes. He

says that they have been getting worse for the last eighteen months. When attempting to read, the letters become instantly so muddled and blurred, the one running into the other, that it is impossible for him to read at all without powerful convex glasses, such as might be useful after the extraction of the lens for cataract. His mother took him to the first oculist in this town, who told her that "there was no cure for it but the use of convex glasses," and he wrote a prescription for convexes of eleven inches focus. If a boy of fourteen could see with such glasses, what state would his vision be as a man? There was no organic change in the eye, and no objective symptom to account for the impairment, which, so far as Allopathy is concerned, *was a hopeless impairment.*

The semeiology was as follows: Besides the impairment of sight as above given, he had a *sinking, hungry, and exhausted feeling at the epigastrium at 11 a.m. daily.* Heat rising to the face, especially after washing; fainty feeling always on going into a bath; feet cold; very timid and easily startled; his teeth and gums are tender, and bleed at times, worse when chewing, and especially when masticating cheese; always after food he has a feeling as of a lump in the epigastrium; appetite at times canine; food returns if he runs.

January 3, 1878, he received one dose or powder of *Sulphur^{dm}* On January 27, he reported himself much better in all respects, and on February 24th, he called to say that "he had dropped the aid of the spectacles, *as he does not now see so well with as without them.*" He added, that he "sees better now than he ever remembers having seen in all his life." So much for Homœopathy and *one dose of the five hundred thousandth attenuation of Sulphur.*

My patient went on with his lessons in the three R's, glad to get rid of his spectacles. His intellect, his memory, and his general health steadily improved until the middle of April, when he again called to say that, although his sight continued to improve, his eyes felt weak if much exerted. He had a pain in his *left* side below the heart, between breakfast and dinner every day for a week, and it is worst about 11 a.m. and 11 p.m. (every twelve hours.) Better moving about. He received a powder of *Sulphur M M*, because it appeared to me to be an aggravation from the *D M* he received January 3, 1878, *over three months ago.* The pain, he said, was getting worse every day. The pain disap-

peared soon after receiving the powder, and he has never "looked over his shoulder," as the saying is, since. His mother sent me a present and a letter of genuine thanks for my services, before I left for my summer residence in June. At this date, November 1st, 1879, the lad remains well.

(*The Organon.*)

THOS. SKINNER.

Lac Defloratum—A Verification.

For years would have at the close of urination a distinct shiver pass from sacral region up over back and then over whole body, causing me to shake as a dog does after coming out of the water.

Recently had a very distressing pain left of dorsal spine near attachment of lower ribs lasting several days, followed by hyperæsthetic condition of the skin, about the width of two ribs and extending around body to sternum; slightest touch very painful and slightest friction or rubbing caused excontrating agony. This was followed by a dull, tired aching, apparently in left kidney, aggravated by desire to urinate, or stool and rendered almost intolerable; when waiting, such as standing at the 'phone if parties are slow in answering. As a rule urine slow to start and this aching would spread over lumbar and sacral regions and down over posterior surface of thighs. All relieved as soon as urine would start. Feeling before urinating as though bowels would move with sense of insecurity in spincters.

Sherman, Texas.

CHAS. E. JOHNSON.

VALUE OF THE DIAGNOSIS IN THE SELECTION OF THE REMEDY.

The application of medicine for the cure of disease has always been a subject of conflicting controversy. To the Allopath, Diagnosis! Diagnosis has been their strong power, and medicine comes into be harnessed in to all sorts of misfit pathological ideas. To some way work out the cure problem, Hahnemann staggered the ancient ideas by the law of similia, and yet correct diagnosis is right and still the symptoms are paramount. Instead of fitting the drug to the harness, the harness should fit the drug, or the dynamic force of the drug, as we do not deal in drugs, but in potentized force of drugs. This has been a stumbling block to many physicians. I heard Dr. St. Clair Smith, of New York,

make the above statement in my college days and did not then understand it, but I now know it is true. One strong bar to successful prescribing has been and is the profound and lasting hindrance to the indicated remedy by previous drugging which has benumbed and perverted the effort which the *true* indicated symptomatic remedy is trying to bring about.

CASE—Woman of 60 had rheumatism < by stormy weather especially before the storm, and alternating with diarrhœa; had been salivated twice in her younger years, and had a suppressed malarial condition by massive doses of quinine. Had had allopathic drugging, which only temporarily ameliorated the condition. In taking the case I was impressed with the mercurial and quinine load she had carried many years, so I antidoted *Mercury* and gave *Placebo*. In a week she developed a mercurial sore mouth and showed a great disturbance throughout the system; but came out feeling as though a load had been lifted. Next *Quinine* was antidoted and again a great storm arose along the line of quinine, and again she came out better. Now as the field had been cleaned I found *Kali bich*²⁰⁰ was the remedy for rheumatism shifting from a part to stomach and bowels or alternating back and forth. On these symptoms, gave it and with great benefit. Next followed *Rhod*^{200x} on < before storms and > after storm breaks. She is now enjoying better health than she has for years. The case just cited was treated, First, by antidoting, unblocking the way for the simillimum to act and, Second, selecting the indicated remedy regardless of pathology or any consideration diagnosis, other than the symptoms.

CASE 2—Was called to see a man who had taken a “cold” as he expressed it. Found patient with a temperature of 104 degrees, pulse 110—flushed—and a hot throbbing headache; sweat under covers, upper part of right lung tight, painful, in first stage of lobar pneumonia. The remedy? Why *Belladonna*³⁰. I sat down by him and gave it and in two hours the temperature was reduced from 104 to 102. Continued it through the night and the next morning the temperature was reduced to 101. As the tightened lung began to loosen, *Ipecac*³⁰ was given and in two days more the temperature was normal and the man out.

CASE 3—A woman called and said “I had my bronchial attack and I have been unable to sleep warm. That is I have to throw off the covers until I am nearly chilled before I can sleep.” *Secale*¹⁰⁰⁰ was the remedy and stopped the trouble. This to me

is the true way to prescribe. It surely does often tax the good judgment to give what is the exact remedy; but patience will reward the effort.

A man came to me for medicine for his two children who had chills "ague" as he said. One received *Natrum mur*²⁰⁰ on the indication < 11 a. m., and the other *Lycopodium*²⁰⁰ on its < 4 to 8 p. m. Not a chill came after. He himself was taken afterward, and I being ill at home, he called an allopath and had quinine and six weeks of it before he was out.

Another case similar: A young girl had chills and had before I saw her, nearly three months of quinine and recurring sick times spring and fall. Here *Quinine* antidoted followed by *Natrum mur*²⁰⁰ with no return of chills and a new creature in health and vigor.

This girl's mother came later and showed me her right mammary gland which was hard, nodular and painful, coming, as she said, years before from nursing from a "need." Here, taking the trouble, the exciting cause and present appearance into consideration gave *Phytolacca*³⁰ but it aggravated matters so much changed to ²⁰⁰. This happily did the work and she writes, "I am so well; better than for years, breast tenderness and soreness all gone and lump nearly so."

Thus my idea is first, clear the road of drugs that is hindering the true line of cure and the true indicated remedy that covers the totality of symptoms.

Princeton, Ill

A. G. DOWNER.

HOW MUCH DOES DIAGNOSIS INFLUENCE YOU IN SELECTING A REMEDY?

Answer—Just so far as the naming of the disease may direct me to the symptoms constituting the disease and no farther.

I examine a patient and find as much about the subjective and objective symptoms as I can; then, if I do not know enough of *Materia Medica* to make my prescription, I go to my *Materia Medica* to find out. Then I get my remedy, which will cure if the disease is a curable one. So, from the above you see that disease consists in symptoms and if a man is cured of all symptoms of disease he is well and a jury of twelve physicians, from any respectable school of medicine, will bring in a verdict to

that effect. He is a well man. Therefore, disease consists in symptoms.

I have cured many cases of chronic skin disease that the physicians of the old school have diagnosed "eczema." Some of their patients, which they failed to cure, came to me for treatment and wanted to know what my diagnosis was. I answered that I cared nothing about the name of the disease if I could get the symptoms all right and had the remedy in my office that would produce similar symptoms, I could cure the case with a very high degree of certainty. I selected *Syphillinum* as my remedy since I knew it would produce a similar chronic skin disease. Hence the disease itself was my materia medica in this case, which I will here give you in detail from my notes.

On October 6, 1898, I was called to see Mr. B., a farmer aged about forty five years. Symptoms—one fourth part of his body and limbs was excoriated and issuing a large quantity of white matter, which was also exuding from the entire external surface of each ear. He had been treated by a first class old school physician for about two months, growing worse all the time until his wife and friends thought he would surely die. I asked how long he had been troubled with this disease. He replied, "about twenty years—by spells."

I ordered his clothes to be stripped off and all the parts that were issuing such quantities of matter to be covered with cotton batting and as often as the cotton batting became filled with matter to remove it and never let the surface be exposed either to air or water, and if any of the cotton should stick, let it remain but to supply its place with fresh cotton as soon as it came off. I then took about six grains of prescription powder and three grains of *Syphillinum* pellets, which I put into the powder and directed this to be dissolved in three tablespoonfuls of water, stir well, and one teaspoonful to be taken night and morning until all is taken. I then gave six pills, No. 35 with a little alcohol dropped on them, night and morning. These little pellets of *Syphillinum*^{cmm} (S) I repeated once a week during Oct. 6th to 31st, and then once in two weeks. In July, 1899, I gave him one prescription of *Hepar sulphur*^{cmm} which lasted until August 19th. I gave this for pimply eruption which appeared on the well skin and which was relieved by that time. I then continued the *Syphillinum*, repeating once a month.

When I made my first and only visit I promised to call to see

him again in one week, but he improved so rapidly that he astonished me by walking into my office early on the day I had promised to visit him. He has now been under treatment one year and four months. He travels around attending to his farm and just now has gone to Southern Kansas looking at the country. He is almost well.

I have treated many cases like the foregoing with similar results. I never give any attention to our friend, the microbe, which I consider a scavenger, well fortified in all animal life. The scientific world cannot kill or destroy them without destroying their fort, the animal organism. All the means devised by physicians and scientists to destroy all evil effects of decaying animal matter in which the microbes live, is where the good lies in the present state of the great scientific advancement in the last two decades, and are thus very important. I therefore hope to live long enough to see the end of the war on the microbe.

I have two other nosodes which I have used with very good success for the last fifteen years, viz: *Tuberculinum*^{cmm} (S) and Burnett's *Bacillinum*²⁰⁰, which is the same medicine under a different name, for *Tubercular* consumption, and *Diphtherinum*^{cm} (S) for diphtheria. In my experience with these two remedies I have never known any evil effects from them when given by the mouth. I see by the journals lately received that these two remedies are passed through the horse, then the serum of the blood of the horse is mixed with a certain portion of soup, caused to ferment forty-eight hours in 80 degrees F. heat. It is then used hypodermatically.

I am of the opinion that this way of using those nosodes is dangerous on account of the fermentation of the animal matter and the decayed animal matter contained in it. If these nosodes have any specific virtue in them, our way of preparing and using them is safer and superior to the way above partially described.

At my next birthday, October 23d, I will be ninety years of age.

Galesburg, Ill.

J. B. VIVION.

WHAT TO DO WHEN NO REMEDY IS CLEARLY
INDICATED.

When the symptoms obtained at the first examination of a chronic case do not distinctly call for any one remedy my custom is to give *Placebo* and wait. Several examinations of the patient may be necessary before the "thread" indicating the particular remedy required is obtained. One may have to wait some time. I have had to be patient, for it *does* call for *great* patience, as long as two months. Sometimes during this period of waiting the case will improve. This may seem strange, but, when we remember that many of the chronic cases come to us after having been under some other treatment, it is not to be wondered at that the *vis medicatrix* when given a chance, after over-dosing, may be able to react and eliminate the drug disease to some extent.

If, after a reasonable time, depending on the case, the indications are not clear for one remedy various things may be done. First, if there have been previous drugging a few doses of *Nux vomica* may be given for its general antidotal effect and then wait. Or if you can ascertain what drugs and the amounts, in a general way were last taken, drug may be especially antidoted. If neither of these seems to be the desirable thing to do, possibly a dose or two of *Sulphur* or *Psorinum* will develop the case.

When using these remedies, or any others, in this way it is well to take into account and "cover" the mental symptoms if you can.

Hahnemann explains fully the treatment of incomplete or, as he terms them, *partial* diseases in Section 172 and the following paragraphs in the *Organon*.

He says in Section 211: "The state of the patient's mind and temperament is often of most decisive importance in the homœopathic selection of a remedy, since it is a distinct and peculiar symptom that should least of all escape the accurate observation of the physician."

I do not wish to be understood as suggesting that a prescription can properly be based on the mental symptoms alone.

Next time I shall try to report a case that will illustrate the foregoing.

T * *

EFFECT OF ENVIRONMENT ON MAN, DISEASE AND TREATMENT.

The part that environment plays in the selection of the remedy is a practical question. It might be well to define clearly what is meant by environment. It ought to include (1) clothes; (2) personal hygiene; (3) public hygiene; (4) weather; (5) seasons; (6) climate.

First—If the clothes are too tight about the waist for example, so that digestion and circulation are impeded, the result thereof may be certain disorders that may continue even after the cause is removed. The history of the case should influence the remedy selection.

Second—The inattention to the skin may develop a *Sulphur* case while constant bathing may prove a source of weakness when *China* may be the remedy.

Third—Lack of ventilation may cause a headache, malaise and indigestion from retention of and rebreathing part organic matter that might baffle the action of the remedy, unless the vile environment was improved. The remedy indicated must correct the results.

Fourth—A chill from damp, cold weather will suggest a different remedy than a chill produced by dry cool atmosphere. The former may be a *Rhus* or *Gelsemium* case while the latter may be a *Bryonia* or *Aconite* case.

Fifth—The effects of season is manifest in this disease as well as in the remedy indicated. Each change of season ushers in a new phase of disease which must be studied separately to ascertain the epidemic remedy. Old Dr. Pulte of Cincinnati, used to say that when the seasons changed he studied the first few cases of seasonal disease—cough, diarrhœa, etc. to ascertain the remedy that might be indicated. Hahnemann evidently did the same (and all of his followers), as we glean from his writings. He recognized a changing genius epidemicus. (I suggest that you reprint what he said to Dr. Allengidi on this subject because it bears directly on this environment question).

Sixth—In that day his section of Germany was malarious and instead of giving quinine as many do today, when an intermittent type of disease is met due to the environment, he selected a remedy for the changing genius, more subtle still than malaria, possibly due to another species of the plasmodium.

Environment is constantly changing man from the normal along

tempermental lines. Heredity, food and habits as well as education help to assist the changes that make national types. Here we find typical remedies indicated as for example, Irish and *Belladonna*; German and *Pulsatilla*; English and *Nux vomica*; the Negro and *Bryonia* etc.

Chicago.

T. C. DUNCAN.

THE HEAD AS AN AID TO DIFFERENTIAL DIAGNOSIS

For this knowledge I am indebted to the late Donovan, a gentleman who for twenty-five years held the same position, respecting phrenology, in England as Messrs. Fowler and Wells do in the United States.

Some thirty-five or forty years ago I had the good fortune (he being a Ph. D.), and in course of conversation he mentioned having noticed that certain regions of the head corresponded with certain regions of the body, and that from the cranial elevations and depressions it was easy to ascertain the relative strength of the corresponding organs.

He divided heads into three classes, viz: the "healthy," the "scrofulous," and the "tuberculous;" the first being straight up and down the sides so that a rule placed against the temporal region would be perfectly perpendicular. The second or "scrofulous" type is marked by more or less prominence of the zygomatic arch, while in the "tuberculous" the upper part was the widest, the head taking the shape of a V, and thus a general idea of a person's constitution might be ascertained at a glance.

Dr. Donovan had a homely way of comparing the human constitution to "a table" standing on four legs, viz: the "stomach," the "lungs," the "heart" and "sexual system."

The "stomach" region, as he termed it, he placed as the temporal, and from its elevation or depression a very fair estimate of the power of digestion and assimilation of the individual may be formed.

Occasionally, on finding it depressed, I have told a patient that he had a weak stomach, and have been assured that he had a weak stomach, and have been assured that he had never suffered from indigestion; but, on further inquiry as to whether he had noticed how slow he was in regaining lost flesh, the answer invariably was, "That's so."

But the following case will illustrate the value of this aid in forming a correct diagnosis:

Some years ago a prominent lawyer of this city consulted me, as a forelorn hope, his Allopathic advisers having given him up as a hopeless case of consumption. On examining his head I noticed that the temporal region was very hollow, whereas the region connected with the lungs was well-developed; and on closer examination of those two organs it became evident that it was a case of dyspeptic consumption, if I may so term it. This I explained to him, and by a careful course of diet and the use of appropriate remedies for the improvement of his digestion he soon became a strong and hearty man; to the astonishment of his old doctors.

The region corresponding to the lungs is situated over the frontal sinus, and a very slight inspection of this region will suffice to show how great a difference there is in various persons—some being smooth and prominent while others are depressed, with more or less *perpendicular lines*. *The deeper these lines the stronger and healthier lung tissue*, and, therefore, the less liable to disease, and the more susceptible of restoration if affected. It is interesting to notice how these lines deepen in persons who practice deep breathing.

The region corresponding with the heart is situated just above the ears, where phrenologists place the organ of "executiveness." The rounder and fuller it is the stronger the heart and circulation. It will be found to increase or decrease with the strength or weakness of this organ.

The "fourth leg of the table," as my old friend would call it, is the cerebellum, which, as every student knows, is intimately connected with the sexual system. It forms the basis of man's physical energy and strength. When too large it makes a man a brute; but if too small, a ninny.

In examining the human constitution by means of these cranial indications, judgment has to be used in order to form a just estimate of the whole. For instance, a man may have weak lungs, but if his other organs are strong he has a very fair chance of overcoming any difficulty in that direction, as the following case will illustrate:

Three or four years ago I was consulted by a distressed father with regard to his pet son, a lad four or five years of age, who had been given up as a hopeless case of chronic tubercular men-

ingitis by three of our leading physicians. The prominence of the cranial region at once revealed the tubercular constitution, but on further investigation I found a good base of brain and full cerebellum, whereupon I told the anxious parent that, while there certainly was a tendency to the disease in question, there was such a large preponderance of physical power in his favor that I had no doubt of his ultimate recovery. All that he required was something to remove the tubercular diathesis from his system.

The expression on his face was a curious mixture of hope and doubt, which was intensified when I told him that all the lad required was a dose of medicine every ten days. However, as the other doctors had given him no hope whatever, he concluded to leave him in my hands. As he lived at some distance I gave him powders enough to last him for three months, at the end of which time he reported the lad as "running round like any other boy." A fresh supply of powders was forwarded, and three months later, when he brought him in for inspection, the prominence of the upper part of the forehead was far less apparent.

The medicine that effected this wonderful cure was Dr. J. C. Burnett's *Bacillinum*⁸⁰⁰ though some slight credit may be due to rigorous prohibition of coffee, tea and meat. A simpler case I have never had to deal with. The prominent upper region denoting tuberculosis, but stomach, lungs, heart and cerebellum being well developed, the chances were all in my favor, for, with *Tuberculinum* to correct the constitutional diathesis, the game was in my hands.

A slight acquaintance with phrenology is of great advantage to the physician as, by its aid, it is easy to form a rough estimate of a patient's character, and when assisted by the additional information to be derived from Dr. Donovan's "four legs of the table" the effect on the mind of the patient is very striking.

When a stranger calls for advice, my first request is for him or her to take a seat and remove the head-gear, after which I run my hands over the head, saying: "Allow me to see what sort of constitution you have"—but without letting them know what part I am inspecting—then I mention their constitutional peculiarities, such as "You have a strong (or weak) stomach, heart or lungs," as the case may be, which usually produces a favorably impression, after which I proceed to inquire and note down the peculiar symptoms, etc., etc.

Toronto, Ontario.

J. ADAMS.

THE IMPORTANCE OF DIAGNOSIS IN THE SELECTION OF THE REMEDY.

The relation of the diagnosis as to the Homœopathic prescription, has been discussed almost as much as the question of potency, and with the same results. One class of physicians claiming that a correct diagnosis is necessary to an intelligent, scientific treatment of the case, while another class hold that the diagnosis is of secondary importance in making the prescription.

In answering the question "to what degree does the diagnosis influence you in the selection of the remedy," as a Hahnemannian, I would say, *to no degree whatever*. The making of the diagnosis, is simply stating the *effects* of disease upon certain organs. The pathological conditions determining the diagnosis, do not constitute the "totality of symptoms" upon which the Homœopathic prescription is to be based, and in fact very often do not embrace the most *important* symptoms in the making of the prescription. If Hahnemann's definition of Homœopathy and of what a Homœopathic prescription consists, be accepted, a remedy prescribed for any pathological condition, would be empiricism, from a Homœopathic standpoint. As Homœopathic physicians we are to prescribe the "simillimum" for the external manifestations of the internal malady, no matter under what Allopathic category, the pathological conditions may come.

A tailor makes a suit of clothes for the *man*, according to the measurements taken, no matter what his *name* may be. He might have a dozen customers named John Smith, but one suit of clothes would probably not fit any two of them. So we are to take the measurements of our *patient*, and fit a remedy to them (the symptoms) no matter what the *name* of the disease.

The writer has had cases, and I doubt if he be alone, in which it was impossible to make a satisfactory diagnosis, but thanks to "similia," by selecting a remedy corresponding to the symptoms manifest, he was enabled to cure the patient promptly.

I do not wish to be understood as belittling the importance of a correct diagnosis, but I do not consider it of any importance, in the making of the Homœopathic prescription. My brother, what would you prescribe for a case of intermittent fever? That depends: upon what, the diagnosis? By no means, but upon the modalities and concomitant symptoms.

I report a case which illustrates the point.

Glennie H., age 18. Was taken suddenly with alternate chills and heat, headache and dyspnœa. An allopath was called, who pronounced it congestion of the right lung. She was under his care for five days, when I was called to the case. I found patient with temperature of 103-5 degrees, pulse 125, frontal headache, loose rattling cough, tongue furred thick, dirty white. Gurgling and extreme tenderness in right iliac region, abdomen somewhat tympanitic, face very red, circumscribed. Delirious most of the time, during which she asked constantly to be taken home, intense thirst for large drinks. Diagnosis, typhoid fever. Gave *Bryonia*¹⁰⁰⁰ in water, dose every two hours. Next morning temperature same, and all other symptoms same. *Bryonia*^{cm} one dose dry. Next morning temperature 101.5, delirium not so marked. *Placebo*.

Next morning temperature same. Delirious, talked at random of everything, abdomen more tympanitic and tender, slight diarrhœa of thin reddish brown liquid, tongue thick brown fur, edges red, lips dry and brown, grasping at flocks and picking the bedclothes, face *circumscribed bright redness*, with marked *pale-ness of nose and lips, alternating with complete paleness of face*, any noise, made patient very nervous and restless.

I believe the patient needed *Cina*, but *Cina* is not considered a "good" typhoid fever remedy. Having implicit confidence in similia, I "turned down" the diagnosis and gave her *Cina*¹⁰⁰⁰ one dose dry on tongue. In less than forty-eight hours the temperature was 98-4.5, delirium all gone, tongue clean and moist, lips moist and red, tympanitis less, tenderness all but gone, and stool formed and natural. Patient made rapid recovery. I feel absolutely certain that no other remedy or remedies would have brought about the same improvement in less than three weeks, if at all.

Kokomo, Ind.

A. W. HOLCOMBE.

TO WHAT EXTENT DOES THE DIAGNOSIS INFLUENCE ME IN SELECTING A REMEDY.

First let us understand what is meant by the term diagnosis, or, rather how shall we use the term. Most commonly it is used to mean the naming of a disease, which is a convenient thing in satisfying the curiosity and inquiries of the patient or his friends. But to us, as scientific physicians, the term should be

restricted, mean to the discovery of the manner and amount of the pathological change that has taken place in the body or any of its parts. With this understanding let us examine the extent to which we should be influenced in selecting the indicated remedy.

We all know that symptoms and signs are but the outward expression of external conditions, but the same condition in different persons will produce different manifestation of that condition, the symptoms in each being modified by individual peculiarities of temperament. The fact that there is a difference of symptom does not necessarily mean the same remedy will not cure both cases. A given morbid condition should be removed by a given remedy even though there is a difference in symptomatology.

In the provings of many of our drugs we find a wide variance of symptoms in different individuals, but when the proving has been carried far enough to develop pathological states, we find quite a similarity in the cases. If a given drug will produce certain pathological changes in any part of the body, the same drug will most certainly remove such a condition if occurring as the result of disease.

The morbid condition should always receive due consideration in selecting a remedy, and when so considered in connection with the symptomatology, a greater degree of success is almost certain to crown on efforts.

S. R. G.

EPIDEMIC OF VARICELLA INSTEAD OF SMALL POX.

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

After a very careful and considerate study of the epidemic cases placed under my charge, by close inspection and a minute comparison with some ten medical authorities, mostly allopathic, I come to the conclusion that this epidemic disease is a species of varicella, and not variola nor varioloid, and yet not the vulgar or common chicken-pox. Varioloid runs a similar course to variola, but all stages are usually milder and shorter; the eruption is about the same, but fewer in number.

My conclusion is based on the following differential diagnostic symptoms:

1. In variola the eruption begins on the face, thence after

some hours (12 to 24) extends to the body, thence to the extremities; whereas in these cases the eruption is principally on the back, with but few on the face and extremities, and extending from the body.

2. In variola the eruption is progressive from the beginning, extending gradually over the surface, whether confluent, corymbic or concrete; whereas in these cases the eruption comes in crops, part of the first crop drying up during the first 24 hours, followed by another crop, part of the original crop remaining distinct throughout the sickness; each day after the first there are vesicles in all stages from the newly appearing to the scaling.

3. In variola the eruption becomes papular, then vesicular, and finally pustular, requiring about nine days for the suppurative stage, and then begins to dry on the eleventh, in these cases the eruption is superficial, within a few hours vesicular, and a few soon drying becomes easily detached and fall during the first or second day.

4. In variola the eruption appears to be granulated or like shot to the sense of touch, or presents the appearance of truncated cones, then becoming umbilicated or depressed in the center; in these cases the eruption is more like an acuminated or conoidal pimple, vesicular and superficial, becoming a puckered scab. A few of the vesicles have the appearance of ordinary chicken-pox.

5. The prodromal stage is much more marked and severe in variola, notwithstanding its variation in degree of severity. In variola there is a "shaking chill, or repeated chilliness, which is followed by violent fever" ranging from 103 degrees or 104 degrees to 106 degrees F. "The height of the fever is accompanied with a number of painful symptoms of the head, throat stomach and general body, and in some cases with delirium and convulsions." The most characteristic symptom is the persistent and "dreadful backache." In one of the cases treated the prodromal symptoms were pronounced more severe than in the majority of cases and yet she had but slight backache and not marked chilliness, more of a coldness, with some headache and general bodily soreness; and she has been dressed and up about her room each day since my attendance. The symptoms are so like malaria or grippe that competent physicians have pronounced similar cases to be typhoid fever, malarial fever, grippe, biliousness; and have treated them as such. After a careful

comparison of this prodromal stage with the best authorities I am unable to see sufficient similarity to warrant it being termed that of smallpox or variola.

The majority of authors consider varicelli so simple and harmless that they write but little concerning it and mention usually only one variety, the common chicken-pox. Some authors, among whom is Dr. Jenner, consider variola and varicella in its various forms identical and only modifications of each other, the chicken-pox being a very mild form of small-pox. But this position is untenable as the prodromal stage is entirely different and the vesicles are not alike. The best authorities of today do not accept this position. The variation of this present epidemic from the common chicken-pox has led some physicians to believe it to be small-pox, but when we consider the four varieties of varicella we will find that this epidemic conforms to one or two of them and has features of them all. The four varieties are:

1. *Varicella lentiformis*, the ordinary chicken-pox, the eruption of which is irregularly circular, and flattened on the top; the fluid is at first whitish, then straw-colored.

2. *Varicella conformis*, the swine-pox or waterpox, the eruption of which is conoidal or accumulated vesicles, fluid pellucid throughout.

3. *Varicella globularis*, by some authors termed hives (not the ordinary hives or nettle rash), the vesicles are globular and larger; the fluid is at first whey-colored, then yellowish.

4. *Varicella pustulosa*, the horn-pox, the eruption being papular.

The eruption of this present epidemic so far as I have seen it, has features of all these varieties, but especially of the second and third. The general features are those of varicella throughout, and not of small-pox.

In conclusion I would call attention to excerpts from the leading authorities, one from each school of medicine, as to the difference between varioloid and varicella, and the general features of varicella. Austin Flint, M. D., Principles and Practice of Medicine, page 976 (1873 Edition):

“The stage of invasion in varioloid is as long, or longer, than in cases of ordinary smallpox, viz., from two or three days. The short duration of this stage in varicella is a distinctive feature. The constitutional symptoms, in this stage, are often as marked in varioloid as in ordinary cases of small-pox. The mildness of these symptoms in varicella is a diagnostic point. The vesicular character of the eruption from the start is characteristic of varicella. In varioloid the

vesicles are preceded by papules. In varioloid, as in ordinary small-pox, the eruption appears at first and especially on the face; in varicella it appears first on the body, and is apt to be more abundant elsewhere than on the face. A capital diagnostic point relates to the central depression of the umbilicated appearance; this is generally discoverable in more or less of the vesicles in varioloid and is generally, if not invariably, wanting in varicella. The duration of the eruptive stage is less in varicella than in a great majority of cases of varioloid. Finally, traces of vesicles in varicella are very rarely found on the mucous membrane of the mouth and fauces."

C. G. Raue, M. D., *Special Pathology and Diagnostics*, page 1047, (1885 Edition):

"They (Varicella) consist, at first, of little red spots, like flea-bites, which in the course of a few hours develop themselves into vesicles, filled with a transparent, straw-colored fluid. * * * Some of them often fill with pus and become varicella pustulosæ leaving, after desiccation, a scar. Their appearance, in most cases, is the first symptom of the disease, without any previous ailment. They spread irregularly over the body and continue to appear in crops for several days, so that, when the first crop is already in a state of desiccation, a new crop shoots up. In this way the whole process may last fourteen days, and even longer. * * * The general feeling of the patient is not very often materially disturbed, though some cases are attended with fever, headache, cough, want of appetite and general indisposition."

Judging from reports made, I have but little doubt as to there being some cases of variola in the state and county, and from this reason great care should be exercised in the isolation and quarantine of patients down with this epidemic. But I think it is without reason or judgment to frighten the people and cause a great pecuniary loss to the business men of the city by calling this disease small-pox and putting up the yellow flag. It would be entirely sufficient to quarantine as for ordinary contagious diseases, or, at the most, to display a red flag as an indication of possible danger.

As with other distinctive children's diseases attacking adults, this epidemic varies from the ordinary varicella and in some cases the prodromal and other symptoms are apt to be more severe. Measles are usually a very mild disease, but it often becomes alarming when attacking adults, and does so occasionally even with children.

The almost universal mildness of the prevailing malady corroborates the position herein taken. Such an epidemic of measles would cause as many deaths, and give as much cause for alarm.

PRINCIPLES GOVERNING THE APPLICATION OF
REMEDIES TO DISEASE.*

H. W. PIERSON, M. D., CHICAGO.

PROF. OF THEORY AND PRACTICE OF MEDICINE, DUNHAM MEDICAL COLLEGE.

How do you proceed in the treatment of a case when no one remedy seems to be the simillimum?

“If, however, among the symptoms of the remedy selected there be none that accurately resemble the distinctive, peculiar, uncommon symptoms of the case of disease, and if the remedy correspond to the disease only in the general, vaguely described, indefinite states, and if there be among the known medicines none more homœopathically appropriate, in that case the physician cannot promise himself any immediate favorable result from the employment of this unhomœopathic medicine.—(Organon § 165.)”

How will you proceed in the treatment of such a case? Two methods are open at the beginning of such a study. Note that I use the word ‘study’ instead of treatment.

First—Carefully determine whether you have *all* that is necessary, or all that may be obtained in the history of the case. It is just as important for you to make analysis of your own investigations as it is from any other source for any kind of information. Many times the secret of your failure to find characteristic symptoms will be due to your own lack of observation.

Second—If you have failed under this re-taking of the case, under this new examination, to find anything that is sufficiently peculiar in the case to point to the simillimum you have a very plain, unquestioned course of procedure to follow, namely, to do nothing but wait and watch.

If a case is so general, so vague, so indefinite in its character that the simillimum cannot be found, there is little danger from delay in the administration of the remedy? The person is vaguely sick. There is that feeling of discomfort by reason of which he seeks your aid. The fact that you are determined to get at the root of the matter will show itself in the thoroughness of your investigation, and the result will be, nine times out of ten, that you will have that co-operation upon the part of your patient that will give you the necessary data upon which your prescription must be built. Were you to select a remedy from an unsatisfactory source, as Hahnemann has given you here, you have no reasonable expectations for good results—you have no right to expect anything definite from an indefinite source, so you may

* Lecture reported by H. E. Williams.

instead of getting clear cut, well defined reasons for the prescription you may by a failure to make a proper selection mix up your case worse than it was before.

What does it mean? It means that you have lost that much valuable time. It means that you must now wait for the subsidence of these new symptoms, because you will find upon investigation they never had anything like it before; so whether you acknowledge to them the fact that you have given an improper remedy is immaterial. You have the consciousness of knowing you have made a mistake. Now, it is a very easy thing and just as satisfactory to the patient to give them *Placebo*, and while under the action of the same they should be instructed to watch for effects; and it is barely possible, call it mental suggestion, or whatever you please, it is barely possible as a result of this definite purpose, this action of the mind over the body, that you may get well defined symptoms; or it may not be impossible, as a result of this mental application that you will find a disappearance of those very things for which they sought relief. In other words, that this vague, general, unsatisfactory condition was the product of a disturbed mind instead of a diseased body, which needed no other remedy than that of mental suggestion. So when you come to one of these cases that fails under the same careful investigation to give you accurate data for the selection of a remedy, be extremely guarded in the giving of anything except a *Placebo*. If you follow this advise you will find it of great practical worth.

What do you do when several remedies seem to fit different phases of the case? This is a dilemma that every physician is compelled to face almost every day in his practice, and the manner in which you meet it will determine to a large degree your excellence as prescribers or healers of the sick. If you say, "well, one disease, and only one disease can occupy the body at a time, all the other influences that are surrounding us, our environment, etc., are inimical to the presence of the strong disturbing force, why can we not administer one, two or even three remedies at a time and trust that one of all of these administered will be the remedy that by reason of its affinity will step in ahead of all the others and secures results?" Possibly it will in a good many cases, but you have lost the information that comes from scientific, accurate prescribing. If you select *Belladonna*, *Aconite*, *Pulsatilla* etc., because one seemingly fits one condition

and another seemingly fits another, while the third is seemingly adapted to a third phase of the disease and one happens to be the simillimum you may get fairly good results—results that would be satisfactory; but you have lost all the incentive that comes from careful scientific investigation. You say at once, “well, this served me a very good purpose,” and it is very easy to repeat it the next time you are tired and possibly driven with work, so you will say, “well, I guess I will do it again,” and the third time it is almost impossible for you to resist the temptation of just passing over this case. You may see this work done every day of your lives if you are brought in contact with other practitioners of medicines. You find these men are popular; you find them with the best paying practice in the community and fairly good results follow their practice; but I want to tell you one thing that is just as inevitable as fate, *they do not cure*. They are simply putting off the evil day by temporizing with present suffering and when the time comes for exact measures they confess their inability and the patient is left to the tender mercies of the surgeon or passes from one physician to another without relief, because the time has passed when medicine can be of any avail. You can plead no justification for any such practice, because you have been taught both by precept and example of the better way. The crucial test that may be applied to the results of your practice should show in the course of a long or shorter period of time that those people who are under your care are *showing less and less susceptibility to the disturbing influences of their environment*.

If you are simply trying to relieve pain, to mitigate suffering for the time being and expect to be content with that there is no necessity for you to make the careful analytical study that we are giving you. You may just as well patch up with one thing as another, you would get fairly good results, but you would be haunted with the consciousness that many of your patients were permitted to go to their graves because you did not give them the care that was necessary. That is a plain statement, but it is a fact. If you ignore the strict demands of law in one single case it is more difficult for you to come down to careful work the next time. But if you simply say, “every single case shall go under the strict directions of law and order,” it soon becomes a comparatively easy thing for you to follow the strict letter of the law.

He who assumes the responsibilities of a human life and *neg-*

lect to make himself master of the situation commits a crime in the sight of God and man.

Now, this much as a sort of prelude. What will you do when you come to such a case? Select that remedy which seemingly covers the most distressing symptoms in the case, or will you carefully go over the case as you did in the first place and find out *why* it is that there is such a seemingly mixed-up, unsatisfactory picture of the trouble? If you take the latter course, you will find that this conclusion is due entirely to your lack of comprehension of the case. There can be no other conclusion. If there are enough symptoms to suggest two or more remedies it follows that from the superabundance which you may eliminate the uncertain factors, and retain that which will definitely complete the picture.

A good rule for you to follow in making your record is to keep your mind blank with reference to any particular remedy. Simply record the symptoms as they are given and when you come to the final interrogation of the patient for the purpose of getting at the exact meaning of the symptom, guard against any question that will suggest to the mind of the patient the character of the answer desired.

When your record is completed, the most difficult part of the task still remains untouched. You must now analyze, classify and make out a summary of the case. Still keep your mind unbiased so far as the remedy is concerned.

Having this picture of the case, shorn of all its extraneous matter, you now turn to the selection of the remedy most perfectly fitting the case; and it may be necessary for you now to apply the same analytical study to your *materia medica* that you gave to the record of the case. You may have thought these different remedies were indicated because of your ignorance of the remedies themselves. I think here is where the difficulty comes in many times. We have only a vague impression of the scope of a remedy, and having only this general picture of a remedy, false or true, in the case, and seeing a vague, indefinite picture of another remedy floating before us in the same way; and because we do not apply the same analytical test to all remedies we are inclined to see indications for both. So when in your experience you find several remedies seemingly indicated make a careful analysis of each and compare this careful analysis of each with the analysis of this disease symptoms, and then select that remedy—possibly not one of the three or four that you originally thought of which covers the totality of the symptoms.

Comment and Criticism.

IS NOT THE GROUNDWORK OF THE FIRST IMPORTANCE?

“ONLY the striking, singular, peculiar signs or symptoms are to be considered” p. 94.—PIERSON.

“The more striking, singular, uncommon and peculiar signs and symptoms are *chiefly* and ALMOST *solely* to be kept in view.”—HAHNEMANN.

“The record of common symptoms is of little practical value; but *the common symptoms must be used as the groundwork upon which you build*; from them stand out the peculiar characteristics” p. 89.—PIERSON.

Hahnemann says “these” are *almost solely* to be kept in view. Now *almost* is not absolutely, nor “*only*.”

You say, “the common symptoms *must be used as the groundwork* upon which you build,” and this it seems to me coincides with Hahnemann’s *almost*.

Is this the “*groundwork*” of so little importance that you can say logically that it need not be considered at all? That “ONLY the striking, singular, peculiar signs or symptoms are to be considered?”

Is not the *groundwork* of the first importance?

Would it not have been better to say, “be sure your *groundwork* is sound, and then differentiate your remedies that have a common groundwork by the presence of ‘striking, uncommon and peculiar symptoms?’”

I have always supposed this was the genius of homœopathy. That no matter how well the “striking, uncommon and peculiar” symptom, or symptoms may correspond, if the “*groundwork*” does not agree the prescription can not be truly called homœopathic. Am I right, or wrong?

Very sincerely,

M. W. VANDENBERG.

Editorial.

GIVE US FACTS.

"My own theory of the benefit to be derived from the study of *Materia Medica* in our journals is that we should gather up all the experiences we *can swear by* and present them. Enough has been said and written on nearly every drug * * * so that a brilliant generalizer can post upon it and give a "brilliant," "fluent," "readable," "scholarly," "masterly," "scientific," "article," or "lecture as the case may be, without ever prescribing it once in his life. Such productions make fine reading and abound in wise sayings, or otherwise, make up our text-books, many of them at least, and one arises from the perusal of such an article much invigorated in his medical courage but with very little addition to his skill in the actual use of the drug. Why? Simply because it is all Theory! Theory! Theory! of very little value. Cheap! Cheap as talk! and there is nothing cheaper. The questions should be: What do you actually know about this drug? What have you actually done with it? Where and to what do you pin your faith? Can you tell one single thing that you positively know the drug is capable of doing? So when that indication comes up you can give the remedy, dismiss that feature of the case and sleep in peace."

There are thousands of these actual facts within the possession of the profession. They may be more or less isolated, but for some reason or other it is extremely difficult to bring them to the surface. Now these are the very things we are most in need of at the present time. Finely spun theories are good so far as they go, and they go far enough what there is of them, but one actual fact capable of demonstration is worth a thousand theories.

It is the earnest desire of the *ADVOCATE* that these facts, with reference to our *Materia Medica*, be collected and preserved for future use. Will you make a systematic study of your case records and collect from them every fact, every symptom that appears in the pathogenesis of any drug which disappeared under and by reason of the action of that particular drug upon the human system? Relate your case so as to show the evidence upon which you base your conclusion in order that the data may be accepted and thus become incorporated into the current history of medicine. If you have made a proving—accidental or with a purpose put it in such shape that we may get at the *facts* and thereby enrich our literature to that extent.

There is a certain amount of machinery attached to every law

in order that its purpose may be effected. In the application of the law of similars experience has demonstrated the necessity for *accurate* knowledge of the many contingencies that may arise in the treatment of any case in order that the greatest assistance may be obtained from the remedial agents employed. What have you learned in this School of Experience? The *Organon of the Healing Art* is the experience of Hahnemann. Can you add anything to the knowledge contained therein? What can you offer that will confirm the teaching of that book? We want all you can give us on either of these two topics and *we want them now*. Make it the rule of your life to add something to the stock of your *actual* knowledge each day and then preserve the same for future use.

BOARDS OF HEALTH—THEIR LEGITIMATE SPHERE OF ACTION.

It would seem as though there was enough work for local and state Boards of Health in seeking to provide ways and means for the prevention of disease without prostituting their legitimate sphere of action in the futile attempts to regulate the practice of medicine in which the very offenders go free, while those who are striving to the best of their knowledge and ability to do efficient work are compelled to pay the penalty of meddlesome interference.

It is the same old story oft repeated, that whenever any one attempts to step out of their legitimate sphere of action he is sure to "put his foot in it." The body of man should be sacred against all attacks from without. No one should be permitted to interfere with the man himself; but all efforts, regulations and restrictions should be directed to his environment.

Sanitary recommendations may be made with impunity. Suggestions may be freely offered, but when it comes to actually invading the sacred person of a man and compelling him to subject his body to certain rules and dogmatic regulations, there should be an absolute prohibition of any such procedure and we believe the court of justice will sustain any man in defending his own person against the attack of every one, whether they be actuated by a friendly motive, or otherwise.

As soon as a man becomes the source of infection to others there should be no difficulty, there can be no difficulty in placing

such a quarantine, or barrier around him as will prevent any further contamination from that source; but this certainly must be the limit to any interference with any human being, and all else is unjustifiable, illegal, and certainly can be resisted by main force, if needed. Judged from this standpoint, compulsory vaccination is illegal, and so the courts have decided. In Chicago, a test case was made recently where a child was refused admission to the schools until she had subjected herself to the examination of the regular school physician. This has been sustained by the lower courts; and this seems to be legal whether it be just or not because the child had been sick and it was for those in authority to determine the degree and extent of the sickness, because she might be a source of infection to other children brought within her association.

SANITATION.

One of the greatest problems that the American people have to deal with at the present time is the best means for the prevention of disease. To the physician should be left the responsibility for the treatment and cure of disease, but to the laity and the scientific investigators is given the greater problem of so preparing the habitation of man as to limit his exposure to unfavorable environment. One of the most fruitful sources of infection comes from the natural sewerage of any civic community. Consequently it ought to be of prime importance that the method employed for the removal of the same should be thoroughly up-to-date and thoroughly efficient in its scope to meet with the requirements of the occasion. Sewers inadequately meet the demand of the community, because the contents of the same should be so disposed of as to leave no possible contaminating influence in its train. It therefore seems to be a decidedly reprehensible act for one community to pour or empty into a public stream its sewerage so that it may pass within the range of some other community and thus carry the germs of disease to innocent and helpless victims. It would seem logical therefore that the solution of this problem can only be reached when each community disposes of its own sewerage and thus end the matter at once. The city of Chicago has been working on this problem for many years and finally offered as its solution, the great drain canal in which will be poured such an amount

of pure, uncontaminated water as will dilute the substance coming from its immense sewers with the hope that the amount of evil may be reduced to a minimum that will not endanger the health of other communities.

There can be no question but what they have secured very satisfactory results when compared with the past, but nothing can be right when there is any better way for the correcting of the wrong. The cities of Albany and New York are now struggling with this same problem, or rather struggling with the problem that arises by reason of the pollution of the Hudson river from the sewerage of the cities above their own.

The solution they offer, however, is only a palliative and will be only partially successful in its results; but perhaps these results will be more than enough to compensate for the expenditure of time and money necessary for putting of it into operation.

The plans adopted by the city of Albany is that of a very expensive form of infiltration, by means of which the water from the Hudson river is forced through extensive filters and from these filters driven through pipes that allows of a thorough admixture of pure air with the water before going into the reservoir. It is claimed by the engineers, and by the city Board of Health, that contamination from the outside has been so perfectly eliminated as to leave only one per cent of the infection in the water taken from the river. This is certainly a great advance over the past, but when this has been accomplished there is still present the sewer contamination from within, which in all probability exceeds that of the outside exposure in proportion of at least ten to one; and they will still be compelled to solve the other problem of so disposing of their own sewerage as to prevent any contaminating influence passing from it into the waters of this great navigable stream. The experimental stage of the crematory is nearly passed and cities will be compelled to accept its results as final.

When this has been accomplished, we may expect to see at least half of the present work of the physician taken from him, the further demands upon his professional skill being the removal of effects of previous infection.

Fortunately, or rather unfortunately, there is enough of this to engage the attention of the profession for at least two generations if not longer. So those who are already in the field have no rea-

son for fear of being deprived of their occupation in the immediate future.

Along the lines of possible sources of contamination from within, may be related the results of an investigation over an epidemic of typhoid fever reported recently, in which it was found that the source of contamination arose from a celery patch, in which the plants drawing their nutrition from soil that had been fertilized from sewerage in some way, and by means of which the infecting material was taken up by the plant and through them conveyed to many homes with the result stated.

HOMŒOPATHY, PAST, PRESENT AND FUTURE.

The history of Homœopathy differs in no particular from the history of every movement that has ever been started since the Dawn of Civilization. At its beginning, earnest, zealous, unselfish investigators knew of no path so difficult, or barrier so great, as would daunt their courage or turn them from the search for hidden Truth. Willing to give time, money and even life if by so doing some little thing might be added to the general storehouse of knowledge upon that particular subject. The necessities of the hour found men both able and willing to take up the particular work required and carrying the same to a successful issue. The memories of Hahnemann, Bœnninghausen, Jahr, Gross, Hering, Lippe, Dunham and Guernsey will never grow dim because their work lives after them; but as time went on the necessity for the personal sacrifice grew less and less imperative and the new accessions to the movement were more and more willing to *accept the work of others* instead of testing for themselves that they might have *knowledge*. The logical result was not slow to follow. They grew less discrimination and consequently less positive in their knowledge until they were willing to surrender the priceless possession of *the law of cure* for the empty honor of *a rule of action*. In the meantime, indifferent success due to ignorance of the exactions of law led to the acceptance of *other* rules of action, and this naturally and logically led to the actual ignoring of the real principles underlying the law of cure. As fast as these new expedients were substituted for the old law, the unsatisfactory results gave a great impetus to the modern idea that there is nothing reliable in medicine and that the salvation of mankind rested in the development of surgery,

with the result that Homœopathy becomes known only as a memory of past achievements except in the hearts of a few who had remained faithful to the teachings of the great master. In 1892, the *Organon of the Art of Healing* was practically a sealed book so far as our colleges were concerned; and those who tried to keep the fire burning upon the sacred altar of Truth, were so handi-capped that their efforts were *seemingly* without results. With Homœopathy practically crowded out of our colleges to make room for the *mechanical* rule of action, it looked as though Homœopathy would exist only in name.

When the time came that the results obtained by so-called Homœopathic physician differed but little from the results obtained from those who were their natural opponents, a reaction set in and there was a willingness to listen to the appeal that had gone out continually for decades to stop, and return to the principles made sacred by the sacrifices of Hahnemann, Hering and those who worked so faithfully to lay the foundation of Truth.

It was at this auspicious moment that Hering Medical College was born and the faithful followers of Hahnemann rallied around it as one man, looking forward to a revival of Homœopathy through the services of the faculty of this institution. Their fondest hopes seemed to have an early realization for within three years the class had reached the high mark of one hundred matriculants; but internal dissensions seemed liable to destroy all possibility for the realization of a revival of the principles of Homœopathy; but in the darkest hour, a man, impressed with the practically laid his all upon the altar of Truth, and Dunham Medical College was organized for the promulgation of the principles of pure homœopathy.

In the eyes of man, it looked like a very poor business venture and any one less filled with the spirit of the martyr would have been discouraged and disheartened at the reception given to this generous act. But nothing daunted, and in an incredibly short period of time an elegant building was erected and dedicated to the cause of pure Homœopathy.

Homœopathy is the *latin* manic word, inspiring the *united* efforts of *all* interested in the remarkable growth of this institution of learning; but the governing body have not been unmindful of the importance of thorough equipment in every department of study.

While much had already been accomplished, it has only acted

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as an incentive for still greater efforts. No obstacles being too great for them to attack it. Their ambition is to be, not among the best, but *the* very best. To this end no effort or money will be spared. The governing body is mentally rich, and is directed with intelligence and force.

The latest and greatest achievement is the completion of arrangements for the affiliation of the *Post Graduate School of Homœopathics* of Philadelphia and the Dunham Medical College, whereby Dr. J. T. Kent, with his teaching staff and the entire Post Graduate equipment are to be removed bodily to the Dunham. Dr. Kent will assume the deanship of the combined schools. He unquestionably stands today an authority on *Materia Medica*, and a lecturer of international reputation. Dr. Kent personally expects to deliver over one hundred lectures during the next session. ✓

The plan inaugurated will provide for a post graduate school in connection with the college, conferring the degree of Master of Homœopathics. The present faculty of Dunham College cooperating with the present faculty of the post graduate school will provide a very strong and efficient course of instruction for the training of physicians already in actual practice; and at the same time the student will receive valuable assistance from the members of the post graduate school, thereby strengthening both institutions in the very part in which they have shown their greatest need in the past. The management does not stop here, but expects to announce the possession of a fine hospital in connection with the college in the near future. As the direct result of this combination of forces, the session of 1900 promises to open with the largest list of matriculates of *any Homœopathic College west of the Alleghanies*.

Chicago is the medical center of the Western Continent; and it may be said with equal truth that it is the Homœopathic center of the entire world. Over five hundred medical students are matriculants of Homœopathic Colleges in the City of Chicago at the present day.

This is an auspicious moment for Homœopathy, a layman has made it possible for the principles of the only law of cure to be taught under the most favorable circumstances ever known in the entire history of the movement. Every homœopathic physician who *believes* the teachings of Hahnemann to be the safest and surest guide for the healing of the sick should lose no time in

persuading some young man or woman from among his clientele or friends to be prepared to take up the case where he leaves it, and thus carry on the good work until the future shall see Homœopathy restored to her own—the guiding spirit in the medical world.

UP-TO-DATE HOMŒOPATHY.

In the *American Medical Journal* for March a letter purporting to be addressed to the editor of the *St. Paul Monthly Medical Journal* (representative of the old school) appears from the pen Dr. Henry Hutchinson of St. Paul. This letter seems to be called out by an editorial appearing in the latter journal entitled "The Passing of Homœopathy" which probably contained the stereotyped argument of the old school with the oft refuted conclusions that might be derived therefrom. From this letter we present the followin extracts:

"When Dr. Samuel Hahnemann promulgated the doctrine of Homœopathy, something more than one hundred years ago, it is a fact well known to all who have taken the trouble to inform themselves that the therapeutics of the time were sadly in need of reformation. Great as has been the influence of our school of practice in this reformation, it is not for a moment to be supposed that its adherents would blindly, shut their eyes for all time to all other achievements along the other lines of scientific medicine; and none are readier to accept and make use of such achievements than is the great body of Homœopathic physicians whether such originate within their own school or from without. *As a result of this progressive spirit, the up-to-date Homœopath does make use of what little good there is to be found in modern Allopathic medicine.*"

This concession contains the key to all the opposition raised by the adherents of the old school against the adherents of the new. Homœopathy stands for a distinctive law governing the selection of remedies for the cure of disease, and no man has the right to use that distinctive title unless he has implicit faith in the efficacy of the action of that law. Our institutions of learning will not confer the degree of Master of Arts upon any candidate until he shall have satisfied them, by means of close observation supplemented by rigid examinations, of the possession of sufficient knowledge to justify them in such a proceeding. No medical institution has a right to confer the degree of Master of Homœopathics until sufficient evidence has been given by the recipient of knowledge corresponding to that degree. It follows therefore that no man has a right to assume the distinction of Homœopathic physician until he shall have mastered that knowl-

edge of homœopathic principle which entitles him to claim that distinction. There is a vast difference between *faith* in a principle and *knowledge* of the working of the same. As soon as this principle of equity is adopted by the medical profession, all the contention arising from the differences in opinion will disappear and we will find men working together upon one common level and for a common result.

“For many years past, and to a considerable extent still, the designation of “Homœopath” to those who apply the law of similars to the curing of the sick, was and is unavoidable necessity owing to the intolerant spirit manifested by the older school; and when this spirit of intolerance is relaxed towards the believers in the law of similars as a guide in the healing of the sick, and all can be free to investigate for itself the truth, there will be no further need of the designation and that name may pass out of use.”

It is a fact that intolerance and bigotry are characteristics of ignorance common to all localities, and all times and under all conditions of mankind. Whenever you hear of one man showing a spirit of intolerance towards another, you will always find it arising from a limited amount of knowledge. And wherever you find the spirit of charity and liberality characterising the relations between man and man.

You will find a broad and deep foundation of general knowledge to which has been added that general intelligence that makes him a master of the question, and consequently capable of showing the fallacy of other positions by the presentation of that which is more logical and consistent with the truth.

With reference to the address delivered by Prof. W. E. Quine before the faculty and friends of Dunham Medical College, he says:

“ * * * however compels me to state that the Dunham school has yet to be recognized by our National Institute as a Homœopathic Institution; that its faculty and supporters have yet to prove its right to claim such recognition, and until it ceases to extol, through its teachers, the wonderful virtues of quack-nos-trums such as Carter’s little Liver Pills, in dilution, its claim as an exponent of the science of Homœopathy will be rejected with contempt.”

If the doctor had been a member of the American Institute of Homœopathy, he would have known that Dunham Medical College had received recognition by the American Institute of Homœopathy, and that the request for application came from that body instead of the College. If he had carefully read the address given by Prof. Quine he would have learned that the address was given in 1895, in the amphitheatre of Cook Co. Hospital

before an audience made up of all schools; he would have found a further significant fact that the doctor had no quarrel with those who were consistent followers of the law of cure as shown by *similia similibus curantur*; but his whole contention was against those who assume a partisan distinction and then were not consistent with its tenets in their general professional life. The summing up of the whole matter may be presented in a few words. An "up-to-date homœopath" is incongruous and inconsistent upon its very face, because the assumption is that there is a law of cure, that is ever changing to meet the demands of the present day. If Homœopathy is founded upon a law of Nature, it is the same yesterday, to-day and forever. Consequently, so far as the law is concerned, the "Homœopath" of to-day must be the same as the Homœopath of fifty, one hundred, or even one thousand years ago. Drop all distinctive titles until you have earned the right to assume the same when it will be taken for granted that the assumption implies an acceptance of the law a willingness to conform to its principles, and the ability to defend the same at all times and under all circumstances.

AMERICAN INSTITUTE GOES TO WASHINGTON.

The American Institute of Homœopathy will go to Washington in June. It is also a settled fact that the monument will be completed in time to be dedicated at this meeting of the Institute.

It is another fact equally certain that in consequence of the dedication of the monument at this time the attendance during the coming session will be the largest ever known in the history of the Institute, although the meeting at Atlantic City last year was a banner meeting, there being, of visitors and members between fifteen hundred and two thousand in attendance. We say it is a fact that the monument will be completed and dedicated at this time, but it is also a fact that in order that the monument may be dedicated clear of debt, there must be raised at least twenty-thousand dollars more than is in sight at the present time. This money can be raised without difficulty if each of the members of the homœopathic profession will make himself a committee of one to see that at the very least two dollars is raised more than has already been contributed. It would ease the mind of the monument committee and especially the chairman if this

could have your prompt attention. Send your money to the chairman or secretary of your State committee, so that the State may receive the credit, and at the same time facilitate the transmission of the money.

We understand that Dr. J. H. McClelland, of Pittsburgh, the chairman of the committee, has through his zeal and earnestness not only raised over \$6,000 in his own community but has guaranteed the payment of any deficiency out of his own pocket if the profession does not come to his support between this time and the meeting of the Institute. This would be a disgrace to the entire profession, and something that could not be thought of for a single moment.

PERSONALS, NEWS ITEMS ETC.

Commencement exercises of "Old Hahnemann," of Chicago, will be Wednesday afternoon, April 25.

Commencement exercises of Dunham Medical College will be held Friday afternoon, April 27, at Steinway Hall.

The next regular meeting of the Northern Indiana and Southern Michigan Homœopathic Society will be held at its usual place, Elkhart, Ind., on the 24th day of April.

We are pleased to announce that Dr. W. B. Pickrell, of Springfield, Ill., has taken unto himself a wife in the person of Miss Porter. The doctor was one of "our boys" and will be an honor to Homœopathy.

The Des Moines Homœopathic Society at its last meeting elected E. W. Eaton, President; Alice Goodrich, Vice President; B. G. Holloway, Secretary and Treasurer. The censors are Doctors Humphery, Dickinson, Loyzeaux.

One of the most profitable meetings this year will be that of the Missouri Institute of Homœopathy to be held in St. Louis on the 17th, 18th and 19th of April. They always have an interesting program and free speech is a characteristic of their meetings.

At the last meeting of the faculty of Dunham Medical College, over one hundred dollars was contributed to the Hahnemann Monument Fund. To this was added a sum by the students of the college. The question of dispensing with the banquet was discussed, but the final decision was to enjoy the pleasure of both the banquet and the giving for the monument.

The California Hahnemannian Association at its meeting March 1st, decided to become a subordinate organization to the International Hahnemannian Association and an auxiliary to it. The declaration of principles of the I. H. A. was adopted and also the constitution and by-laws with such minor changes as would make them suitable for a state organization.

The class of the Detroit College are so much interested in the Organon of Hahnemann, that Prof. Kendall has been obliged to give extra lectures upon the subject.—(*Medical Counselor*).

This is the inevitable result when the teacher has an intelligent knowledge of the wonderful contents of that little book and possesses the faculty of properly presenting those truths.

It is with deep sorrow that we report the continued ill health of Dr. W. W. Baldwin. As is generally known he has been compelled for number of years to make his home in the Muskoka Lake region of Ontario, but even this invigorating climate has not succeeded in effecting the cure that was so earnestly desired. It is to be trusted, however, that time with the proper treatment will succeed in restoring to health our friend and brother.

The action of the State Board Medical Registration for Michigan has created a decided sensation among the unfortunate or unsuccessful applicants. Rumors are afloat that mandamus proceedings will be instituted against the State Board compelling them to issue certificates notwithstanding the institutions from which they obtained their diplomas are regarded as unworthy of recognition by the state.

Pulte College foregoes her annual banquet. The class of 1900 taking the initiative; as did the class of '98 on a similar occasion; the Alumni Executive Committee, and the Faculty of Pulte Medical College have agreed to have no banquet this year. The expense thereto attached will be saved, and that amount of money will be given to the Hahnemann Fund. There will be a business and semi-social meeting of the Alumni Association of P. M. C., at 2 p.m., Monday, April 9th, in the college building; and the commencement exercises will be held in Scottish Rites Cathedral at 8 p.m.

Another meeting of great importance will be that of the Illinois State Homœopathic Society to be held in Chicago this year. The secretary has secured elegant rooms in the Masonic Temp

and arrangements are being completed for a very large and satisfactory meeting. *Materia Medica* will be given due prominence at this meeting and we anticipate an interesting discussion of real Homoeopathy and its *Materia Medica* during the coming session. Come, and take part. Criticise. Condemn that which is worthy of criticism and give favorable comment to that which is characteristic of the truth. The date of the meeting will be early in May, but the exact date cannot be given at this moment.

It looks now as if the message which went out some months ago with reference to steamer rates to Paris this year, was very much like the scare lines with reference to the destruction of the early peach crop. It seems now that there will be abundant facilities for the carrying of all the people who may desire to visit Europe this summer. The rates will naturally correspond with the demand made upon the traffic association, but from present indications it would seem as though a man could go and come with no greater expense than usual. We understand that the arrangement made by Dr. Kraft of Cleveland, to take his party by the way of St. Lawrence river, Montreal, etc., is beginning to find the favor that it merits, and certainly the rates for the trip are all that could be desired. For our part, were we to make the trip this summer, with our natural love for the water, the amount of time spent upon the water would be in its favor instead of an objection. In fact it is the most restful feature of entire trip.

At the last meeting of the Chicago *Materia Medica* Society it was voted to change the night of meeting to the second and fourth Wednesdays of each month. The place of meeting will be in Suite 1106, Stewart Building. The order of study adopted one year ago will be continued for the future, and short papers will be prepared upon the chemistry, preparation and natural history of the remedy; general action; sequence of action, as formulated by Prof. Woodward; this in turn to be followed by studies of the action of the remedy upon the mental, nervous, digestive, circulatory and geneto-urinary systems. The whole to be completed by a study of its modality and a comparison of its action with that of other remedies. No student of *Materia Medica* can afford to miss one of these meetings, because each of the essayists is a specialist in that particular line of work. *There is no initiation fees, and at present no dues connected with the society.* The only requirement for membership being a willingness to work.

The last remedy studied was *Antimonium tartaricum*. The next meeting will be held Wednesday evening, April 11th at 8:30 o'clock. The remedy to be studied will be *Ipecacuanha*. Come and listen if you do not join.

Miscellany.

A Twin-Bearing Family.—A circumstantial account is given in the New York *Times* of a remarkable occurrence in a New Jersey village recently. Three sisters living in the village gave birth on the same day to six children, three sets of twins, two pairs being boys and one girls. All were born between eight o'clock and midnight.

(This is so remarkable that it would be wise to have the name of the town and family for the purpose of identification.)—ED.

A Medical Club Swindle.—A man has been arrested in this city for running a fake hospital association. He collected money from the members of the association, guaranteeing free hospital treatment for any who were sick. The dues were regularly collected, but when any member fell ill there was none but the public hospital to receive him.

(The trouble was made possible by the ignorance of the victims in not having a definite agreement with reference to the hospital that would receive them.)—ED.

An Epidemic of Pneumonia.—A strange story of the practical extinction of a family by pneumonia is reported in the New York *Times* of March 17th. On Thursday of last week, it says, a farmer residing near Deckerstown, N. J., died of pneumonia. He was ninety years of age. Two hours after the funeral, on the following Saturday, an unmarried daughter, aged sixty-five years, died of the same disease. Another daughter lay seriously ill with pneumonia in an adjoining room, and she died last evening. A married daughter came to her father's home to care for the afflicted ones, and she is now ill with pneumonia, and has slight chances of recovery. A son, who has conducted the farm for several years, and his wife are both afflicted with the same malady at the family homestead.

(These two incidents bear prominent ear-marks and placed in this position suggest the possibility of originating from one common source.)—ED.

Food versus Medicine.—John Haddon says that all the nitrogen we require is just as much as will supply the small amount of tissue waste that takes place, and that when we eat much food rich in nitrogen, such as meat, we are putting into our bodies a substance which acts as a foreign body, and must be got rid of by the digestive and excretory organs in the form of urea. It is small wonder therefore, he thinks, that sooner or later we suffer from symptoms due to the ingestion of nitrogen. He believes in making all “gouty” sufferers strict vegetarians.

(Hahnemann says remove the exciting cause and if there still remains evidence of a constitutional disturbance meet the same with medicine. This injunction should never be forgotten in a single case of sickness.)—ED.

The Physician as a Witness in Court.—William J. Herdman proposes the adoption of the following suggestions as a means to secure much-needed reform in the matter of expert testimony: (1) Experts should be appointed by the trial judge. (2) Their compensation should be a part of the court expenses. (3) They should have abundant opportunity to investigate the facts of the case, so far as they bear on the opinion they are expected to deliver. (4) That opinion should be given to the court in writing, signed and sworn to. (5) Any dissenting expert opinion must also be in writing, and state the grounds on which dissent is based. (6) Experts may be sworn as witnesses and cross examined, but the cross examination is not to extend beyond the limits of the subjects embodied in the opinion they have been asked to express.

Lucretive Divine Healing.—A man was recently arrested in Boston on a charge of fraudulent use of the mails, whose occupation was that of a “divine healer” by letter. He constituted in himself a faith-cure association which practised therapy by correspondence. It is stated that he employed forty girls in sorting and writing letters, giving what he called his “absent treatment,” charging his distant patients \$5 a month. It is alleged that his business has recently brought him in \$30,000 a month.

(There is no more fraud in this form of treatment than in much that is legalized by the laws of many of our states. It matters not by which name it may be called or whether the treatment be in the immediate or remote presence of the healer, the “cure” is dependent upon the mental receptivity of the patient.)—ED.

Varicose Spinal Veins.—C. E. Coon relates the history of a man, aged fifty-eight years, who died of tuberculosis, and who had suffered during life from excruciating pains in the lower extremities. Autopsy showed, at the junction of the dorsal and lumbar vertebræ, an extensive varicose condition of the spinal veins, which was thought to have been the cause of the pains.

On the Method of Zadig in the Advancement of Medicine.—Geo. W. Balfour, in a review of what has been done by medical science by means of a careful search for that efficient cause which must always precede every effect, speaks of microbes which, although always with us and around us, do us no harm, because when in good health our natural antitoxin is sufficient to neutralize the toxin with which they endeavor to flood our tissues. This is the basis of the Nordrach treatment of phthisis, by forced feeding and free exposure to sunlight and fresh air to increase the natural antitoxin, and thus overcome the toxin of the tubercle bacillus.

(It is not so much the presence of the natural antitoxin as the more significant fact that in health there is no suitable soil for the propagation of the microbe. The toxic principle is so limited as to make little impression upon the vital force; but let the vitality become reduced to the danger line and the whole situation is changed. It is for this reason that the forced feeding of the Nordrach treatment is so effective, especially when combined with a liberal supply of fresh air, sun light, and the proper constitutional treatment.)—ED.

Medical Courts of Honor in Prussia.—The institution of professional courts of honor is not a new one in Prussia. The army has its courts of honor and so has the legal profession, and on April 1st, the *British Medical Journal* says, "similar courts for the medical profession are to come into existence. The plan of organization is simple. In each district where there is an *Aerztekammer* (representative body of doctors) a court is to be established; it will consist of the president of that body, three of its members, and, in addition, a judge of one of the local courts. A central supreme court will act as court of appeal, and is to consist of (1) the director of the Prussian ministerial medical department, (2) four members of the central committee of the *Aerztekammern*, (3) two medical men specially elected by the king of Prussia. The courts are to exercise jurisdiction over all

certified practitioners excepting medical officers of the army and navy and others for whom a state disciplinary board already exists. The scope of jurisdiction is defined by the new law as follows: 'Every medical man is bound to exercise his profession conscientiously, and by his behavior—both in his professional and in his private life—to show himself worthy of the respect which his profession demands. A medical practitioner who fails in the duties incumbent on him is subject to the infliction of a penalty by the court of honor. Political, scientific, and religious opinions or actions of a practitioner as such can never form the subject of proceedings in a court of honor.' The penalties which the court may inflict are: (1) Warning; (2) reprimand; (3) fine, not exceeding 3,000 marks (£150); (4) temporary or permanent withdrawal of the right to elect members of the *Aerztekammer* or to be elected a member."

Dilation Not Dilatation.—A good deal of confusion exist between medical writers as to the use of the word "dilatation" and "dilation." As it is always preferable to use those words with the fewest possible syllables because the energy wasted in writing, teaching and reading redundant words and syllables could be put to much better use, the shorter form is preferable. It is true that the dictionaries give both forms without comment. However when it is discovered that etymology furnishes at least one good reason for using the shorter form, it certainly seems that there should be no question about its more general use.

For instance it is found that dilation is derived from the good old latin word "dilatari" whose participle is plain "dilatant." On the other hand "dilatation" is derived from the late latin of the scholastics and monks of the middle ages who made it "dilatation" and "dilatatus." There is no reason for preferring the latin of the monks to the original article as a source of English root. As euphony is also better served by use of the shorter form, we advise every one to employ it by preference.—*Ex.*

Headaches.—In the discussion of headaches and their treatment, Dr. Brunton presents a novel explanation of the action of a certain kind of drugs in *British Medical Journal for Nov. 4th*. He says: "Drugs should be given before the headache becomes too severe because when it is severe absorption from the stomach appears to be arrested and many patients will tell us that the first dose they had acted like magic, but the next time they took

it it had no effect, whatever. And we can now tell them the reason why. The first time they took it, it was before the headache had got very bad. It was therefore absorbed from their stomach and acted upon their nerve centers. The second time they waited too long and the headache had got so bad that absorption ceased, and so the medicine was of no more use to them in their stomach than in a bottle outside." He then gives as an illustration of this the story of an old scotch woman. A lady called in to see her one day and found the children walking and rushing about and she said to her, "Do you not often wash your house." "No," said the woman, "but when the children come in with a lot of mud on their boots and they tramp all over the floor what do you do?" "Oh, I make them knock it about until there is none." She distributed the mud equally all over the floor and then thought it was all right. "Now that is what these drugs do to the pain. Painful impressions do not pass to the cerebrum as a rule. Pain is largely conducted up through the straight fibres that conduct tactile sensation. If we can distribute our sensation so much that will get broken up in the cord and will not reach the centre for pain in the brain of course the patient will not feel pain, and so drugs relieve pain with one exception, namely, if the pain be not too severe. If the irritation of the sensory nerve is so great that it will fill up the capacity for conveying impressions, then the drug leaves the trouble even worse than before.

Carbolic Acid Poisoning—Antidote.—We present the following in order that our readers may appreciate the simplicity of the treatment as presented by Dr. Edmund Carlton of New York. The question of the internal administration of vinegar or acetic acid in the case of carbolic acid poisoning has yet to be tested so far as we know. It would be interesting to have reports bearing upon the subject.—ED.

1. A deadly poison is in the stomach, and it is rapidly absorbed into the blood. How shall we treat this condition? Sulpho-carbolates are harmless in the blood. Our first duty then is to give an ounce of magnesium or sodium sulphate. This will render the poison harmless. We should now proceed to wash out the stomach. It is also well to add Epsom salts to the lavage water.

2. Some of the poison which has not yet been neutralized is

circulating in the blood. This causes a great depression in the brain centers and renders the vital organs weak and irregular. How shall we meet this condition? Use the hypodermic syringe freely. Give enough atropine to dilate the pupils and assist respiration; enough strychnine, ether, and brandy to sustain the heart and assist it to pump the vital fluid to the three great medullary centers, which hold the life of the patient in their tender grasp. Also wrap the patient in hot blankets and raise the foot of the bed.

3. The poison in the blood must be eliminated quickly, before it paralyzes the medullary centers. How shall we meet this condition? A pint of the saline solution introduced subcutaneously will immediately stimulate the renal cells to great activity and cause an abundant secretion of urine.—Dr. Mitchell.

“The antidote to carbolic acid is simple, and to be had in every well-ordered household. Knowledge of its specific worth came by accident. One day while making some experiments with the pure acid an unlucky movement sent two ounces of it upon my hand. In about two seconds I had it under a stream of water and washed it well, but to no purpose; it became white and numb. There seemed to be no escape from the usual result—desquamation and slow recovery of the sense of touch. But the odor was persistent and unpleasant. In the belief that it might be changed thereby, a servant was sent to the kitchen for a cup of cider vinegar. While bathing and rubbing the affected parts with vinegar, what was my amazement to behold a complete restoration of color and function! In five minutes nothing remained in evidence except the modified odor.”—Dr. Carlton.

Book Reviews.

Review of Reviews for April.—The Puerto Rican tariff question is editorially discussed in the *Review of Reviews* for April, and in the same magazine there is an able exposition of the relations of the United States Constitution to the Territories, by Prof. Harry Pratt Judson, of the University of Chicago; “The Great Steel Makers of Pittsburg and the Frick-Carnegie Suit” is the subject of an illustrated article by Julius Moritzen. The article describes the wonderful development of the steel and coke

industries of which Pittsburg is the center; J. W. Jenks, who has served the United States Industrial Commission as expert adviser in the trust investigation, sets forth the merits of publicity as a remedy for the evils of trusts, with special reference to the conclusions of the Industrial Commission, and to the pending legislation in New York known as the "Business Companies' Act;" Mr. R. van Bergen describes the disadvantages of foreigners in Japan under the revised treaties, and Mr. William M. Brewster, an American resident in China, outlines "The Warlike Policy of the Empress Dowager," warning the United States that only the utmost vigilance can secure for this Government the benefits of "the open door."

The "New Lippincott" Magazine for March.—E. W. Hornung's complete novel called "The Shadow of a Man," is not only a first-rate story, but its quick action and general breeziness of plot make especially adapted for the "*New Lippincott*," for which it was written. An English girl, fresh from Government House gaieties at Melbourne, Australia, elects to visit the man she is engaged to, who is somewhat outside of her "set." She persuades her legally-inclined brother to take her to New South Wales, where her lover has a position as manager of a station. Their stay lasts only a week, but life in the bush is full of excitement and adventure, and Mr. Hornung has put so much enthusiasm into the telling of that week's happenings that the reader should, in kindness, be warned not to begin it until he, or she, can finish it at a sitting.

Under the title of "The Little Christian," Maarten Maartens contributes one of his always enjoyable tales. It is about a family of rich, jolly Israelites from Paris, who are traveling through the Italian lakes. The strong under current of human comedy and tragedy is splendidly worked up.

"The Grandmother's Story," by Mrs. J. K. Hudson, is prefaced by these words: "This story of Mormon life and experience is a true one. The incidents were told the writer." But she has concealed names and places and wholly altered the episodes. The "Grandmother" was originally a Philadelphia Quaker. Mrs. Hudson's series on Mormon life began in January. "M. Galleria," a steamer tale, by Jessie Van Zile Belden, is a love story that is likely to find an echo in many hearts.

Of poems there are two strong things, one "Beethoven," by John Hall Ingham, appropriate to the musical season, and the other "The Song of the Slaughtered," by Herman Sheffauer, a few California poet of great promise.

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Materia Medica.

LYCOPODIUM.*

CHICAGO MATERIA MEDICA SOCIETY.

Description—Physical Properties.

Dr. C. H. Evans:—"There are various popular terms bestowed on *Lycopodium*, such as vegetable sulphur, ground pine, witches' meal etc., but the actual meaning of the word *Lycopodium* is from two Greek words signifying Wolf's foot, from an imaginary likeness to the foot prints of that animal. It is also called club-moss from the fact that it is a dwarf survival of the varied and immense club mosses that rose into huge trees in company with gigantic ferns during the Devonian and Carboniferous periods when much of the continent was swampy and the steaming atmosphere highly charged with carbon; and almost perpetual summer reigned even at the poles. This luxuriant tropical vegetation formed the coal strata through ages of decay and pressure, and their gigantic remains are often mined today almost entirely whole. The pygma representative which grows in our woods today is a creeping vine, consisting of a stem covered with small green scales overlapping like those of a pine or spruce cone. At intervals of a few inches it sends rootlets down into the ground, and at short distances sends up two or three stems similar in appearance to the horizontal one, but terminating in a sharp hook. It is a cryptogram, bearing no flowers but near the summit of these

* Stenographically Reported by M. C. Jacobs.

upright stems spores develop within sporangia for seed cases. These spores or seeds are pale yellow, triangular bodies, encased in a tough membrane. They are so minute as to present the appearance of granular dust. At one time it was used to produce stage lightning, but is now superseded by the electric light, and it also enters into the composition of fireworks. It is also used as a toilet powder, and is dusted upon a corroded surface; but it has been noted on various occasions, that instead of rendering the moist surface dry and comfortable it excited inflammation and other symptoms. This is due to an oil contained within the spores and which has been found by trituration with sand to amount to 47 per cent of the total bulk. When ever the word *Lycopodium* is used it is understood to mean the spores; and these are only valuable remedially in proportion as they are more or less broken by trituration with crystals of sugar of milk in order to liberate this oil. Otherwise they are inert. This plant has received very little attention on the part of the old school. It has been reported as inert, and unworthy of chemical analysis. *Camphor* generally modifies the more violent effect of *Lycopodium*; *Pulsatilla* subdues the violent feverish feeling; the ill-humor, readiness to find fault, diffident, tendency to reproach, etc., are subdued by *Causticum*. A cup of coffee prevents and completely neutralizes the action of *Lycopodium*.

General Action.

Dr. H. W. Pierson:—"It will be difficult for me to give a description of the general action of this drug without encroaching upon the work assigned to other members of this society, because all of its action is extremely general. It is constitutional in its effects from beginning to end, and still it seemingly has a very limited sphere of action, being adapted to the child and to the aged, and the indications in both cases are remarkably similar.

Children have a prematurely old look, and the same may be said of old people, they are old before their time. Given for a sufficient length of time, it undoubtedly would serve to arrest the growth and development of the prover, be he a child; and with the aged to hasten the time when the failure of the functional activities of the body would be the expected outcome. The prover will become lean and inclined to walk stoop-shouldered. This form of emaciation resembling in some particulars that of

Sulphur. We must bear in mind the intimate relation existing between that trinity of remedies, *Sulphur*, *Calcarea carbonica* and *Lycopodium* in the study of this drug.

The most characteristic effect noted is the production of an atonic condition in all the organs of the body, a sluggish, torpid condition. There is slow digestion, a sense of fullness after a few mouthfuls, the same sluggish, torpid condition throughout the entire alimentary canal. Undigested material remains in the intestines simply by reason of the fact that there is too slight peristaltic action to force it through the canal. As the result of this we find fermentation and the generation of an excessive amount of gas. When the fæcal matter reached the rectum it is retained until some effort is made from without to evacuate the bowels; or, if straining is employed, an effort from within to force the stool out, there is a tendency of the relaxed walls of the rectum to come down before the stool and occlude the opening. This gives a sensation somewhat similar to the spasmodic contraction of the sphincter.

The liver is another organ which gives unmistakable evidence of this lack of tonicity. There is a state of chronic congestion owing to the natural irritation that is to be expected through all parts of the body due to the improper preparation of foods for assimilation by this organ. I think it is Hering who suggests that *Lycopodium* be used as a prophylactic against the tendency to biliary colic, other conditions being similar.

We must not look for the cause of this torpid condition primarily in any of the organs specified, but to a more general evidence of nerve exhaustion, and interpret the condition of the digestive tract as the sequence of insufficient nerve force instead of the mal-nutrition due to any organic trouble within the alimentary tract itself.

Sequence-Therapeutically Considered.

Dr. A. W. Woodward:—"Assuming that the various organs and tissues of the body are designed to perform eight general bodily functions, namely, sensation, motion, nutrition, excretion, respiration, circulation, reproduction and intelligence, and that life could not exist without these functions, it is evident that every possible morbid symptom must arise from the organs and tissues of these various functions, singly or combined.

Assuming further, that the effects of a drug taken in health can-

not be manifested in all parts of the body at the same time, but must develop in one part after another in an orderly manner, thus producing a sequence of effects, it is evident that except there exists a controlling power in the drug itself, the personal idiosyncracies of each prover in different cases would produce a vast variety of successive effects, to corroborate this it has been mathematically demonstrated that 5040 different sequences can be obtained from transposition of eight numerals.

With this fact in view it is both interesting and important to trace the effects of drug action in the sequence of functional disorders produced thereby.

In the *Cyclopadia of Drug Pathogenesis* there are twenty-three day book of provings of *Lycopodium* made by the "Austrian society" these give the symptoms as they occurred one after the other. Of this number three records show only three functions involved, ten others show only four functions. Leaving eleven records, including one new proving, that exhibits five functions disturbed.

Of the entire number (24), the records of three cases begin with cutaneous symptoms, while eighteen begin with digestive followed by cutaneous.

Of ten provings showing four functions disturbed, nine give a common sequence as follows: Digestive, cutaneous, respiratory and spinal disorders *seriatim*. Of these nine provings, four present genito-urinary disorders, fifth in order of development, while five exhibit mental and omit genito-urinary. As clinical evidences, from cases already published, favor the former, that is adopted as a guide in practice until further experiments are made.

This is reasonably good evidence, in view of the vast variety that might have been obtained, it shows that a uniform sequences of effects is obtainable from the same drug in persons of different temperament. Further, it points unmistakably to the individuality of that drug, which must, by the law of similars, govern the successful use of that drug in disease.

Before accepting this conclusion, it is necessary to learn how the sequence of a drug is obtained. Evidently this cannot be found in the special symptoms produced, for they will vary in different provers. It can only be found by interpreting the symptoms physiologically. One man may have produced by *Lycopodium* sour eructations, another pain in stomach, another

nausea, another colic, another distention of bowels with flatus, another diarrhœa, another hæmorrhoids, etc., these are not the same effects, yet as these various symptoms arise from organs of the same general function (digestive), they have the same physiological though not pathological significance, hence they should be interpreted alike. In like manner the symptoms produced upon the skin and the peripheral nerves may vary extremely in detail but will have the same significance.

Interpreting the multitude of symptoms that may arise from the organs belonging to the various bodily functions in the same manner, it appears that *the special symptoms*, as such, must be abandoned, both in the study of drug action, and in disease phenomena, for while a characteristic grouping of special symptoms may be found in pathological conditions, it is impossible to obtain the same from drug proving, hence one of two courses remain open to us.

First, to continue our vain efforts to adapt a remedy to the disease by similarity of a single symptom or a group of disconnected symptoms, or, second, cease to consider *the disease with its special symptoms*, as an object of treatment and consider *the patient* who has developed a series of functional derangements one after another, until now he exhibits a group of disorders which collectively call for a remedy.

Assuming that the sequence of effects produced by *Lycopodium* is digestive, cutaneous, respiratory, spinal and genito-urinary disorders one after the other, and recognizing this sequence as being manifested in a *group* of derangements in a developed case, the indications for the use of this remedy will always be the same whatever the disease may be called. It may be lithiasis or scarlet fever, tuberculosis or melancholia, Bright's disease or paralysis, the case will have a history beginning with digestive disorders, followed by cutaneous and later by respiratory derangements. Or in the absence of a clinical history, the characteristic symptoms of the disease are ignored, except as one part of the totality of symptoms, the determining facts governing the choice of this remedy, being found in the presence of collateral symptoms of one kind or another, which indicate that the digestive, cutaneous, respiratory, spinal and genito-urinary functions are also involved.

At first thought this method of studying drug action seems confusing and impracticable. Granting that it is so with our pres-

ent views of disease and its treatment, the question arises. Can it be made available when you seek to reach the primary and contributory causes which have led to the present condition? My contention is that this method is exactly what we need for the treatment of chronic diseases, and there is a bundant evidence to prove its practicability and success even in acute cases.

The chief impediment to the practical use of this method is, the habit of depending upon the special symptoms of the case as a guide for treatment, these must be abandoned together with the beloved symptomatology, the necessity of so doing will appear in the following case:

ACUTE TUBERCULOSIS.—Mr. B. was taken suddenly with pulmonary hæmorrhage. On examination found upper portion of both lungs were dull on percussion with bronchial respiration and mucus rales, constant hacking cough and blood sputa attended. Under the use of *Ipecac* and various remedies, the case seemed to improve for some two months, when suddenly the patient became worse. Upon consultation, an unfavorable prognosis was given. At this time the attending symptoms were as follows: Appetite *nil*; he was losing flesh rapidly; had much pain in both lungs with severe cough; eyes were bright and glassy; cheeks sunken, with bright red spots in afternoon; paroxysms of fever at 4 p. m., when all other symptoms were worse; profuse night sweats, with restlessness at that time. *Lycopodium* was then given, with immediate relief, and a rapid recovery followed. All medicine was suspended on the sixth visit. Five months later the patient was out of doors in all kinds of weather.—Dr. A. M. CUSHING, *New England Medical Gazette*, May, 1878.

Upon tracing the symptoms of this case in the repertories, there was not one that could not be found under other remedies also, hence the similitude between the drug and this case could not be in the symptoms *per se*, and must be found *in the combination* of disorders attending.

Reviewing the case again, it appears that while *the disease* was phthisis with its peculiar symptoms, *the patient* was suffering from a group of derangements which besides the lungs and circulation, involved the digestive organs, the skin, the spinal centers and probably the kidneys also, and the curative remedy must be one that reaches all these parts collectively.

While the results obtained justified the choice, when the medicine was chosen no one could be certain it was the right remedy. If the clinical history of the case had been given it would have shown the primary and contributory causes, and in so doing would have led to this remedy with scientific certainty.

Digestive Apparatus.

Dr. C. H. Evans:—"There is one word that needs to be emphasized with regard to the general effect of *Lycopodium* upon the body, and that is **atony**; profound, progressive atony. There is a gradually increasing failure in nutrition in the tissues of the body from a deficient nerve supply, decreased function, lack of oxygen and loss of muscular contractility in all parts of the body, organic as well as that of the locomotor system. Hollow organs, as well as ducts, tubes and canals become distended from internal pressure upon their relaxed walls, and the flow of their contents becomes greatly hindered. As a consequence there is retention of waste products which by their accumulation still further impairs the nutrition of the tissues.

· Imperfect digestion, due to a low grade of gastric juice and long retention of food in the stomach and intestines, furnishes a chyme and chyle that is not only inferior in quality but charged with the products of fermentation. The lymph glands, therefore, become engorged and inflamed; giving rise to pain in that locality. This atonic condition has been referred to the sympathetic system; a great many things can be referred to the ganglionic system, but it seems to me one should be more specific when speaking of lesions following "irritation" in this structure, something less wholesale.

The glandular system is seen to be profoundly altered by *Lycopodium*, and if the provings were pushed to an extreme, the body would be more less wrecked. There seems to be an entire inability to digest starchy food. Muscular weakness—atony can only elaborate depraved cells for the nourishment of the structures of the body. Every tissue and organ becomes incapable of performing its functions, which are now so sluggish that the body may be said to only exist; there is just sufficient nutrition to keep the body alive and no more. A spasm of the sphincter ani has been mentioned this evening. I cannot imagine such a thing possible in the *Lycopodium* diathesis; there is however such a relaxation of the rectum and the surrounding tissues that they descend and obstruct the opening through the sphincter. Imperfect digestion, relaxed structures, unhealthy solids and fluids, sluggish function, altered secretions and excretions and wide spread emaciation are the general features of the *Lycopodium* diathesis.

Circulation.

Dr. T. C. Duncan:—"The action of the drug on the cordia is decided. We begin with its symptoms referable to the Præcordium (Allen) "Peculiar sensation about the heart, like a tendency to palpitation" (after second dose of 200th, second day). "Flatulent pains in the præcordial region and lower portion of the thorax with distention under the false second ribs (with 20th dilution). "Pressure in the whole præcordial region after eating, with dull stitches extending to the middle of the chest and pit of stomach (with 19th dilution). "Pressure and anxiety" in the region beneath the heart with a great tendency to pass into sadness; after violent physical exertion on the body. This symptom is recorded by Hahnemann, "Pulsating, tearing in the præcordial regions." "Pulsating or bubbling (clucking) internally in the præcordial region, not associated with the beating of the heart," (this is gastric possibly esophageal). "Stitches in the præcordial region" (eighth day). "Stitches in the præcordial region taking away the breath (eight days). These two symptoms were developed by five grains 5th *trit.* morning and evening for eight days. They were women. The influence of *Lycopodium* on the action of the heart is recorded as follows:

"Marked palpitation of the heart, with slight flatulence," (after fifth dose second day). Berridge with the 200th. Violent palpitation, from 4 to 5 a.m. (after 48 hours). This is a symptom recorded by Hahnemann also.

"Palpitation of the heart nearly every evening in bed.

"Sudden violent palpitation after exhaustion with yawning.

"Tremulous palpitation every third day.

"Anxious palpitation at night, on turning over in bed.

"Palpitation lasting ten minutes, till he drinks a glass of water with salt in it in the morning, (third day) (fifth day) (seventh day).

"Frequent palpitation and cough on ascending steps," (twentieth day) (five grains, 1st *trit.*)

"Pulse full and frequent (second day).

"Accelerated pulse (fourth day).

"Acceleration of the pulse with coldness of the face (sixth day). This symptom and the one above, was developed in a child one year old and after taking two grains of the 5th *trit.* morning and evening for five days."

The only heart symptom Lippe's *Materia Medica* gives is a characteristic one:

"Palpitation of the heart worse after eating."

Hering in his *Condensed Materia Medica* gives these as guiding symptoms in therapeutics:

"Trembling, palpitation, pulsating, tearing in the region of the heart.

"Pulse unaltered; accelerated only after eating, or in the evening.

"Sensation as if the circulation stood still or ebullitions of blood" (to the heart).

These cardiac symptoms (especially the last one) are dependent upon a flatulent stomach crowding the heart and aorta, also doubtless the diaphragm; or colonic distention, graphically described.

Jahr's *Manual* gives this symptom:

"Palpitation of the heart, particularly during digestion, as in the evening in bed, sometimes anxious and trembling."

The palpitation so prominent in this drug is a secondary effect and due to the disturbance elsewhere. It is seen that the cardiac symptoms may be very alarming. It doubtless could produce hypertrophy and dilation if it was continued a long time. The right side would feel its effect most as the portal circulation is interfered with in such a marked degree.

Nervous System.

Dr. E. R. McIntyre:—"If I were to limit myself simply to the nervous symptoms of *Lycopodium*, it would not be necessary for me to get up—I do not know whether it is anyhow—but we have already heard what I was very much interested in from Dr. Pierson—and I only wish that he had talked on, and done the whole business.

I may only inquire, perhaps, how or why we get those symptoms, especially of the Alimentary Canal—in the digestive organs? I am satisfied that *Lycopodium* begins its action on the digestive organs. I do not say on the digestive track, but think it begins on the liver. The general atony of the whole system is an indication of a general break-down. That its first action is through the sympathetic system, there is no question in my mind. If we take up the key note in our works of *Materia*

Medica, that is "red sand in the urine," we would begin at the wrong end of the story, because that is the result of a crippled condition of some other parts. The red sand is, of course, uric acid, and the only means we have of getting uric acid into the system is by over eating, over working the liver, putting more food there than it can take care of. The liver receives its nerve supply from the *hepatic* plexus, which is an off-shoot from the *solar* plexus of the sympathetic; from the *splanchnics* and from the left pneumogastric. Now a crippled liver may come from any of these; but if we have an atonic and weakened condition of the pneumogastric, we will have a rapid heart's action. If we have general atony as the action of this drug on the human organism we have an atonic or devitalized action on the sympathetic nerves of the liver, and this cripples it so that it cannot perform its functions as an oxidizing organ. Hence we get the condition known as lithemia, which is also indicated by a rumbling of gas; and we find its general atonic effects in the intestinal canal. You will find it very marked on the liver. You will find that your Lycopodium cases will not only have yellow spots, but they will be the color of that door (pointing to a mahogany door) from a closing up of the gall duct, of course; the increased and irritating secretion in the intestinal canal will start a diarrhea. Some years ago I had some diarrhea cases to deal with in which Lycopodium was one of the prominent remedies. I had never thought of the irritation of the lower bowel Dr. Pierson spoke of. If there is any spasm it must be exceedingly transient for the reason that the whole action of the drug is the other way. The sphincters being controlled by the spinal nerves, their action is voluntary within certain limits. After we have gotten our action on the sympathetic system and we find it almost entirely broken down, then the cerebro-spinal system begins to break down. The patient becomes weak, irritable, and is unable to sustain any physical or mental effort. Now the question arises why we get peculiar mental symptoms in our Lycopodium cases. It occurs to me that it might come from either of two sources: from the general bilious condition, and the consequent poisoning of the brain by the tied-up secretions, or the starvation of the brain for lack of nutrition. General nutrition is way down below par; and the different organs are not doing their duty, and consequently the whole system is broken down, and it is not capable of sustaining either physical or men-

tal effort. We find that the action of *Lycopodium* is first on the sympathetic, and then on the cerebro-spinal, producing general atony of both.

I do not think that we can emphasize the atony of the mucous membrane of the body too much. There is not a mucous membrane in the whole body that does not show this atonic condition. Another reason for the constipation rests in the atonic condition of Auerbach's plexuses which either prevents peristalsis, or renders it inco-ordinate, thus removing the propulsive force.

Elimination—Urinary Organs.

Dr. J. D. Craig:—"The more I study the action of remedies in their influence on elimination, the greater is my interest in them, and the more convinced I am that when Dr. Haig claimed such a sweeping influence for uric acid in the production of disease, decay of the tissues, and final death that he was not so far out of the way as he appeared to be on first thought.

It is quite noticeable that all of the remedies that interfere with the elimination of uric acid, which is shown by the presence of brick dust sediment in the urine, also effect the liver, and this emphasizes the remarks of Dr. McIntyre at the last meeting, that if the liver performs its function there will be no disturbance of the kidneys. The question arises then what does the presence of uric acid in the urine in an insoluble form mean and why should disturbances of the liver produce it?

It must be borne in mind that the products of metabolism are not formed in the kidneys. The whole office of the urinary organs is to separate them from the blood as they are brought to them in the circulation. Many of them are formed wherever these changes are taking place and in the case of urea and uric acid, the liver comes in for a very large share of that work. Ordinarily urea is removed by the kidneys easily enough, for it is readily soluble; but uric acid easily becomes insoluble. One of the conditions of its solubility is alkalinity of the blood and this condition has attracted the attention of our old school brethren to the exclusion of any other, and yet it seems to me to be of comparatively little importance.

The common opinion that the presence of insoluble uric acid in urine, shows functional inactivity of the liver is without doubt

true, but not in the way that is often supposed. Uric acid is not produced because of difficult oxidation of proteids, but is a normal end of product of the metabolic change, but its solubility depends more on the amount of urea formed than any other condition and this accounts for the fact that many persons who live on diet that contains a considerable amount of free uric acid and urates, enjoy good health for many years and sometimes even to old age.

A good illustration of the way in which urea influences the solution of uric acid is in the solubility of Iodine. This substance is entirely insoluble in water, but if there is added to the water double the weight of Potassium iodide, it is readily soluble, and in the same way uric acid becomes soluble in the blood. If the formation of urea is interfered with so that the proportion is less than thirty five times as much as uric acid, then the latter is insoluble in proportion, but if the proportion of urea is greater than this the uric acid will be carried off readily whether the blood is alkaline or not.

The action of all of the remedies that we have been considering for the last few months seem in different ways to interfere with the formation of urea and if a chemical analysis were made it is possible that it would be found that they also produce acidity of the blood. At any rate they certainly interfere with the functions of the liver and this accounts for the brick dust sediment and the colloid form of uric acid.

The urinary symptoms, such as burning and other disturbances when urinating, can be largely accounted for by the mechanical irritation, that is produced from the presence of uric acid or urates in the urine; for all of these crystals have sharp edges, and some of them are furnished with needle like projectures that cannot fail to wound the membrane of the tubules of the kidneys, the bladder and urethra, and yet as these symptoms vary with each drug, it cannot be doubted that each has a specific action on the urinary organs independent of mechanical abrasion.

Comparisons of *Lycopodium*.

Dr. P. S. Replogle.—“*Lycopodium* may be compared especially with *Antimonium cru.*, *Bryonia*, *China*, *Natrum mur.*, and *Nux vomica*.

There are a number of symptoms of *Antimonium cru.* and *Natrum mur.*, in common with *Lycopodium*.

Aversion to food is common with *Antimonium cru.* and *Natrum mur.*; as is aversion to bread.

Frequent and painful eructations; sour eructations.

Nausea which seldom increases to vomiting, is common with *Antimonium cru.*, *Natrum mur.*, also *Nux vomica*; vomiting of sour food.

Swelling of the abdomen.

Alternating diarrhea and constipation.

To these we can add also *Sulphur*.

Pressure on the bladder, uterus and rectum as if everything would protrude.

Here we might also think of *Sepia*.

Frequent, profuse flow of urine, and pain in the loins; pale, whitish cloudy urine, full of mucus; frequently putrid, acrid leucorrhea.

Some other symptoms which follow the gastric symptoms are:

Peevishness; difficulty of thinking; loathing of life.

Rush of blood to the head.

Vertigo, when stooping, with tendency to fall forward.

Falling of the hair.

Obstinate, crusty eruption on the hairy scalp and on the face.

Deficiency of vital heat.

In *Lycopodium*, the upper part of the body may be emaciated, while in *Ammonium mur.* the body is fat, and the lower part is emaciated.

Lycopodium does not seem to act so much on the stomach as on the intestines (both large and small).

Everything eaten turns to gas. In this particular it may be compared with *Argentum nit.*, *Asafetida*, *Carbo veg.*, *China*, *Iodine*, *Kali carb.* and *Nux vomica*.

It is the remedy for ailments caused by heavy farinaceous and fermentable food; fresh or half-baked bread, or miserable stuff found at Chicago restaurants; pies; cakes; doughnuts with which we poor mortals are stuffed.

Bryonia seems to be better indicated from indigestion caused from excessive use of animal food—embalmed army canned food. No doubt *Bryonia* would have been one of the best remedies for the poor soldiers in the hot southern climate.

While *Lycopodium* is indicated more for bowel troubles, flatulency, etc.

It is like *China* in that it is not relieved by belching.
 In throat troubles, the disease going from right to left may be compared with *Apis*, *Belladonna*, *Mercury* and *Podophylum*.
 Severe back-ache is relieved by passing urine.
 While headache is relieved by passing urine in *Gelsemium*, *Sanguinaria*, *Silica*.
 Red sand is found on diaper in *Lycopodium*, *Phosphorus*, *Sarsaparilla*.
 The aggravations are from 4 to 8 o'clock.
 From eating or drinking.
 Getting cold.
 From lying down after sleep (*Lachesis*).
 Ammeliorated, warm food and drinks.
 Loosening of garments (*Lachesis*, *Calcarea carb.*, *Nux vomica*) forenoon.
 Continued motion.

BRYONIA ALBA—*Wild Hops*.

CHICAGO MATERIA MEDICA SOCIETY.

Description. A perennial, climbing, herbaceous vine, with a fusiform, branched root two feet long and from two to four inches thick. In transverse sections, the bark presents a grayish brown appearance, rough exterior but relatively thin. The central woody portion is whitish or grayish in color with numerous, small, projecting wood-bundles arranged in circles and radiating lines.

The leaves are alternate, cordate, five lobed, rough and of a bright green color (*Pharmacopeia*).

The flowers are small, greenish-yellow and the berries are small, round and black in color.

The chemical constituents are a bitter glucoside (*Bryonin*); starch; gum. The taste is a disagreeable bitter.

Part used is the fresh roots before flowering.

It is found in the woods of southern Europe.

General Action.—Our Allopathic friends know little about this drug. White's *Materia Medica and Therapeutics*, says: "Bryonia is an active hydrogogue cathartic which was formerly much employed, but has been superceded by Jalap."

Bryonia acts especially and powerfully upon the fibrous tissue wherever found; upon the serous membranes and the viscera

they contained, more particularly the pleuræ and lungs; the brain and finally the liver. Then comes the action upon the synovial membranes and muscular fibre, and last that upon the mucus membranes of the respiratory and alimentary tracts.

The condition set up is not one of acute inflammation, but rather sub-acute; more closely simulating that condition when infiltrations, exudations or effusions are about to occur, the symptoms indicating a condition intermediate between inflammation and nervous irritation.

When however, the synovial membranes and the muscular fibre are involved, the inflammation while being sub-acute in its character, partakes more decidedly of a rheumatic or asthenic nature and possibly this condition may be said to always characterize the Bryonia inflammation regardless of the tissues involved.

Hahnemann says when using Bryonia in disease, there occur cases where adequate service was not obtained during the first twenty-four hours because the wrong series of alternating action had been selected. In these cases he advised the repetition of the dose after twenty-four hours for the purpose of setting up the opposite alternating action. He compares the alternating action of Bryonia with that of *Ignatia*. This will bear further investigation.

The intimate relationship between Bryonia and *Rhus toxicodendron* has been noted by every observer.

The most characteristic expressions of Bryonia are its *stitching, tearing* pains, and the *aggravation* of all of its symptoms by *motion*. Effects, associated with and fully as characteristic as stitching, tearing pains is the profound *weariness*. The mind and the body have a good understanding with each other. There is a knowledge that pain will follow motion, hence the patient is perfectly *willing*, as a rule, to keep still. If there was no inflammation there would be just as strong a disinclination to move. This must not be lost sight of, notwithstanding the further fact that there is an entirely different side to the action of the drug, where there is mental anxiety and physical restlessness.

The antidotes to Bryonia are *Aconite, Alumina, Camphor, Chamomilla, Clematis, Coffea, Ignatia, Muriatic acid, Nux vomica, Pulsatilla, Rhus tox., Senega*. Bryonia antidotes *Rhus tox.* and *venata* and *Chlorine*.

As shown in post-mortem appearances in the lower animals,

dead from the effects of the white Bryonia, the mucous membrane of the respiratory tract becomes congested and even highly inflamed; the lungs becoming so profoundly affected as to sink in water while the pleural sac is inflamed. The intestines are inflamed with ulcerative tendency and the liver and kidneys also show an abnormally plethoric condition. The serous tissues are also affected. It is our great tissue (fibrous) remedy. The cerebral and spinal meninges are congested and even the vessels of the brain are too full of blood.

The post-mortem lesions found in dogs and rabbits probably exist to a greater or less degree in the human person, as is suggested by both objective and subjective symptoms of the drug.

Furthermore we have from man satisfactory evidence of the action of Bryonia upon the muscular system and upon the circulatory apparatus as the following symptoms show:

“Oppression in the cardiac region” (2). “Heart’s action is quickened” (6). “The pulse is strong (3), full and hard” (2).

“Shivering (7) followed by heat (2) or pains in limbs (2) or loss of strength” (2). “Cold and hot by turns” (3). “Cold feeling in back” (2).

“Sensation of increased temperature of body” (6).

“Increased secretion of sweat” (8).—(*Pathogenetic Materia Medica.*)

Sequence of Action.—No one has attempted to trace out the different steps in the action of Bryonia so far as known but Prof. Woodward, and he has outlined it as follows:

- 1st—Upon the digestive system (2)
- 2d— Upon the spine (3)
- 3d— Upon the mental sphere (7)
- 4th—Upon the skin and sensorium (1)
- 5th—Upon the respiratory tract (4)

The Medical Investigation Club of Baltimore, reported that “Bryonia alba attacks the nerve centres of vegetative life. Hence we find much functional disturbance throughout the organism; but in so far as we are able to discover, there is no unvarying sequential order in which the various tissues of the body are affected.”

Hiemster says “Methodical provings affect the nervous system in a characteristic manner; and from this center the effects are

reflected, especially upon the two tissue systems; the skin and mucous membrane and serous membrane."

In large doses, Bryonia causes pain in the bowels, copious watery stools, even vomiting.

Among animals, gastritis with blackish spots in the *mucosa-proctica*.

The fresh juice of the root applied to the skin produces painful inflammation with the formation of blisters.

Circulation.—When first taken into the system, Bryonia affects first the nervous system and causes a chill and a brief capillary engorgement and slowing of the pulse, but this is temporary usually and then follows a rapid action of the heart. Long lasting palpitation worse on motion is a prominent secondary effect of Bryonia. The following are all the heart symptoms found in Allen's Encyclopædia.

"Aching in the præcordial region (after 8 to 50 gtt_s). *Pressive pain in the præcordial region.*

"Stitches in the præcordial region lasting only a few seconds.

"Cramp in the region of the heart (fourth day).

"Slight cramp in the region of the heart with accelerated pulse.

"At 6 a. m. decided oppression in the region of the heart without change in its beat."

"*The heart beats violently and rapidly*" (after 20 to 50 gtt_s).

"Palpitation several days in succession (after 12 days).

The italicised symptoms are therapeutic guides and are secondary.

"*Pulse full, hard and rapid* (after 6—100 gtt_s).

"Pulse full, large and quick, but not very frequent, at 9 a. m., two hours after breakfast (second day).

"Pulse increased scarcely ten beats in a minute.

"Pulse 80 (after one hour).

"Pulse 85 (after one-half hour).

"Pulse at these different times since 4 p. m. has been 84 (third day).

"Afternoon pulse 80 (sixth day).

"Pulse decreased from 94 to 87 (after 35 minutes; rose from 87 to 92 (after 48 minutes); sunk to 87 (after one hour) to 82 (after one and two-thirds hours); sunk to 74, considerably weaker

and more comprehensible (after three and five-sixths hours); 75 fuller and stronger (after five and five-sixths hours).

“Pulse frequent at night but slower during the day.

In *Hering's Guiding Symptoms*, we find he has added:

“Irritable heart 54 when sitting but 110 or 115 on rising up.”

“Heart flutters and palpitates on ascending stairs.

“Cramp in region of heart, worse walking or on slightest exertion.

These symptoms belong to a dilated or fatty heart that has a history of palpitation and hypertrophy.

Hering's *Condensed Materia Medica* gives as characteristic guides:

“Oppression in the region of the heart.

“Stitching pains in the region of the heart.

“Cramp in region of heart, aggravated by walking, raising one's self, or using the slightest exertion, even raising the arm.

“Heart beats violently and rapidly.

“Pulse full, hard, rapid and tense.

“Pulse at time intermittent with strong orgasm of blood.

The inefficiency of the stenographer engaged for the evening, was unknown until it was too late to remedy the defect, so the report is limited in its scope, and the discussion which in reality constituted the most practical feature of the work is lost to all who were not present.

P. S. REPLOGLE, M. D., Secretary.

(The readers of the *ADVOCATE* are referred to the analytical study given to this remedy in the April issue of 1899.—ED.)

LYCOPODIUM.

S. M. SPAULDING, M. D., LOS ANGELES, CAL.

Lycopodium, club moss, is one of the older remedies, proved by Hahnemann and clinically verified by legions of his followers. In importance it ranks with *Nux vomica* and *Pulsatilla*, *Bryonia* and *Belladonna*, and yet with the busy doctor it is not on the list with these. Its chief field of action is upon the mucous membrane, chiefly the intestinal, but also the respiratory and renal; it also acts upon the general glandular system, especially the liver, and upon the skin and, indirectly, upon the serous membranes. We do not, however, think of this remedy in acute diseases; it is used most successfully in sub-acute or chronic affect-

ions. *Lycopodium* is classed among the "organic" group of remedies, the deeper acting remedies, secondary to the acute stage; it, therefore, covers a class of diseases with which we come in contact, almost daily. It acts best in the lean, emaciated person, especially thin in the upper part of the body, with sallow face of grayish-yellow hue, deeply wrinkled, looking aged. This is especially true of children; the eyes are sunken, there are blue circles around them, and the lips are blue. The temperament is nervous, impatient, irritable, easily angered. This applies to the typical case; but there are exceptions, and occasionally you will find one who partakes somewhat of the characteristics of the *Pulsatilla* temperament, especially if of a mild disposition; low spirited, sad, inclined to weep easily, at the same time extremely sensitive; but when ill, the *Lycopodium* patient is inclined to be fractious and trying to both physician and nurse; very exacting, demanding the entire attention of every one present, ordering the attendants about imperiously; angry or peevish at any delay. *Nux vomica* has much the same, but the symptoms as a whole are very different, and it requires careful study of the totality of symptoms to differentiate between the two.

The *Lycopodium* patient, as a rule, is constipated, with no desire for stool. Especially is this true in old people. There is also ineffectual urging to stool; it is almost impossible to evacuate the bowels. Notice, again, the similarity to *Nux vomica*; but *Nux vomica* has frequent calls occurring at intervals, while *Lycopodium* has this constant, ineffectual urging with more or less rumbling of gas. The digestive tract is peculiarly affected; there is always an excessive accumulation of gas; the tongue is coated; there is a sour or bitter taste in the morning, may be sour vomiting. There is great hunger, and yet he is unable to eat because he is so "full," and if he tries, a few mouthfuls satisfies and causes a sensation of fullness clear up to the throat; but the hunger soon returns, and when he can eat, there is distress in the stomach immediately following the eating; no some time *after*, as in *Nux vomica*. He cannot bear the touch of the clothing about the waist. Notice the similarity to *Lachesis*; but *Lachesis* has this sensitiveness all the time, not especially after eating. The accumulation of gas in the stomach may account for the small quantity of food filling the patient up, the constant sensation of satiety, and yet the feeling of hunger. The gas seems to press upward more than downward. In *Nux vomica* the press-

ure is more downward, with pressure on the bladder as if from a sharp instrument. There is great accumulation of gas in the abdomen, with much rumbling of flatus and cutting pains from right to left, with distension of the transverse colon. The pressure in the abdomen may be so severe as to prevent standing erect. The pressure upward may cause dyspnœa. There is another symptom, a constant sense of fermentation in the abdomen like a pot of yeast working; there may be diarrhœa with this; if so, the stool is pale, thin and mixed with small, hard lumps.

In diseases of the liver we think of *Lycopodium* when the region of the liver is sensitive to contact, with a full tensive feeling as if the liver were swollen. These are "keynotes" of the remedy. There is oftentimes, though not especially marked, a feeling as though a cord were tied around the waist. These are the symptoms that suggest *Lycopodium* in chronic hepatitis; and with the Hippocratic, grayish face, your remedy is clearly indicated.

We think of *Lycopodium* when there is a turgescence of the venous circulation; varicose veins, especially in the genital organs; in women the labial veins are swollen; this often occurs during pregnancy. We may have hæmorrhage from the rectum, even after a soft stool, [and in considerable quantity, from rupture of hæmorrhoidal veins.

It is useful in typhoid fever when the veins stand out distinctly, the circulation is impeded, the face has a dark-purple look, consequent upon a venous stasis; the patient is in a semi-conscious state, responds slowly or not at all; in apparently hopeless cases which have gone into the third week without any reaction, with rumbling of flatus, tympanitic abdomen, indications of impending perforation. Another condition which directs attention to this remedy is the non-appearance of the characteristic eruption which is, or should be, present in a fully-developed case by the end of the second week. Again, with an impending paralysis of the brain, the patient is comatose, breathing heavily, the mouth open, lower jaw hangs down, tongue swollen and dry, cannot protrude it, the eyes do not react to light, there is a film over the sight, pupils dilated, pulse rapid, may be intermittent, high temperature, everything points to dissolution. Try *Lycopodium*; it may often surprise you by causing a rapid improvement. Let me here suggest that no benefit can be expected from this remedy in the beginning of typhoid.

In diphtheria we find it a valuable remedy when the fauces are dark-red and the diphtheritic deposit is on the right side, with a tendency to the left. *Lachesis* has the deposit on the left side, other conditions similar. There are stinging pains on swallowing, and a constant desire to swallow; they are worse from cold drinks. Worse from 4 to 8 p. m., and decidedly better after 8. The nose often is invaded, so the patient is unable to breathe through the nasal passages. *Lycopodium* is frequently indicated in diseases of the respiratory organs, not so often in acute cases; there is a persistent catarrhal condition, may not be severe, but the patient is weak, takes cold easily, there is a dry cough day and night, hoarseness, soreness and tension in the chest. In phthisical patients there may be copious expectoration and frequent pleuritic attacks. There is a condition of neglected pneumonia, what we may term a latent pneumonia. when the case has progressed to the stage of resolution, but absorption does not go on. The case resembles incipient phthisis, with hectic fever, hacking cough, losing strength and flesh slowly, but if taken in time, before the hepatized lung has reached the stage of softening, it will help your case beyond your expectations. I wish to emphasize the above from personal experience in such cases. Try it, and you will remember it gratefully. In children especially, with respiratory troubles, there will often be a circumscribed redness of one or both cheeks, usually on the affected side. This is suspicious of some lung lesion, and is suggestive of a careful scrutiny of your patient. Another important symptom is the fan-like motion of the *alæ nasi*; in your children this objective symptom is very valuable.

In all kidney troubles the grand characteristic for the use of this remedy is red sand in the urine; scarlatinal dropsy, with dark scanty urine and terrific pains in the back previous to every urination, with relief as soon as the urine begins to flow. With infants, when the child cries previous to every urination, is relieved after wetting, together with the red sand in napkin, you will not be disappointed in your remedy. You must remember that this sandy deposit is not the brick dust sediment which adheres tenaciously to the vessel in which it is deposited.

I will refer to one other malady for which *Lycopodium* is often overlooked or forgotten. I refer to rheumatic affections, especially sciatica; the pains are more in the hip and on the left side, especially if beginning on the right and going to the left; they

are tensive and tearing in character, there is twitching of the affected muscle, worse at night and during rest, with swelling of the affected part, cold sweaty feet, or one foot cold, the other hot. When you have these indications you will find the action is very satisfactory.

In conclusion, I must affirm that this is one of the remedies which acts best in the higher potencies. I have found it unsatisfactory in any potency below the twelfth. I have of late years never used it below the thirtieth, or rarely so. From the thirtieth to the two-hundredth are the most satisfactory. Why this is so I cannot tell, nor is the question, in my judgment, open to argument. We do know that many times our cases are helped or cured under the administration of the higher potencies when they do not yield to the lower.—(*Pacific Coast Journal.*)

SOME THOUGHTS ON ANTIMONIUM TARTARICUM.

A. L. MONROE, M. D., LOUISVILLE, KY.

PROF. MATERIA MEDICA IN SOUTH-WESTERN HOMŒOPATHIC COLLEGE.

As introductory to my lectures on the Antimony salts, I always give my students the following condensed thoughts:

First, that the two salts of antimony used in our clinical work, both exert their principal action upon the inner and outer lining of man.

Second, that they both seem to especially suit the extremes of age, *i. e.* Antimonium tart. suiting the bronchial troubles of little children and of old people. Antimonium crude suiting especially the mucus diarrhoeas of old people and of babies.

Third, that Antimonium tart. suits catarrhs with free secretion above the diaphragm. Antimonium crude catarrhs with free secretion below the diaphragm. I will say *en passant* and purely as a very practical piece of information that I have several times obtained beautiful results in treating corns and collosities upon the parts of the body subjected to friction by Antimonium crude. Better than with *Thuja*, *Graphites* and others.

But this was to be "thoughts about Antimonium tart." by request of the editor. Now when I was studying the Antimonium tart. bronchitis as an under graduate it was very hard for me to differentiate between the Antimonium tart. and *Ipecac* condition. It is easy enough, however, to me now, the Antimonium tart. picture giving us mental dullness, sweat, white streak down the center of the tongue, fine rales, tendency to cyanosis and little or

no expectoration, being quite a contrast to the *Ipecac* picture with clean tongue; rales in larger tubes, clear brain, nausea, no cyanosis, more gagging and expectoration with the cough.

Antimonium tart. is a salt of Potash as well as of Antimony, and you find the *Kali* symptoms prominent throughout its pathogenesis, the æsthenia, little tendency to fever and profuse secretion, reminding one of *Kali bich.*, or *Kali mur.*

The clammy sweat and prostration make it sometimes difficult to differentiate between Antimonium tart. and *Carbo veg.* in bronchial troubles, and Antimonium tart. and *Veratrum* in gastro-intestinal attacks. The *Carbo veg.* is more in senile bronchitis with a group of drugs, including *Stannum*, *Lycopodium*, *Phosphorus*, *Ipecac*, *Antimonium tart.* and *Kali bich.*

But *Carbo veg.* can generally be distinguished by the cold, clammy limbs; congestion of the larger veins; evening aggravation; desire to be fanned. Great prostration from Antimonium tart. which gives the cyanosis only with the cough; the sleepiness, warm sweat, moist, white tongue and futile coughing.

CLINICAL REPORTS.

Lycopodium—Clinical.

In his paper on this drug Dr. Gordon M. Hoyt gave the following clinicals:

“*Diabetes mellitus* with aggravations of symptoms from 4 till 8 p. m., urinary sediment, constipation, mental indifference, despondency, pain in kidneys ameliorated by micturition; curative, no sugar traceable.”

“*Croupous Pneumonia*.—*Second stage*. Temperature 105°, expectoration of thick, stringy, offensive matter; awakens cross, irritable; red sediment: soporific. Right side (sometimes left). Complete absorption of exudation follows, no cough nor expectoration; temperature reduced to normal in two days.”

“*Peritonitis*.—Excessive flatulency and distension; rumbling in abdomen; ‘red sand;’ aggravation of symptoms from 4 till 8 p. m.; when lying on left side feels as if a hard body rolled from umbilicus to that side: sleeplessness.”

“*Liver Affections*—*Congestion*. Cirrhosis. Fatty liver. Pain in right hypochondrium; aggravated by touch; motion at 4 p. m.; eating suddenly repletes. Chronic liver trouble. Jaundice with these symptoms.”

“*Rheumatisu.*—Chronic rheumatism when urine contains the uric acid deposit; ameliorated by slow motion. Lumbago made better by motion, where *Rhus* and sometimes *Bryonia* fail.”

“*Bronchial Catarrh.*—Especially in the aged. Cough aggravated at night; sweat at night; sallow, yellow complexion: pain in lumbar region when he or she coughs.”

“*Mastitis.*—Intense sensitiveness of breasts; pain aggravated from 4 till 8 p. m.; flatulency, pyrosis; uric acid sediment.”

“*Constipation.*—From inactivity of rectum; no desire; anus contracts and prevents stool; flatulency.”

“*Skin Affections.*—Ulcerations. Carbuncles. Boils with offensive pus. Eczema on face, genitals, neck, hands. Herpes. Psoriasis, fissures bleeding. Lupus, with characteristic symptoms.”

“*Phthisis.*—Dry cough; febrile excitement from 4 till 8 p. m. Formation of cavities from old attacks of pneumonia that threaten phthisis. Badly treated case of pneumonia with tendency to phthisis.”

“Children emaciated about the neck, and with a dry cough; night sweats evening fever nostrils distended red sand in urine; 4 p. m. aggravation; these symptoms will cause *Lycopodium* to relieve.”

“Thus have we but suggested and generalized with regard to the great uses of this wonderful drug.”

“Several diseases have been mentioned where it may be used, but wherever ‘*Similia similibus curantur*’ calls for its application there shall it do its work best.”—(*Recorder.*)

***Lycopodium*—Dropsy.**

This morning I was going to prescribe *Lycopodium* for a little boy who is suffering from fever and indigestion, his father looked at the bottle and said: “Yes, that is the medicine that cured my mother.” This was a case of double pneumonia in an old lady of 75 who was given up as hopeless by our friends. But it is not about this patient that I am going to write to-day.

A young lad of 14 came under my treatment in June last, his face looked waxy-white and his dropsy was complete. He had been suffering from malaria for several months and hence this anæmia. He had a very large spleen which went away under Allopathic treatment but with the subsidence of this, dropsical symptoms were noticed in the extremities which eventually went

on to the extent of a great accumulation of serous fluid in the peritoneal cavity as well as in the extremities.

The anasarca and ascites were so great that even the feeling of the pulse left depressions on wrist.

The abdomen was swollen up to a great dimension, the face was so puffed up that the palpebral fissures looked very small. He had an afternoon rise of temperature which lasted for four or five hours every day, there was slight chilliness accompanied with it, but no thirst; he had difficulty of breathing in lying down; his urine was scanty and high colored; his bowels were constipated and his heart action was weak though regular. On these symptoms I prescribed *Apis*, which after a week's trial was found to do him no other good, but the urine was more free and not at all painful. A new symptom now appeared in the shape of diarrhœa which was very troublesome to the patient, because he could not move. I now give *Apocynum* 6x, which effectually stopped the diarrhœa, but failed to reduce the dropsical swellings. Now I had to resort to the books, and decided on *Lycopodium*, which acted wonders in this case. In looking up the guiding symptoms I found one case reported in a young boy of 11, suffering from quartan ague, resulting in dropsy along with several other cases of similar nature. Under symptomatology were found general dropsy with painful urination; ascites after intermittent fever; feverish attacks worse from 4 to 8 p. m.; face and hands bloated.

Quiet and introspective: sad; sensitive; face earthy; bloated; loss of appetite; constant pressive in stomach and heartburn; abdomen large, feels full and heavy; region of spleen swollen and painful; abdomen tense.—(*P. C. Majunder.*)

Lycopodium—Marasmus.

Many wonderful cures are made by *Lycopodium* in that group of symptoms known as Marasmus. It suits children whose muscular development has suffered, but who have a well-rounded head containing an active brain. They are keenly sensitive to surroundings; quickly excited to anger: easily frightened; over-sensitive to pain; startled at the least noise; afraid of the shadows and phantoms that appear in the evening.

The emaciation, similar to that of *Natrum mur.* and directly contrary to that of *Abrotanum*, travels from above downwards.

the neck and chest become very thin, while the abdomen is distended and the limbs swollen.

(1.) F. H——, aged 13 months, was brought in by her mother on October 11th, 1899. The little thing had been wasting away until its scrawny neck would hardly hold its head on its shoulders. Dr. X., a Homœopath (?), had been consulted three weeks before, but baby was no better. It kept up a loud, continued, irritable cry and seemed only better when carried about, particularly in the open air. It cried until it got stiff and would "straighten out," and cry when it was washed. The spells were always worse after sleep.

Other symptoms were, rubs nose and eyes; white blisters within lips; used to belch very much; offensive, watery stool, at night or early in morning.

One dose of *Lycopodium*³⁰⁰ was followed the same evening by five thin stools, accompanied by crying and kicking. All the other symptoms then ceased and the child got down on the floor and was able to enjoy itself as other children do.

On October 28th the child was brought back on account of constipation for a few days. Another dose of *Lycopodium*³⁰⁰ removed this and the last report was that the child was well and learning to walk.

(2.) N. R., aged 8 weeks, had been emaciating since born; he was constipated; having an occasional green stool under the influence of a soap injection. Much gas formed in his stomach and intestinal tract, which was brought up in loud belching and also passed through the rectum. One dose of *Argentum nit*^{60m} on November 3d, '98, caused some slight improvement. The mother persisted in using the soap injections which led to an early repetition of the *Argentum* on November 21st, with the hope that if its action was not interrupted by the injections more improvement would be noted.

I was called in great haste at 11 p. m. December 14th and found that the baby had suddenly and rapidly emaciated; the face had taken on a withered, old look; the skin over the whole body was dry and drawn; the hands and feet were cold and the mother thought the baby dying. No stool had passed for six days. During the week past the baby had been ravenously hungry. *Natrum mur*^{1m} was followed by a stool the same night and the baby improved so much that by December 28th it was brought to the office. At intervals of one month for three months.

the *Natrum mur*^{1m} had to be repeated, and at the end of that time he was in excellent health, having four stools a week.

July 19th he was brought again with whooping cough; cough aggravated after midnight; blue face with cough; vomiting with cough; wind passes from abdomen with cough. At this time the child weighed 16 $\frac{1}{2}$ pounds and had cut eight teeth. *Drosera*^{1m} cured the cough in a very short time.—(*Journal of Homœopathics.*)

Philadelphia, Pa.

GEO. M. COOPER.

Nux vomica.

Mrs. E. H., age 60, widow, usually strong and vigorous; decided character, brunette, used to hard work and study. Had complained of weak stomach and diarrhœa for three days before sending for me; the cause she assigned being changeable weather, but careful questioning raised a suspicion of overwork and over-eating.

She was found in bed, completely prostrated, but with no fever. Tongue coated white, bad taste, loss of appetite. Diarrhœa none since early morning, last stool partly formed and light color. Chief distress was an urging desire for voiding stool and urine, but none came; *still there was no real obstruction for enough had been voided during the day.* She was having hot bottles applied to the legs, and kept her head bundled in a shawl; had some pain in left ovary.

*Nux vomica*¹⁰⁰⁰ was given, in water, teaspoonful every hour.

The next day relief was marked, but prostration continued. Stool was formed, but light in color; urine scanty. Medicine discontinued.

The day following, urinary urging returned exactly as before, no pain but a feeling of desire to void urine without success.

The *Nux vomica*¹⁰⁰⁰ was resumed, with speedy relief, color of stool became normal; ovarian pain disappeared; health returned, and strength gained rapidly.

This *Nux vomica* was a preparation of Tafel's and had been in my case for over 20 years, used daily and refilled with alcohol probably three or four hundred times in that interval.

In view of the persistent rumor that *Nux vomica* in high potencies is exceptionally liable to "give out," or lose its efficacy, this testimony ought to be of value to the contrary and help to restore confidence in high potencies of *Nux vomica*.

Erie, Pa.

E. CRANCH.

Hysteria—Interesting Case.

Miss M. went to the Chicago College of Dental Surgery, February 2, for the purpose of having some teeth extracted. After three teeth has been removed the lady apparently fainted, but instead of recovering, rapidly passed into the cataleptic state. After a few hours she was removed to the West Side Hospital. Every effort made to restore her to consciousness proved unavailing, and next day she was removed to her home where she remained under the watchful care of several physicians for two weeks before any evidence of returning consciousness was apparent. She can now take a few steps, but is unable to speak above a whisper.

A parallel case was brought to our attention about three years ago. Miss B., a medical student, of an erotic temperament went to a prominent oculist of this city for an operation upon one of her eyes. An anæsthetic (chloroform, I believe) was administered and the operation successfully performed. While she apparently was sleeping under the influence of the anæsthetic, the doctor took his departure leaving her under the care of his assistant, a graduate in medicine and a trained nurse. Half an hour went by without any alarm, but after an hour had passed without any signs of waking, the attendant became alarmed and telegraphed for assistance. A careful examination convinced us that she was conscious of everything occurring in the room, although the eye lids were closed and every muscle in the body rigid. The respiration was only twelve to the minute and the radial pulse almost imperceptible, but even and regular. The most important indication of consciousness being a slight acceleration of the heart's action when the diagnosis was made of hysteria and a favorable prognosis given. The instructions were to keep her perfectly quiet physically and refrain from everything that would disturb her mentally. Do not recall the remedies used, but nothing seemed of any avail until early the next morning, more than twelve hours after the operation. Beyond a natural soreness of the muscles calling for *Arnica*, no untoward symptoms manifested themselves and in a few days she had completely recovered from operation and cataleptic seizure.

Chicago.

H. W. PIERSON.

Croup—Antimonium tart.

January 23d, 1879. A little girl, scarcely more than two years old, was taken with a violent attack of croup. At six p.m. her respiration was stertorous, the walls of the chest rising and falling like a pair of bellows. Her head was thrown back and the eyes were starting from their sockets in the struggle for breath. Her voice was entirely gone; she could speak only in a hoarse whisper. Her cough, likewise, was but a whisper. The skin was hot and dry. Tongue whitish, with red points.

Not knowing the true *simillimum*, I ordered cloths wrung out of hot water to be applied to the chest and throat, and, after some hesitation, I gave *Belladonna*²⁰⁰. At 8 p.m. I saw her again. She was no better, still I did not change the remedy. Being called elsewhere, I did not see her again until 11 p.m., when I found her much worse. She was throwing herself wildly about. There was cold perspiration upon the forehead; the skin of the face, especially around the mouth and on the cheeks, was of a dusky hue from non-oxygenation of the blood, and there was *a sound in the larynx as of an accumulation of mucous which would be expectorated, yet none came up.*

In the provings of *Tartar emetic* made by Hahnemann, and published in the *Archives*, in 1824, there are two or three principal symptoms, as follows:

*Mucous rattling in the chest.

Oppression of the breathing.

In the morning, at three o'clock, he became oppressed so that he cannot breathe. He must sit up to get air.

When beginning to cough, he gasps for air as if he could not breathe.

The first of these symptoms has been brilliantly confirmed by Dr. H. N. Guernsey, and, expressed in the style of the above italicized symptoms, now forms one of his series of "key-notes."

On referring to the *Materia Medica*, I found the one symptom upon which I was doubtful, namely, cold sweat on the forehead—in Lippe's Text-book, Symptom 69.

I thereupon gave the *Tartar emet*^{4m} in water.

In half an hour the breathing became easier; the voice was re-

* This symptom is not given by Allen, hence we conclude that it is clinical and not pathogenetic. Yet this only shows the greater value and absolute importance of a work like Hering's *Guiding Symptoms*, which comprises all reliable symptoms of both kinds.—EDS.

gained; and shortly after midnight the cough became loose and of natural tone, large quantities of thick yellow mucus being raised. At one o'clock a.m. she could drink water without struggling for breath, and as she had not been weaned, notwithstanding her age, her mother gave her the breast. She continued to nurse for some time without once stopping to gasp. At two o'clock a.m. she was sleeping peacefully.

The next day, in disobedience to my injunctions, the child was allowed to stand in the draught from an open door while covered with a warm perspiration. That same evening, about eight o'clock, she was attacked again with the same symptoms in a milder form. The before mentioned key note "cropped out," and I gave her one dose of *Tartar emetic*^{4m} on the tongue. In an hour or two she was relieved.

The great error in this case was in giving *Belladonna* without a sufficient number of indications. For it is probable that, had I searched more carefully for the remedy, I would have found that the symptoms pointed to *Tartar emet.* from the first. The child might thus have been saved several hours of suffering. As it happened, I prescribed with many misgivings, and so losing confidence, was driven to the use of a palliative, namely, hot fomentations.

Here we have an illustration of the beginnings of mongrelism. The less the physician knows of the true similar in any given case, the more likely is he to call in the aid of temporary influences. He thus goes on from one case to another until he becomes a full-fledged empiric. Then he appears in the journals as a strenuous advocate for "liberty of medical opinion and action."

Another objection to the use of palliatives lies in the fact that if we admit them to be "remedies" at all, then, when we prescribe them in conjunction with the dynamic remedy, we are violating one of the greatest principles of homoeopathy, namely, the administration of the single drug. If the patient recovers, it is calculated to raise a doubt as to which cured. At all events, it forms a peg upon which cavillers can hang an objection. Fortunately for clinical progress, in this case there can be no doubt as to the curative agent, for the patient got worse notwithstanding the continued application of the hot cloths, until *the simillimum* was given, when a cure immediately followed; thus showing, what has been so often proved in other cases re-

ported, that in the most grave conditions the smallest possible dose of the truly homoeopathic remedy will cure safely, mildly, and quickly, thereby fulfilling the sole duty of the physician—to *heal the sick.*

(*The Organon.*)

WALTER M. JAMES.

Silica—Longings.

Longings (Malacia), I should think, are about as old as pregnancy itself, and the substances which have been most longed for have been chalk or lime, broken stones, paper, brimstone, coal and slate pencil, also gin and water and other stimulants. Still more eccentric *longings* have really taken place, so eccentric indeed as to border on insanity, such as a longing for a bit of a baker's shoulder. Langiers mentions a woman whose husband was the object of her depraved appetite, and to gratify it she killed him, and having made a meal of part of him, she salted the rest. Dewees narrates the case of a lady who calculated that she consumed *three half pecks* of chalk during each pregnancy, and she had several children. Churchill mentions a young woman, married to a ginger-bread baker, who took a fancy during her first pregnancy to chew ginger, of which she consumed several pounds.

Etiology.—Regarding the cause of these *longings*, Churchill wisely puts it thus:—"In the present state of our science a confession of ignorance is often the first step of knowledge."—To which the whole allopathic body say, Amen!

Treatment.—As regards treatment, I cannot too much admire Churchill's hints. He says, "*Very little medicine is necessary*; the bowels should be kept free, and a light bitter infusion may be given. *Venesection* has been recommended in robust women, *but I could not see what good it could do.*" He winds up with, "Should all our efforts fail, we need not be altogether discouraged—a little time may effect that which we are unable to do. Most of these *fancies (sic)* abate or disappear after the third or fourth month."

So much for the opinions of the Old School of Pathology regarding these *longings*, which, to a man, they consider "*fancies*," depraved states of the imagination, and not *bona fide* diseased states. We shall now see what Homoeopathy can *do* in such cases. The peculiar *longing* in my patient's case was for *red*

sandstone, and it was not every kind of red sandstone that she would eat. She was most particular, and sometimes difficult to please on this point. There was one quarry of it near Wemyss Bay, on the Clyde, at the back of the Hydropathic Establishment there, which suited her better than any other. It was very red, softish, yet gritty, which afforded her delight to chew. As I happened to be visiting Rothesay for my health, I went to Wemyss Bay, procured some of the favorite red sandstone, and gave her several specimens to choose from. Having made her selection, I gave a few grains of it to Messrs. Thompson and Capper, of 55, Bold street, Liverpool, Homœopathic Chemists, requesting them to make for me the third centesimal trituration from it. I dissolved a grain of this in one hundred minims of water, and I ran it up on my potentizer to the 150, and the 1500, (F.C.) By way of a name I christened it *Lapis rubrum*.

Before proceeding with this interesting history, let me observe that I am perfectly satisfied in my own mind that these *longings* have a much deeper and more rational root in the system than is accorded to them. They are rarely the effect of a diseased imagination or of hysteria, but, as in this case, they much more frequently arise from *psora*, and if the *corresponding antipsoric is administered, a cure will result!*

January 10, 1880. She received *Lapis rubrum*¹⁵⁰ a powder every night at bedtime.

January 10. She received other seven powders, of which she took only two, when all the symptoms of a most severe catarrh came upon her, and her husband asked me to go and see her, as he had never seen her so ill from a cold since they were married.

I found her sitting up in bed, with her *head wrapped up in silk handkerchiefs, a flannel singlet, and a worsted shawl over all*. She had stoppage of both nostrils, with fluent coryza and excoriation of the upper lip. She told me that she never had anything like so bad a cold in all her life, and that she could not account for it, as she had not been out or exposed in any way. *The longing for red sandstone was entirely gone.*

At first, I thought that *Arsenicum* was indicated, but when I learned that the *longing was gone that she must have her head wrapped up with the best non-conductors, and more than one layer of them*, because, as she told me, "*the least cold air or sense of a draught on head would drive her wild—she could not stand it,*" This, with the absence of thirst, with the absence of the *longing*,

and the fact that I had given *nine doses of Lapis rubrum*¹⁵⁰ told me as plain as tongue could speak, or facts demonstrate, that *Lapis rubrum was Silica!*

I there and then gave my patient *Lapis rubrum*¹⁵⁰⁰ to antidote the aggravation, and within twenty-four hours improvement set in and continued. In two or, at most, three days she was quite well of her terribly severe cold.

Since taking the *Lapis rub.* sleeplessness has improved, and the nocturnal enuresis has been or is altogether gone. The 1500 induced severe aching across the forehead, above the eyes, more towards 7 or 8 p.m., and continuing all night. She attributes this to the 1500, as it never occurred before. It was accompanied by dull, stupid dreams. She dreamt that her husband was her sister in bed with her, and, if awake, she must look at him, in order to assure herself that it is he. Another symptom she attributes to the 1500 is, *that always as she was going off to sleep she must rise to urinate.* It was so one night after the 1500, at all events.

At this date (January 30, 1880) she was measured around the naval, and was found to be *one inch smaller* than she was before the *Lapis rub.* was taken. She also says that she *feels* smaller and more comfortable, so much so that she can pull her stay laces tighter, she can run up and down stairs more like herself, and altogether she feels as light and "as merry as a lark."

March 6. Foetal movements greatly in excess, preventing sleep and irritating the bladder. *Opium*^{1m} (F.C.) afforded certain relief, as it did towards the termination of her last pregnancy.

March 23. Threatened with premature labor; *cutting pains from right to left.* I sent her *Lycopodium*²⁰⁰ (F.C.), which relieved the cutting pains; but as labor had fairly set in, the nurse sent for me, and on March 24th, my patient was delivered of as fine a male child as could be desired, perfect in all its parts, although prematurely born by three weeks. The labor was in all respects perfectly natural, and without chloroform or any aid except Nature.

Remarks—All who have read the history of this case, to be found on page 46, vol. ii., cannot fail to be impressed by the mighty superiority of the pathology and therapeutics of Hahnemann over the pathology and therapeutics of the greatest and most advanced of the pathologists of modern times. And there

are men, in our own school of medical thought, I deeply regret to add, who think that Hahnemann was far behind. With all deference to such men, be they numbered among the dead or still among the living, I tell them that Hahnemann's pathology is more than a hundred years before that of the present day. The pathology of the present day, the most advanced of it, is simply material, and mistakes effects for the cause, the products and effects of disease for the morbid influence itself, the *vis a tergo*. Let those among us who vaunt the pathology of to-day as ahead of that of Hahnemann, show us one such case as this—cured—by virtue of selecting the remedy according to the most advanced ideas of *modern* pathology, and I will listen to them. Before they begin I tell them it is needless, because centuries of the best and most advanced pathologists have done their best, and their cry has always been, and ever will be, "Non Possumus!" until they adopt the simple, living, and spiritual, but despised, pathology of Hahnemann.

After the 1500 of *Lapis rubrum* my patient *lost her longing*; and I may here add that she had eaten many ounces of red sandstone a day for nine months of every pregnancy, and this is her fifth. As four ounces a day was a fair average, I am not far out of the way when I put down the whole consumption at about 340 pounds avoirdupois, exclusive of what she must have eaten when not pregnant. So far, this *longing* for so large an allowance of an article forming no ordinary part of food or medicine, was stopped by a few infinitesimal and unweighable or appreciable doses of the *self same substance*, simply attenuated, dynamized (*without succussion of any kind*), spiritualized, disembodied—call it what you will. "A rose by any name will smell as sweet." I wonder what "Jupiter Maximus" and the Milwaukee *savants* have to say to this, or is it something beyond them?—one of those things "which no fellah can understand!"

What was at the bottom of this so-called "*longing*?" Was it a mere fancy, an ignorant or insane craze, for eating inedible, indigestible, innutritious substances, such as stones? Perish the thought! It was Nature's "sick-physiology," as my friend Lippe would say, asking for and demanding a remedy, and that remedy was *Silica*, which, in its crude state could only palliate, but in its attenuated or dynamized form could cure. The proof that it palliated my patient is, that if she did not take it she was miserable, and uncomfortable, as if the gastro-enteric mucous surfaces

were in a state of indescribable irritability, which the eating of the stone and swallowing of it allayed. Because we have not the same feeling, and because we, in our ignorance, will not understand that a piece of red sandstone can allay said feeling, we laugh and sneer, and call it "fancifulness," "imagination," &c., and yet we daily use *Silica*, *Calcareae*, *Alumina*, and such like, among our best remedial substances.

The reason for my adopting this plan of selecting the remedy, was because I could not find *Silica* or Red sandstone among Boenninghausen's or Guernsey's remedies inducing "*Longings*," nor could I find a longing for any stone except chalk; and chalk or lime (*Calcareae*) did not correspond to the headache and coryza, which I at once recognized as being either *Arsenicum* or *Silica*. In a future paper I shall have something to say about the value of prescribing substances, in their attenuated form, which always aggravate or ameliorate the same symptom, or group of symptoms, at first pointed out by Hahnemann, and largely practised and advocated by Dr. Swan.

In the meantime, by the aid of Hahnemann's Pathology and Therapeutics, I have restored a lady from being worse than barren, from being the most miserable of married women, to being a most joyful mother of living and healthy children, and herself as sound and healthy as she could desire. "What could you wish for more?"

I have lately learned from the husband of the lady that the *longing for red sandstone and the habit of eating it*, was by no means limited to her pregnant condition. It has always been there, *but worse when pregnant*. Since Jan. 30, 1880, the longing has ceased—pregnant or not pregnant—the cure apparently being permanent. (June, 1880.)

(*The Organon*.)

THOS. SKINNER.

WHAT SHALL WE DO WHEN SYMPTOMS ARE LIMITED.

Symptoms may be limited, i. e. few in either of two ways. First in numbers and second in characteristics.

When symptoms are very limited in number, I pay particular regard to those of the mind, especially in chronic cases.

In acute cases we seldom have trouble in obtaining symptoms.

If mental indications are few or absent and there is nothing

characteristic about the few signs obtainable, I wait like Mr. Micawber "for something to turn up."

I do not believe in giving a remedy unless there is present at least the "three legged stool;" this is often, as was illustrated in a recent number of the *ADVOCATE*, the "part affected," the "way it is involved," and the "modifications" of the pains by motion, heat, cold, etc.

Sometimes waiting is a very tedious process, but it pays in the end.

Finally the patient develops a symptom here and there and the problem is solved.

The waiting or expectant plan is particularly useful in cases which have been under "questionable" treatment.

Recently I had a case of severe and persistent vomiting in early pregnancy which had been going on for nearly four weeks. Neither liquids nor solids could be retained.

The previous indication had most probably included such remedies as *Nux vomica*, *Ipecacuanha*, and *Arsenicum album*.

A consultation had been held and various operative procedures proposed.

Then the husband decided to change physicians.

The case seemed to call so clearly for *Sepia* that I made a mistake and gave it. No relief in forty-eight hours. Then I waited. At last aggravation in the late afternoon and evening developed with dizziness and faintness on rising up and dry mouth without thirst. *Bryonia* cleared up the case.

Brookline, Mass.

M. W. TURNER.

DYNAMIZATION OF MEDICINES.

THOMAS SKINNER, M. D., LONDON.

In studying the writings of Hahnemann, there runs through all of them the same leading idea that *succussion* or *shaking* is the *necessary* agent in the potentiation or dynamization of drugs, a process he found requisite for rendering medicines more suitable to the law of *similia similibus curantur*. "Thus, two drops of the fresh vegetable juice, mixed with an equal proportion of alcohol, are diluted with ninety-eight drops of alcohol, and *potentiated by two succussions of the hand*;—this is the first development of power (potency)."—*Organon of the Healing Art*, § 270. [The italics are my own.]

"With the exception of *Sulphur*, . . . all other substances destined for medicinal use, such as pure metals, their oxides or sulphurets, and other minerals; also petroleum, phosphorus, and many animal and vegetable substances, which are only to be obtained in a dry state, neutral salts, etc., are all first to be *potentiated* to the million-fold dry or powder-dilution" (third centesimal attenuation or potency ("by *trituration* them for three hours; thereupon, one grain of the trituration is to be dissolved and *diluted* in twenty-seven successive phials, up to the thirtieth potency or development of power."—*Organon*, § 271.

"To prepare the attenuations, two drops of the tincture are mixed with ninety-eight drops of alcohol by *shaking them strongly together*."—*Materia Medica*. Preface to vol. ii., page 6.

"The alteration which is effected in the properties of natural substances, especially medicinal substances, either by *trituration* or *shaking them in conjunction with a non-medicinal powder or liquid*, is almost marvelous. This discovery is due to homoeopathy."—*Chronic Diseases*, page 187; Hempel's Edition, 1845.

"Of juiceless *vegetable* substances, oleander, thuya, mezereum." he directs trituration to the third centesimal. "Of this trituration you take one grain and carry it through the phials, obtaining in this way any degree of potency that may be desired. *Shake each phial twice, first carrying the arm up, then down.*" The up and down stroke of the Master—*Ibid.*, page 189. Footnote. In the same note he further adds:—"By *trituration* the juice first, the medicinal virtues of the drug are better developed than by simply *mixing the juice with the alcohol by means of shakes*. I know this from experience." It will be observed that Hahnemann is here writing of the behavior of the crude material, not the dynamized remedy. At page 193 of the same work, he says, "the shaking being accomplished by means of *moderate strokes with the arm*," etc.

In the Preface to the fifth volume of his *Chronic Diseases*, writing upon the subject of "Dilutions and Potencies, or Dynamizations," he says:—"It is therefore improper to apply the term 'dilution' to a dynamized drug, although every new potency of a drug has to be mixed either with alcohol or sugar of milk.' (What is this but dilution or attenuation?) "to enable us to carry on those processes still further, and to set free the very inmost power of the drug, *which could not be done by simply trituration or shaking the original substance, were we do it for ever so*

long a period." Hahnemann, in this passage, plainly admits that attenuation is the *sine qua non*, and succussion secondary or altogether valueless; because, if "trituration and shaking the crude drug for ever so long a period" will not alter the dynamization or potency without dilution, then dilution is the *sine qua non*. It is the *sine qua non!* as we shall soon see, that dilution or attenuation without succussion, does actually set free or develop to the utmost therapeutic or purely medicinal properties of all substances, without the slightest aid or benefit from succussion, or any number of mild or "vigorous strokes, striking the phial even against a somewhat hard, elastic body," etc.

Writing of administering medicines dissolved in water, he says:—"The solution may be stirred up at each swallow, by which means the inherent power of the drug becomes more developed."—*Chronic Diseases*, Note, page 161. If this statement is fact, then every potency changes every time it is *stirred*. Let those believe this who like. I am confident that if any change is effected, it is in consequence of nothing but the dilution. I have acted upon the advice, and most of us act upon it daily; but, a I have proved to myself, beyond a doubt, that attenuation is the sole agent, stirring can develop no power beyond mechanically mixing.

I might extend my quotations from Hahnemann's writings, but I have quoted enough to show that he believed and taught that there were three essential elements in dynamization, namely, dilution of liquids, trituration of insolubles, and *succussion*; but the greatest stress he always places upon succussion as a rule. So much was this the case, that Jenichen and some others came to the conclusion that vigorous strokes by means of his Herculean arm were really the potentiating agent or factor, combined of course with dilution. Hahnemann was so certain on this point at one time, that he attributed many of the homoeopathic aggravations which he met with in practice, to the medicine having been *too much shaken or potentized*, and he warns his disciples against this possible danger.

We now know that these same aggravations arise from totally different sources, namely, (1) from supersensitivity in the patient, and other constitutional idiosyncrasies, rendering them more than ordinarily impressible to the medicine given; (2) there is always the uncertainty as to its being the one true *simillimum*; and (3) we now know that the higher the dynamization is carried, the

more severe and the more lasting are these aggravations, *even where no succussion whatever is employed in the dynamization.*

From years now of carefully observed experience, I have arrived at the following fixed principle in dynamization. When an attenuation is made, say the thirtieth, by simple dilution, *it remains a permanent fixed power or potency, which no amount of shaking or succussion can alter.* If this axiom is not accepted, we can have no confidence in any potency being the one we intended to prescribe. If one up and one down stroke is admitted as capable of increasing the therapeutic power of healing potency of a medicine, then what will two, or a hundred, or a thousand do? And where is the limit to be placed? If this axiom is not admitted, then every shake which our medicines necessarily and unavoidably receive in traveling in our buggies or carriages, or whilst walking on foot, alters the potency every hour, day, week, month, and year; so that the Milwaukee 30th centesimal may have walked into the next century before these same philosophers have recovered from their dreams. But joking aside, the jolting which I have myself experienced in some of the byeways and highways—though not in the “Broadways” of the States—drives me to the conclusion that, if this axiom is not accepted, then the mother tincture may be a much higher power than we give it credit for. If the mother tincture cannot be altered by succussion, how is it that all beyond can? The Master informs us that two drops of the fresh vegetable juice diluted with ninety-eight drops of spirit is *potentiated by two succussions of the hand.* Is this also an axiom to be accepted? An axiom is a self-evident truth, and as these are diametrically opposite, one or another be false. Either succussion or shaking alters by increasing the potency, or it does not. If it can alter the potency in any way, then is it certain that no homoeopathic potency is to be relied on as the third or the 30th—and all beyond. Now the only reason which can be advanced why the mother tincture does not or cannot alter, is because it has *never been diluted or attenuated.* The instant we commence to dilute or attenuate a medicinal substance, that instant the physical and chemical properties begin to disappear, and the truly pathogenetic and therapeutic properties commence to be set free, and without limit—the limit being extenuate with the process of attenuation itself—and the same with every substance whatsoever. It will be observed that the only difference between the mother tincture and

all others, is, that the "others" are dilutions—weaker physically and chemically, but stronger pathogenetically and therapeutically—therefore, dilution alone is the sole factor in increasing the potency or virtue of any homoeopathic medicine. Then, what did the up and down stroke effect in Hahnemann's hands? simply what it will do in the hands of any other man—*mix the one drop of the last potency with the other ninety-and-nine of the next, and so on*; and because, in thus diluting, it was found that the virtues and healing power of the medicine *increased*, the *post* was mistaken for *propter hoc*, and the succussion got a much larger share of the credit than it was entitled to. As a natural consequence, this mistake gave rise to Jenichen's exaggerated idea of the superiority of his preparations over others, by virtue of the rare strength of his upper extremities; and, in the second place, it gave rise to Dr. Dunham's making a series of experiments to prove that the magnetism of the succussor was not the factor; and that "*great or extraordinary force applied to the succussion does not enhance the power so much as some are inclined to think.*" —*Hahnemannian Monthly*, June, 1868. This was the first reactionary step after the Jenichenian delusions, that the mysterious secret lay in the magnetism of the succussor or in the length and strength of Jenichen's *biceps-flexor-cubiti*, which very likely died with him, and hence probably the necessity for keeping up the delusion, as *secresy* and delusions go together, and are invariably found to pay. Now, I do not wish to disparage these same potencies of Jenichen. Any one who has used them, selecting the remedy as Hahnemann directs, must admit that they are all of them excellent, and as highly attenuated as they are numerically represented to be; yet, for all that, I am perfectly confident that Jenichen might have spared himself many a sweating, much hard work, and his potencies have been quite as good, had he left out every succussion he ever went in for.

We, of the nineteenth century, think that the Ancients lived in "the dark ages;" that they knew nothing of medicine and of Homoeopathy, or of the dynamization of medicines; and even Hahnemann was possessed of the idea that he was the first man who discovered and practised dynamization. [Hahnemann admits that Stahl and others knew of the law, though they did not apply it universally.] Our colleague, Dr. Fenton Cameron, has given us evidence which places it beyond a doubt that these same despised Ancients not only knew all about these matters

but they saw it in a far clearer and more spiritual light than either Hahnemann or any of his followers seem to have seen it. They believed and practised dynamization *without succussion of any kind*—they believed that attenuation was everything—the all in all of dynamization! (Vide, *Organon*, vol. i., pages 280–281, and page 51, where I stated, as far back as January, 1878, “Attenuation is everything in dynamization.”)

If shaking or succussion effects no more in dynamizing a medicine than *mixing* the one minim of the last potency with the ninety-nine of the next liquid attenuation, what of the trituration of metals and other insoluble substances? Is there no succussion used in the process?

The process of trituration is one simply of attenuation, with this difference, that by the time the third centesimal trituration is arrived at, in almost every substance in Nature which is insoluble in water, while it parts with its physical and chemical properties, there is developed or rendered manifest its purely spiritual or dynamic properties of inducing and curing disease. Since the process of trituration reduces the particles of the metal, thereby immensely extending the surface by increasing the number of atoms, molecules, and granules—and possibly each of them becoming a centre of magnetism with separate plus and negative poles—it is not difficult to understand the remarkable change effected, whereby the spiritual properties of the drug are rendered soluble, in proportion as they are deprived by dilution of their physical and chemical properties—that is, disembodied from matter by the process of dynamization or attenuation—which I have no hesitation in declaring is one of the same. Whilst the process of trituration carried to the third centesimal renders the spiritual or dynamic-pathogenetic and therapeutic properties of all insoluble substances soluble in water, so the centesimal dilution by means of ninety-nine grains of sugar of milk to one grain of the previous trituration, whilst assisting mechanically in reducing the particles still further, is the sole factor or agent in regulating the potency—the attenuation. The reason for my concluding so is this—that, as soon as the insoluble substance is capable of communicating its spiritual or purely therapeutic properties to water, for instance, *Aurum* or *Platinum*, which, as Hahnemann first found out, occurred at the third centesimal trituration, it is needless to waste muscular force or time in attempting to increase the potencies by means of tritura-

tion, because the trituration has effected all it can do when it has rendered manifest that which was latent and insoluble, making it now soluble, and, consequently, amenable to attenuation by the liquid process. But men are so material in their science that they must needs put faith in a visible trituration and succussion, rather than in a process which is *visible only in its effects*. Having obtained *Aurum* or *Platinum* in the third centesimal trituration, dissolve one grain of it in ninety-nine minims of water, and run it up to the 30th, or anywhere beyond, by means of the "fluxon" process of Fincke, and it will be found impossible to give a test by which it can be proved that it is in any way different from the 30th of Hahnemann (that is, by the liquid process by hand from the third centesimal trituration), or, from the 30th centesimal, triturations beyond the third centesimal are "labor in vain," because trituration of medicine adapted to the only law of therapeutics—*similia similibus curantur*. It is attenuation, and attenuation alone, which is the factor in triturations, as well as by the liquid process by hand or by "fluxion." To show that Hahnemann had somewhat similar views, he says—"I never carry the process of trituration above the millionth degree (third centesimal). From this degree I derive the solutions in their various degree of potency."—*Chronic Diseases*, vol. i., p. 192, Hempel's edition.

This places it beyond a doubt that whatever Hahnemann thought of trituration and succussion, he knew that *the true factor was attenuation*, so soon as the spiritual properties of the substance become soluble in a menstruum. No end of confusion has arisen upon this subject, in consequence of the Master having considerably *mixed up* the material properties of matter with the spiritual. For instance, at page 187 of his *Chronic Diseases*, he says—"Besides this *alteration of their medicinal properties*" (there can be no alteration effected in medicinal properties, which must remain for ever the same), "the homoeopathic mode of preparing medicines produces an *alteration in their chemical properties*." This is a wrong inference; chemical, no more than medicinal or physical properties, can never alter. The views, theories and opinions of doctors, philosophers, and men may alter, but the properties of matter, as well as the laws of matter whether material or spiritual, never alter. Hahnemann proceeds to state—"Whereas, in their crude form, they are insoluble either in water or alcohol, by means of this *homoeopathic*

transformation." What was previously insoluble in water, which by the transforming process of trituration and attenuation, becomes entirely soluble? Certainly, not the physical or chemical properties of the *Aurum* or *Platinum*; but only the spiritual, the truly pathogenetic and therapeutic properties of these metals. This, I have no doubt, is what Hahnemann meant to express; and it is no small pity that he so often requires an interpreter because of this constant *mixing up* of natural with spiritual things. The transformation scene is not a reality, there being nothing transformed. The physical and chemical properties—which are the material or natural properties of the metals—by means of trituration and attenuation, disappear; the spiritual or dynamic properties developing or becoming more and more manifest and increasing in potency as the process of attenuation goes on, *ad infinitum*. There is no transformation, no alchemical transmutation here. The chemical properties of the dynamized medicine are in no way *altered or transformed into soluble substances*—they simply become *non est*, and nothing takes their place. Hahnemann evidently knew all this; but either he or his translator has badly expressed it.

If there is any doubt as to whether Hahnemann's axiom or my own is correct, I shall put it thus, and let experiment decide:—

Axiom. When an attenuation is made, say, the thirtieth centesimal it remains a permanent fixed power or potency, which no amount of shaking or succussion can alter.

Suppose we take a metal tube, to which a funnel is attached, and introduce it into a glass tube which holds 100 minims when the metal tube is *in situ*, that is, near to the bottom of the glass. Fix all steady with a retort stand. Into the glass put one minim or drop of, say, tincture of *Aconite*, and pour 3,000 minims of water from a jug through the funnel as slowly as you please—the slower you do it, the more certainly will you have, when the last minim has passed through the tube, the thirtieth centesimal potency of Hahnemann, and which is so fixed and permanent that no amount of shaking or succussion can alter it in any way.

I ask no man to take this on my own *ipse dixit*, but I ask every one to make the experiment for himself, with *Aconite*, *Nux vomica*, and *Sulphur*. If he makes this simple experiment with the requisite care, and from good and reliable bases, he will find the conclusion to be irresistible, that, in spite of all that Hahnemann has said about succussion, yet nevertheless, beyond mixing the

latest attenuation with the previous one, it has nothing whatever to do with the potentiating or dynamizing of the drug. *Quod erat demonstrandum.*

As this subject will be continued in our next issue, I shall say no more at present. In the April number, I shall give engravings illustrative of my new "Fluxion Attenuator" on the plan of Fincke, and I shall at the same time direct the attention of the profession to the potencies of our Co-Editor, Dr. Swan, of New York, namely, the question of their centesimality.

(To be continued.)

Medicine.

THE CURSE OF LEPROSY.

Leprosy is the name of a disease more terrible than it can be pictured even by the most sensational, and is so prevalent in the Sandwich islands that the government has been forced to provide an island upon which the unfortunate victims could be permanently placed. The subject has been written and lectured about; made the theme of romance; and used by some to frighten timid strangers away from Hawaii. It was lately advanced as a reason why the islands should not be annexed to the United States.

Leprosy is one of the most incurable, loathsome, and shocking diseases known to man. A reason why we dread the disease worse than we do other diseases is because its causation is still wrapped in partial obscurity. All unknown things are dreadful. While a specific germ has been discovered, it will not multiply out of the human soil in which it is found. We cannot trace a particular case back to a certain infecting source. We do not know how long the victim stays well after the germs get into him, or how long it always is before he shows the effects of their work in his system, or exactly what the earlier manifestations of the disease are. We are not able to cure the man. We doubt if it can be cured.

One section of the medical world says that the disease is not contagious, and that segregation is therefore useless and cruel; the other, and we believe the more scientific party, says that leprosy is contagious, and that there is unassailable basis for this posi-

tion. Granted that the disease is communicated by one person to another—how is it communicated? Do the germs fly, walk, swim, or smuggle themselves down our throats in food? Do they require special soils for growth? Must these be moist or dry; mucous membrane or blood? If the germs fly, they come from the dust in the street or carpet, circulate in the breeze, and leave us no escape. If they swim, they seek our milk and water, and so get into all foods. Do the mosquitoes, flies, fleas and bedbugs bring the bacilli? We do not know; we only suppose. So the gnome of uncertainty glorifies itself, and we are ready to be alarmed. The disease has existed since the very earliest period of the world's history.

Although biblical writers gave the name of leprosy to several different diseases, some of them not specially severe, there were certain external changes in the skin and nutrition which made the disease resemble leprosy, at least to an untrained observer. The observers, not being specialists, took much for granted. Manetho, an Egyptian historian, who lived 260 years B. C., says that 90,000 Jewish lepers were expelled from his country. The Hebrew name for the disease meant a stroke or blow, and the description of Job's affliction is a fair picture of one form of leprosy. This places it some 500 years further back, while certain papyri refer the malady to 4166 B. C. It prevailed in China, India, Africa, Phoenicia, Egypt, Arabia, Syria, Italy and Greece in very ancient times, and from the second to the seventeenth centuries it was the common disease in Europe. Many persons used to cast their horoscope to see whether or not they were to be afflicted with leprosy. Robert Bruce of Scotland died of the disease in 1329. Between the years 1100 and 1472 A. D., in Great Britain alone, there were established 108 lazarettos. It was even worse on the continent, where laws were passed for and against it, and one king "ordered lepers to be burned that their bodies and souls might be purified together." It is supposed that, until the arrival of the negroes from Africa, America remained free from the disease. If the American Indian came from Asia, he had successfully left leprosy behind. In 1300 the disease began to abate in England, then in Scotland, where it limited itself to the isle of Papa, continuing there until 1740. In the sixteenth century hardly any lepers were to be found in France or Italy, the few cases there being in the Pyrenees. Leper houses were abolished in Denmark during the same cen-

tury, but remained in Sweden until the eighteenth. In Norway the disease is still found. Why, the scientists cannot say.

The disease still exists in more countries than the general reader would imagine, being found in all the states of Europe, excepting Great Britain, Holland and Denmark. Norway has quit a large number of her people segregated by law. But Asia is the greatest home of leprosy, British India having nearly 125,000 cases. There the sick and well mix without regard to care. The indifference and the prevalence of the malady are significant. Many of the English physicians do not "believe in the contagiousness of leprosy," which opinion does not seem to have any bad effect on the microbe. In regard to numbers, China ranks next. Next follow Africa, Japan and the islands of the Pacific ocean. In Japan, the probable aborigines, the Ainos, who do not associate with the Japanese, are free from leprosy, while it is common among the latter. Other places where it is found are the states of South America, Australia, New Zeland, Mexico, Central America and the West Indies. In New Brunswick there has been an average of about thirty persons confined in the lazarettos. In Louisiana, in 1891, 75 cases were reported; about 100 in Minnesota (Norwegians); many in California (Chinese); and sporadic cases occurring in South Carolina, Wisconsin, Michigan, Oregon, Texas, Maryland, Illinois, New York and Nebraska. Between 1876 and 1886 ten persons died of leprosy in Minnesota. In all the states, excepting California, Louisiana, South Carolina and Maryland, the disease was brought mainly by Norwegians, and is largely confined to them; while in California, of the 52 patients received into the hospital during ten years, all save one were Chinamen. In the southern states the persons affected are negroes and Arcady French.

This is not a place for a description of the symptoms of the disease. It is enough to say that its earliest manifestations are insidious, and largely unrecognizable at present; that it is progressive, persistent and fatal. The one disease has two phases, nervous and tubercular, according as the germs find their home in the nerves or in the skin, with paralyses, contractures and anaesthesia in the one case, and tubercular swellings and ulcerations in the other; with final mutulation in both.

The two forms of the disease may exist in the same individual at the same time, and often do. It is most common in men, from the ages of fifteen to thirty years, but it attacks all classes

at all ages. It may terminate fatally in one year, or run a course of thirty years, but its average lease is about thirteen years. The best authorities are agreed that the disease is contagious; that is, transmissible from one person to another.

The history of the disease in all countries, and among every class of people, points to the certainty of contagion. It has been traced to sources. Its course has been progressive when segregation has not been enforced and retrogressive when it has. In proportion to the failure to carry out segregation, the disease has advanced. Families which in England are and have been free from the taint of leprosy, go to India, China, or elsewhere where leprosy prevails, and become leprosy. Dressers, nurses and physicians in leper hospitals contract the disease quite frequently. To Louisiana the disease came with some French settlers; to New Brunswick with Frenchmen; to Minnesota with Norwegians, and so on. In each location where the disease developed, carriers had come from leper infected places. It can be traced back as certainly as we trace our individual characteristics. For this reason it was supposed to be hereditary and congenital.

As in tuberculous diseases of the lungs, there is no doubt a tendency transmitted, a peculiar make-up furnished, which is more susceptible to certain specific inoculations. The causes of leprosy have been variously stated. Some have said eating fish, fresh or salt, was a cause, citing Norway and other sea-washed countries where leprosy abides. Vaccination has been blamed for the spread of leprosy, but without good reason. It would be as impossible to prove that vaccination produced a particular case of leprosy as to prove that it was Dr. Arning's inoculation which caused the leprosy that followed. Either might cause the disease; and so might a mosquito bite. The predisposing causes are clearly: Filth, promiscuous tenantry, want of air in sleeping apartment, scurvy, diet and alcoholic beverages, anything which lowers the normal standard of health.

Between 1881 and 1882 the estimated number of lepers in Hawaii was 4,000. Of 157 lepers in 1866 two were Germans, two Americans, twelve Chinamen, and one was English. There are at present 716 buildings in the settlement on Molokai 609 hospitals, offices, school houses, residences of officers, churches, a Young Men's Christian association building and bath houses. The Baldwin Home comprises a group of 51 buildings, and the

Bishop Home 98 buildings. There are Protestant and Catholic missions, while the Franciscan Brothers and Sisters have the "homess" in charge. The board owns cattle, horses, mules and asses to the number of some 700. There are now living in the colony 1,100 lepers, 625 males and 448 females. Of these 984 are Hawaiians; 65 half-castes; 37 Chinese; 5 American; 4 British; 4 German; 6 Portuguese, 2 South Sea Islanders, and 1 Russian. During the past two years 55 children were born to leper parents.

It will be seen, from what has been stated so far, that there is almost less danger to the average reputable foreign resident here, so far as leprosy is concerned, than there would be in other parts of the United States. To begin with, he expects to see lepers, and therefore knows how to avoid them. If he should not be able to recognize the disease, which is improbable, others will do so for him. As soon as a leper becomes known, he is isolated. If a man with a contracted finger or a suspicious face is seen, he is avoided. Examinations are made in schools and elsewhere by physicians, and servants and nurses are usually selected with care. Food sources are looked into; water is boiled and filtered, and, in our home, the milk is all boiled as well. Everybody is on the *qui vive*, as it were; not fearful, but careful. Here physicians all recognize leprosy. In most of the states it is very different. Although there are a great many cases distributed throughout the states, there is no law to prevent its spread. A white leper may go from here and travel in any American city unmolested. He not only can, but does. Physicians there, looking upon it as a rare disease, do not recognize it except in its grosser forms. They do not expect to see it, and the laity have not the faintest idea what a leper looks like. I remember we had a leper in quite an advanced stage of the disease at our clinic in Chicago. He had wandered about the country for four or five years, staying wherever he had money to pay his way, and no doctor had been able to tell him what his trouble was until he reached Chicago.

There are lepers in the north, from Oregon to New Brunswick, and in the south, from Central America to South Carolina, traveling criss-cross, with no one to say them nay. The thought is startling when we consider that these unfortunates can travel without being recognized as lepers. I once saw a man in a New York hotel, where he was a regular guest. I didn't know it then,

but I know now that he was a leper; and I feel certain that none of the other guests knew what ailed the man. A specialist in the west speaks of having under his treatment in Nebraska a father and daughter who are lepers, while one of the ablest authorities upon skin diseases says: "It is not generally known, but it is a fact, that one of the most distinguished clergymen in the United States has been a leper for years."—Paper by E. D. Goodhue, M. D., late government physician and medical superintendent at Matutani Government hospital at Wailuku, Hawaiian Islands, published in *Medical Record*.

Editorial.

DUNHAM MEDICAL COLLEGE COMMENCEMENT.

The Fifth Commencement was held in Steinway Hall, April 27th at 2:30 p. m., before an audience filling the hall. Beautiful music and a practical address from Dr. T. H. Hudson of Kansas City made the exercises very delightful. Degrees were conferred upon twenty-two graduates.

The banquet was held in Victoria Hotel, where covers were laid for 80 guests. Dr. C. S. Fahnestock was toastmaster, which is equivalent to the statement that music and mirth reigned triumphant.

This is the first year that Dunham has been compelled to go away from her own amphitheater for the graduating exercise, and marks the beginning of a new era in her existence.

CURATIVE POWER OF MEDICINE.

* * * Perhaps the tendency, on the part of physicians, to mystify the practice, or to attribute some mysterious power to medicines, has been productive of more harm than any other one thing, and yet, even at the present day, and among homoeopaths, the idea that medicines have some mysterious force, inherent in themselves, quite largely prevails. Nature is hardly given any credit at all, and drugs are generally spoken of as having the power to do this and that as though they, the drugs, possessed real active power.

Life or vital force is a mysterious power and the source of its power must ever remain an unsolved problem. There is no reason why belief in that power should be productive of harm, because it can be demonstrated in a most conclusive manner by

the inductive process of applying it to the vital force of the prover and noting the *peculiar* results produced thereby. These results are not due to the *active* power of the drug upon the *material* body, but to the *combined* efforts of the *vital force* of the body and the *vital force* of the drug.

* * * Now a very little thought upon the subject ought to convince any one that all active curative power lies in the vital force of the patient, the drug being only a passive agent that may be used by the intelligence and skill of man for giving direction or stimulus to the vital force. As the railroad switch is composed of dead matter, and yet may be used to change the course of the cars, so may medicines, even as dead matter, be used to change the life currents of the human system.

It is impossible for anyone to conceive of *force* being *passive*—being acted upon. Two forces may work—act—in harmony and greater results follow the combined action than could be produced by the unaided efforts of either one singly. Again one force may antagonize the action of another and to the degree that their action differs with the result of either be diminished. The *material* part of the drug may be *dead* because the supply of nutrition has been cut off, but the vital principle remains in contact with the dead material, unless forcible means have been taken to destroy the union and even this destruction of the union does not destroy the vital force of the drug because it attaches itself—again acting—to some other material substance as has been repeatedly demonstrated by the action, through the medium of alcohol, water or sugar of milk.

When we cease to prate about the activity of our remedies, and learn to give them their proper places, as curative agents, we will not appear quite so unphilosophical to those who see a little beneath the surface of things, as we now do. When we can, not only acknowledge the fact that medicines are dead matter, but be able to show in a very simple and rational way, that this does not at all detract from their utility in the cure of diseases, then will all the fictitious thunder clouds that are being rolled up against material medicines soon vanish into thin air. Without a rational reason for our practice, we can stand no higher in the estimation of the people than others who also claim that they can cure diseases. And as nature is constantly affecting cures for all parties, true worth and modesty can hardly hold the field against assumption, advertisement and trickery.

There would be greater difficulty in explaining the *curative action of dead material* than in assuming the simple, rational and logical hypothesis of the existence of a vital principle *adherent* to the material substance of the drug, but not dependent upon it for existence.

The secret of the growth of Homœopathy is due to the fact

that every true exponent of its principles has acknowledged that the source of this life principle is a mystery and insisted that it is immaterial what theories may be advanced with reference to its origin or action so long as we take the *effects*, as the basis of our calculations. This is one common ground upon which every investigator must stand; it is the scientific basis of every discovery and no true principle will ever fail when subjected to its rigid test. Many times the vital force or Nature is sufficient in and of itself not only to restore harmony to the functional activities of the body, but to repair the injuries due to previous derangements, and should have credit for such powers; but there are times when it must have assistance from without and the skill of the physician is measured by his ability to recognize the limitations of the vital force and know *when* to assist and *what* force to apply and *how much is actually needed*.

PERSONALS, NEWS ITEMS, ETC.

Dr. B. Frank Sayler has moved from Joplin, Mo., to 5705 Pine Boulevard, St. Louis, Mo.

Dr. R. T. Gamble, of Dixon, Ill., has returned to his old location, in Boscobel, Wis.

Dr. Stuart Close announces his removal from 641 Willoughby avenue to 209 Hancock street, Brooklyn, N. Y.

Dr. J. J. Boyd, another student of the Kansas City Homœopathic College, has opened an office in Sarcoxie, Mo.

Dr. J. S. Watts, an enthusiastic student of Homœopathy from Bellevue, Kans., is taking post-graduate work in Chicago.

Dr. William C. A. Leipold has moved his office from 3701 Cottage Grove avenue to his residence, 3702 Lake avenue, where he can be found by his many friends.

Rev. A. W. Littlefield, one of the most enthusiastic exponents of Homœopathy outside of the profession, is established at Fitchburg, Mass. His influence is always cast on the side of pure Homœopathy.

Dr. Guernsey P. Waring has moved from North Harvey to the classic shades of Evanston, where he will join hands with Dr. Kent in upholding the banner of "Similia." His office address will remain the same, 92 State street, Chicago.

The International Hahnemann Association will hold its next regular meeting in Detroit some time next June. The date has not been fixed and no program announced.

Dr. A. G. Smith, for a long time located in Louisville, Ky., has moved to Guston, of the same state. It will be remembered that the doctor has been confined to his house for the past two years by reason of serious fractures which will leave him a cripple for life.

Dr. D. W. Miller, a recent graduate of the Kansas City Homœopathic College, has opened up an office in Pretty Prairie, Kans. He is an enthusiastic reader of the HAHNEMANNIAN ADVOCATE, which speaks well for the kind of Homœopathy he desires to practice. May success follow his efforts.

We call the attention of our readers to the new advertisement of the Pennoyer Sanitarium of Kenosha, Wis. This is a model institution in every particular, and affords an admirable place for rest and recuperation, two very important factors in the treatment of every disease, sometimes being of greater value than that of medicine alone.

An unexcusable error appearing in the March issue of the ADVOCATE was the announcement of Dr. W. B. Pickrell's marriage. The announcement should have read that Dr. W. B. Pickrell was married to Miss Frances G. Taylor, at her home, near Springfield, Ill., on the 14th of March, and that their home will be in Springfield for the future.

We had a pleasant visit from Dr. H. W. Schwartz of Syracuse, N. Y. The doctor is a graduate from the Syracuse Medical College, an old-school institution, but has become thoroughly converted to the Homœopathy of Hahnemann, and is now seeking to add to his knowledge on that subject. He has come to the proper place to obtain such knowledge.

The Commencement Exercises of the Chicago Homœopathic Medical College were held at Studebaker Hall April 24th at 2:00 p. m. Addresses were delivered by President J. R. Kippax, M. D., Prof. Sheldon Leavitt, M. D., Dr. A. G. W. Childs, Class Valedictorian, and Rev. J. A. Rondthaler. The Alumni held its annual meeting and banquet at the Auditorium Hotel in the evening.

Dr. John H. Henry, the pioneer of Homœopathy in Alabama, writes: "I like the HAHNEMANNIAN ADVOCATE better than any other Homœopathic magazine. Why? Because it gives a true representation of pure Hahnemannian Homœopathy. I, at all times, read the reports of cases. Although I am not an advocate of high potencies, I have confidence in them, but never go higher than the 30th of Hahnemann. But am greatly helped by those reported cases in selecting the remedy."

The regular meeting of the Indiana State Homœopathic Society meets in Indianapolis May 16th, 17th and 18th, and through advance notices we feel confident of an unusually interesting meeting. Homœopathy and Homœopathic Materia Medica will be given a prominent place. It now rests with the members of the profession who believe in keeping the principles of Homœopathy in the foreground at our state societies to be present in force, and show by their discussion that those papers are desired and appreciated.

At the Alexian Brothers' Hospital in Chicago there is an electric water bath, consisting of a heavy porcelain bath tub with copper electrode contact plates at each end, at the sides and in the bottom. These plates are seven in number and vary in size according to the part of the body with which they are designed to make contact. Both galvanic and faradic currents are supplied to the bath; an induction coil, etc., is provided, so that the current at 110 volts from the electric light mains can be used for electro-therapeutic work. The bath tub was illustrated in recent number of *The Western Electrician*.

Dr. — writes us: "The set of HAHNEMANNIAN ADVOCATES, twelve in number for 1899, received in due time and in good condition. I have not had time to read much in them as yet, but have glanced over some of the articles and can hardly wait until such a season as I can read everything from cover to cover. My! what a rich storehouse of food I see in every number. The 'Simon Pure' stuff. The good old Hahnemannian brand. I wish you the greatest financial success for the ADVOCATE, and hoping that others may come to the feast, I remain, fraternally yours, —." We publish this letter at this time with the hope that it may induce our subscribers to send us additional names to whom we will send sample copies.

The Sophomore class of Dunham Medical College added honor to their previous achievements by a delightful reception given in the Parlors of the Porter Memorial Church, Tuesday evening, April 24th. Tasty refreshments were sandwiched in between a charming program and sparkling toasts, all forming a combination that was more beneficial than the combination tablets advocated by certain Homœopathic (?) houses.

Dr. C. T. Canfield, for so many years an active practitioner in Chicago, has retired from active practice and opened up an elegant office in the city of Pittsburg, Kansas, where she will devote her time to the treatment of chronic diseases. The Homœopathic practitioners of that city may congratulate themselves upon this valuable accession to their ranks, and should take proper means to secure her attendance at their society meetings.

Hering College held the closing exercises of the current year on Hahnemann's birthday, April 10th, as heretofore. The exercises took place at Steinway Hall in the presence of a large and cultured audience. Dr. J. R. Boynton of Clifton Springs, N. Y., president of the college, came on to Chicago to confer the degree upon the outgoing class. Organ music was substituted for the usual orchestra, with great success. Mr. Arthur Dunham, the well-known concert organist, presided at the instrument. The oration, by Rev. Ernest Uray O'Neil of Aurota, Ill., was a splendid piece of eloquence. The audience was thrilled; faculty, students and friends were alike charmed by this magnificent address. Eighteen students had conferred upon them the degree of Doctor of Medicine and Surgery. Honorary degrees were conferred upon Dr. Edward Alfred Heath, Dr. John Cavendish Nelson and Dr. Peter Stuart, all of London, England. A banquet at the Victoria Hotel closed a busy and happy day for both faculty and students.

Hahnemann Medical College gave 42 men and women the formal right to put M. D. on their door plates yesterday afternoon. The exercises were held in Steinway hall. The women captured the first honors, Dr. Cora B. Rutheford of Tennessee winning the trustees' cash prize of \$50 for the best general examination in the entire course, Dr. May Louise Flanagan of Michigan carrying off the faculty prize of \$25 for the second general average. Dr. Guy M. Cushing and Dr. Anna Jacobs were appointed internes at

Hahnemann Hospital, to go on duty May 1st, and Dr. Frederick W. Hammond and Dr. Jesse R. Burdick internes after November 1st. Honorable mention was given Drs. Grace Brown, Anna Jacobs. M. E. Poland and Mary E. Pogue, Illinois; C. A. Bower and W. J. Naupel, Iowa; J. W. Cornell, Michigan; J. A. Stewart, Oregon. Dean, E. Stillman Bailey, and Registrar, Joseph P. Cobb, reported 1900 as an extraordinary successful year. The Rev. R. A. White delivered the address to the graduating class. It was Hahnemann's fortieth announcement.

A personal letter from Dr. Chas. E. Walton, president of the American Institute, states that the committee of arrangements have changed the date of the coming meeting from the 5th to the 19th of June, and that the principal feature of the meeting will be the ceremony attending the unveiling of Hahnemann's monument. We cannot say too much with reference to this meeting, which so fitly rounds out the history of Homœopathy in the nineteenth century. The unusual amount of hard work during the past three months will enable you to levy such a liberal tax upon your patrons as will provide the "where-with-all" for the most delightful outing that ever was known since the dawn of Homœopathy. It is fully expected, and preparations are being made with that end in view, that no less than 200 members of the profession will be present at the unveiling of this beautiful monument. The responses coming from all parts of the country for the monument fund is exceedingly gratifying, and the present indications point to the speedy raising of sufficient money to complete the work. If you have not done your share, the time is short in which you will have the opportunity. We understand that Hahnemann College of Chicago followed the example of Pulte of Cincinnati, and voted to forego the pleasures of the annual banquet, in order that they might contribute that amount to the monument fund. It would have been a remarkable testimony to the wonderful potentiality of Hahnemann's name in our Homœopathic Colleges if every institution could have united this year in this unique form of celebration; but other plans were adopted and we can only report the acts of those who united in this grand work.

DEATH OF MRS. J. R. HAYNES.

Mrs. Haynes, wife of Dr. J. R. Haynes, 512 North Illinois street, Indianapolis, Ind., died suddenly March 10th after being confined to her rooms for several days with a severe attack of the grip. The manner of her death was unusual and the incidents following were most pathetic.

Dr. Haynes is quite deaf and unable to hear the ringing of the telephone and door bells. Though ill, Mrs. Haynes was not confined to her bed all the time, and for one of her age was very sprightly. She became annoyed, it is thought by the continual ringing of the bells, and about 4 o'clock went downstairs to answer the telephone. She had directed the marketing in the morning and was feeling better than for several days, and probably did not think of over-exertion. After answering the call she started to return to her rooms, and was overcome before she reached the top of the stairs. She fell exhausted, and a few moments later was found on the stairs by Dr. Haynes. He tried to arouse her, but was unable to do so, and not being strong enough to carry her up the stairs to her room called a young man from the street to assist him. The doctor could get no response to his efforts to revive her, and resented the declaration of a neighbor, who happened in the house, that she was dead. He thought she was in a faint, but continued effort failing to arouse her, other physicians were called in. During the evening a number of them called, and all pronounced her dead, but Dr. Haynes refused to accept their diagnosis and maintained that his wife was simply in a trance. He was overcome with grief and could not reconcile himself to such a condition. His distress was pitiful, and attempts to get him away from her bedside were unavailing. A number of the usual tests were made, and though these confirmed the statements of the visiting physicians, Dr. Haynes would not accept them.

Mrs. Haynes was seventy-five years of age and had lived in this city for about thirty years. She came here with her husband from Cincinnati, and their golden wedding anniversary was celebrated a few weeks ago. She was a member of the First Presbyterian Church.

Miscellany.

Compulsory Vaccination.—The following interesting extracts are taken from an address given by Prof. Ruata at the opening of the session of the University of Perugia, November, 1898.

The learned professor, who said that his information was obtained from official sources, spoke as follows:

“In 1872 a law was passed in Japan rendering vaccination compulsory. But, owing to the great mortality from smallpox, the Legislative Chamber in 1885 passed another law, which made re-vaccination compulsory every five to seven years. In pursuance of this law, between 1886 and 1892 no fewer than 25,474,370 vaccinations, re-vaccinations, and re-re-vaccinations took place, which means that about two-thirds of the entire population of Japan, already well vaccinated by the law of 1872, were re-vaccinated or re-re-vaccinated within a period of seven years. It does not seem possible that the most ardent pro-vaccinist could desire more. Japan, unlike Germany, does not practise isolation. Well, during the seven years (1886-92) that country lost no fewer than 38,979 from smallpox, while 156,175 smallpox cases were notified.”

In view of the above facts, I think it might reasonably be asked wherein consists the utility of vaccination?

A Test Case.—The State Board of Medical Examiners of Wisconsin is having a tussle with a practicing physician of Kenosha, a Dr. Paul Malmstrom, who has been refused a certificate to practice under the state medical law of 1897, and against whom the board brought suit for practicing without a license. Dr. Malmstrom has now turned around and begun a mandamus suit against the members of the board. Dr. Harvey B. Dale is reported to have said: “The Board of Medical Examiners will fight the case.” Dr. Malmstrom applied to the board for registration some time ago, and his application was refused for reasons deemed legally sufficient. Later a complaint was sworn out against him under section 4603 (a) of the statutes of Wisconsin, which provides that any person prohibited by section 1436 from testifying as a physician or surgeon shall be subject to prosecution for assuming the title of doctor of medicine, physician or surgeon, by any abbreviation or device whatever. Section 1436 provides that no person can legally testify or collect fees unless he, before the 20th day of April, 1897, receive a diploma from some incorporated medical society or college, or shall since such date have received a license from the State Board of Medical Examiners.’

“Dr. Malmstrom states that he came to Kenosha June 28, 1897. His diploma is from a school not recognized by any medical board in the country—the *Independent Medical College of Chicago*. The board will not issue a license upon this diploma, and the only way Dr. Malmstrom can secure a license is by taking the board’s examination, which he has shown no intention of doing.”

Dissatisfied Homœopaths.—The members of the Homœopathic and Eclectic State Medical Examining Boards of Pennsylvania are dissatisfied with the distribution of fees under the act of Assembly providing for the examina-

ation of applicants for license to practice medicine. Each applicant pays a fee of \$25, and the fees, less expenses, are distributed among the three boards. As many applicants appear before the regular board, representing the Medical Society of the State of Pennsylvania, and comparatively few before the other two boards. The former have not complained of their remuneration, while the latter are correspondingly unhappy.—*Medical Record.*

Milk Applied Externally.—It is stated that a physician in the Transvaal, knowing that milk absorbs poisonous germs that are exposed to it, conceived the idea of applying milk externally to people afflicted with fever and skin diseases. The patient is wrapped in a sheet that has been saturated with milk, and then a hot blanket is put around the person and kept for an hour. Then the clothing is removed, and the patient is sponged with warm water in a room as hot as can be borne. A case of smallpox thus treated had most of the poison taken out of the skin, and the patient was placed on the road to recovery within twenty-four hours. This remedy acts so quickly that its successful operation in the case of fevers will recommend its use in cases of sudden attack. Milk is well adapted to repair the damaged system.—*Ex.*

Suit for a Pre-natal Hurt.—The State Supreme Court of Illinois at Springfield handed down a decision in one of the most peculiar cases ever decided by that body. It was the case of Thomas Edwin Allaire, an infant, against St. Luke's Hospital and St. Luke's Free Hospital of Chicago, in which it was sought to recover damages sustained by the plaintiff previous to his birth. Ada A. Allaire, the mother of the child, brought the suit, which was for \$50,000, as the baby's next friend.

Shortly before the birth of the child the mother was in St. Luke's Hospital, and, while being transferred from one floor to another, her left leg was caught in the elevator and crushed. When her child was born, his left foot, left side and left leg were paralyzed and deformed. The mother settled with the hospital authorities on her own account and then brought the suit for the child.

A general demurrer to the declaration was sustained by the Supreme Court on the ground that at the time of the accident the child could not be considered as a separate being, capable of sustaining an action independent of the mother.

"If an action can be maintained," the court says, "it necessarily follows that an infant may maintain an action against its own mother for pre-natal injuries."

Justice Boggs files a dissenting opinion in this case and holds that the child was a separate being. The best evidence of this fact, the judge says, is that the child was born alive after the injury to the mother.

To Open a Book Properly.—Hold it with its back on a smooth or covered table. Let the front board down, then the other; now hold the leaves in one hand while you open a few leaves at the back, then a few at the front, etc., alternatingly opening back and front until the center of the volume is reached. If this is done two or three times, there will be no danger of breaking the volume.

Removal of Blood Stains From Clothing—S. T. Rugh says that hydrogen peroxide, will remove blood stains from linen or other fabrics. The earlier the application is made the better the result, but even old blood

stains may be completely decolorized by this method. The peroxide should be used in full strength and the application repeated until the stain is entirely obliterated, this being hastened by rubbing the spot with the finger or a cloth during the application. If hot water has been used, or anything that will coagulate the albumen, the peroxide will not remove the stain.—*Ex.*

Elevator Sickness.—Physicians have discovered a new and distinct modern ailment, which they call elevator sickness. It is asserted by reputable medical men that the large increase in the number of cases of brain fever and nervous disorders is due in no insignificant degree to the extension of the elevator system. Most people feel a sensation as if they were falling when going down in a rapidly moving "lift," and the constant repetition of this seemingly slight dizziness induces chronic headache or other nervous disorders, and even leads to brain fever in some instances. Those who habitually ride up and down six or eight stories two or three times a day almost invariably become a prey to some form of nervous trouble.

The Ideal Father.—"Of all relations among individuals, in all combinations which life offers in this world, there is none that is more wonderful than motherhood, and fatherhood comes next," writes Bernetta Brown in the February *Ladies' Home Journal*. "The mother may be represented as a dove, with love and gentle care brooding over the young; the father as the eagle, strong, eager to defend and help. The mother should be the embodiment of sweetness and gentleness; the father a citadel of strength. A father, then, to avoid his failures, must be of fine, large quality, strong, sane and loving; a self-forgetful, pleasant guide, a chum for his boys, a lover for his girls, a comprehending husband, a comfortable man. With a father like this, and a mother such as we have sometimes seen and often dreamed of, the pathway of childhood becomes not one of thorns, but one besprinkled with flowers, and life is changed from a dreary round of mistakes and failures into a comfortable, successful and beautiful journey, brightened by cheerfulness, gladdened by comradeship, sweetened by love and enjoyed alike by mother, father and children."

The Old Apothecary Art.—Is the old days the Magi ordained that "the Pyrethrum parthenium (the fever-few) should be gathered with the left hand," says the *Humanitarian*, "that the fevered patient's name must be spoken forth, and that the herbalist must not look behind him."

Later we hear that "gout was treated with henbanes only when the moon was in Aquarius or Pisces—i. e., three times a year, before sunset. It must be dug up with the thumb and third finger of the left hand, when one must say: 'I declare, I declare, holy wort to thee! I invite thee tomorrow to the house of Fileas to stop the rheum of the feet of M. of N. and say, I invite thee, the great name, Jehovah, Sabaoth the God, who steadied the earth and staid the sea, the filler of flowing rivers, who dried up Lot's wife and made her a pillar of salt, take the breath of thy mother earth and her power and dry the rheum of the feet and hands of M. of N.'"

Henry VIII, who studied medicine and took great interest in inventing new mixtures and remedies, devised many "cramp" rings to be worn for the cure of rheumatism and curious liniments and cataplasms, for the full benefit of which a large amount of faith was necessary.

Craving for Stimulants.—That the normal blood contains stimulants, that these stimulants exercise a favoring influence on function, and conduce to, and may even be a necessary factor in the production of the feeling of well-being, explains the widespread liking in man and beast for stimulating substances, says Dr. Harry Campbell in the *Lancet*. This liking, amounting often to a craving, is the expression of a great physiological principle. When there is perfect health, when the blood is well provided with its proper stimulants and not overcharged with depressants, there is no craving for extraneous stimulants, as alcohol, tea or coffee. But when it is defective with the one, surcharged with the other, then is left the desire for the glass of wine or the cup of tea. In order to obviate this desire we should seek to keep the body at the highest level of health. The more perfect the health, the more perfect will be the composition of the blood, both in respect to physiological stimulants and deleterious toxins. A blood properly constituted in these and other respects will exercise a gentle stimulant action on the nervous system and induce a condition of mild physiological intoxication, which expresses itself in a feeling of well-being and happiness, a condition which cannot be bettered.

How to Stand Correctly.—A gymnastic teacher tells us how “the art of standing correctly may be acquired,” if it is not natural. She says:

“Begin with feeling your weight evenly balanced upon your feet, though it is not necessary to stand with heels together. Draw your knees in firmly, but do not hold them tensely, draw your hips well back and contract the abdominal muscles. The chest must be thrown out, and then the shoulders will drop down and back as they should do. When told to throw your chest out, imagine a handle is there, and that you are being pulled forward by it. The next step is to raise the head slightly, and after that draw the chin in. If your body can now sway easily back and forth from the feet up, the position is correct. Swaying back and forth does not mean to bend at the waist, but to maintain the standing position and imagine that you are a lily swayed back and forth by the wind. The weight of the body is well off the heels, and one is really standing on the balls of the feet. Stand so that a sheet of paper could be slipped under the heels.

“There are certain exercises that will hasten one’s ability to stand correctly—separate exercises for the muscles of the back, abdomen, and legs.

“For a weak ankle or flabby calf nothing can be more beneficial than the heel and toe movements. First don low, soft, flexible shoes, without heels. Take correct standing position, only in this case the heels must be together. Rise slowly on the toes as far as possible, and keep the position for a second; then lower yourself slowly. Holding the heels together helps to keep the balance. Unless very careful, one is apt to turn on the sides of the feet, which must not be allowed for a moment. Try this movement for ten or fifteen times. The following day there will probably be a distinct feeling of soreness; then you will know that you are really doing something. In rising on the heels start with the heels together, and then rise first on one heel and then on the other. The movements are made with some force or impetus, and not as slowly as those of the back of the leg, and both heels at once, which is a rather difficult matter. These movements strengthen the muscles of the leg, while these movements strengthen those of the back of the leg, and both should be practised daily.”

Medical Anecdotes of the Olden Time.—Mr. W. H. Harsant, F. R. C. S., in his presidential address to the Bristol Medico-chirurgical Society on Medical Bristol in the Eighteenth Century, gives some amusing illustrations of medical manners of the olden time, from which we quote the following:

“When Dr. John Paul was physician to the infirmary, from 1772 to 1775, the surgeons of the day called him ‘their good friend Sangrado,’ since the minute he was sent in attendance one of them was sent for to make use of his lancet. Mr. Metford used to say that he had bled thirty patients a day at the infirmary by Dr. Paul’s order, and that he was occasionally in the admission room when Dr. Paul was taking in, and that the first question he asked of every male patient was, ‘Are you a Bristol man?’ If the reply was in the affirmative, he regularly wrote in his book ‘V. S. ad zxx’ by way of beginning. Mr. Metford requested to know why, without further inquiry into their complaints, he ordered them to lose so much blood. ‘Because, sir,’ said Dr. Paul, ‘if he is a Bristol man, I know that he sits of an evening smoking tobacco and drinking your abominable fat ale; the first thing to be done, therefore, is to let some of that run out, and then we shall see what else is the matter.’”

Of Mr. John Townsend, another eminent surgeon to the infirmary, the following is told:

“He was once walking down Broad street during an illumination, and observed a boy breaking every window which had not a light. He asked him how he dared to injure people’s property in that way. ‘Oh,’ said the boy, ‘all for the good of trade; I am a glazier!’ ‘All for the good of trade, is it?’ said Townsend, lifting up his cane and breaking the boy’s head. ‘There, then, you rascal, get that mended for the good of my trade; I am a surgeon.’”

The days of the old “barber surgeons” gave rise to the following advertisement in “Felix Farley’s Journal” for March 9th, 1754, which reads:

“Henry Hanes, barber, Redcliff Pit, shaves each person for two pence, cuts hair for three half-pence, and bleeds for six-pence. All customers who are bled he treats with two quarts of good ale, and those whom he shaves or cuts their hair with a pint each.”

The Effect of Colored Light on the Nervous System.—It has long been claimed that colored light has a special effect on men and the lower animals. It has been asserted by some that the lower animals grow more rapidly in violet than in white light. On the other hand, Flammalio has found that silkworms grow less rapidly in the violet rays. Experiments on the nervous system, says *Public Opinion*, are in better accord. They show, according to Henri de Parville, that the red end of the spectrum is exciting to the nerves while violet, blue and green are calming. It is well known that turkeys and bulls are excited by red; on the other hand, blue glasses are often used to quiet horses. In the photographic establishment of the Messrs. Lumiere, in Lyons, France, sensitive plates are prepared in a large room by green light. Formerly when red light was used the workmen always sang or gesticulated at their work. Now they are calm, never speak, and assert that they are much less tired in the

evening than they were previously. Every sufferer from nerves knows that a gloomy day affects him unfavorably, while the first ray of sunshine makes him gay again. It has been suggested that the green of vegetation, the blue of the sky, and the blue-green of the ocean may thus have a powerful influence in calming the spirits. Parville, however, cautions his readers against too sweeping conclusions.

(All that we can say is that colors certainly appear to affect the organism, and that the subject will bear further investigation.—ED.)

Treatment of Sprains.—Every doctor has been perplexed with the treatment of sprained ankles or wrists or knees. The treatment must often be prolonged, and the pain and swelling often remain for a long time, until the patient, who is apt to be an active, restless, healthy business man, becomes no longer patient—nor your patient: as he consults some other medical man, who may inform him that his great mistake was in not consulting him at first, as all valuable (?) measures have been neglected. Liniments in these cases are of but little use. Relief from pain is the first essential to be produced in a way which will further the process of cure. This may be done by stimulating the circulation of the part, thus preventing blood stasis and engorgement about the part. Immerse the injured joint in hot water, or hot salt and water, for from twelve to eighteen hours if necessary. As soon as the major portion of the swelling and the pain has abated, apply to the afflicted part a light plaster of Paris, or starch, dressing to insure immobility, and be assured that the cure in most cases will be very speedy and remarkably satisfactory. The writer has tried this in several cases, and he has yet to have a single unsatisfactory result.

No Cow's Milk in Japan.—In regard to the absence of cow's milk from Japan and its beneficial consequences Dr. A. S. Ashmead says, "One of the most striking features of that most curious of countries, Japan, is the singular scarcity of domestic animals. Horses and cattle are only seen in cities and on the road as pack animals. The cow in Japan is not wanted for her milk. Being an animal product, milk falls under the general condemnation which excludes everything that has pertained to a living body from the alimentation of man. Thus it happens that as Japan may not use cow's milk the Japanese mothers are compelled by stress of circumstances to suckle their babies themselves. Artificial lactation is altogether unknown. The children are suckled until their sixth year. The great reward which Japan reaps from this mysterious care of motherhood is the absence of rachitism. All observers have referred to the fact, and to the absence of the rachitic pelvis. I think I am not wrong in saying that the chief and central source of these great sanitary blessings is the absence of cow's milk."

Book Reviews.

Transaction of the American Institute of Homœopathy 1899.—This is volume fifty-five and, in some respects, is the most valuable of any volume during the past twenty years. The general character of the papers presented are of a high grade and contain a liberal sprinkling of pure Homœopathic teaching. But the most valuable feature of the book is the statistics presenting, as it does, the history of the progress of Homœopathy and Homœopathic thought throughout the United States. Nearly 1,000 pp. in this volume and you can get it, with a membership in the American Institute, for five dollars a year.

Homœopathic Remedies of the Plague, by J. N. Ghose; price 50c. This is a conveniently arranged little work of nearly 100 pp., devoted to a description of the plague, past and present, with the report of a number of cases, giving clear indications for the indicated remedy. To these have been added a pathogenesis of the remedies employed in the disease. The time may come when the contents of this little book will receive more general consideration than at the present, and it is always well to be prepared for the enemy instead of being caught unawares.

A Pocket Medical Dictionary, by George M. Gould, M. D., fourth edition, revised and enlarged; P. Blackiston's Son & Co. publishers, Philadelphia; price \$1.00 net; 837 pp., flexible leather cover; gilt edge; round corners.

The publishers suggest the idea that they are giving this book to the profession as a slight return for the remarkable recognition by the profession of Gould's superiority as a dictionary maker over all others, by virtue of the fact that they have sold over 100,000 copies of his dictionaries. At first it would seem as though the profession were abundantly supplied with dictionaries, but an examination of the book shows a supplement of clinical terms requiring 132 pages. We assume that these terms cannot be found in any other dictionary, or at least in any other dictionary edited by Dr. Gould; and an inspection of the illustrated dictionary, also of Foster's Encyclopædic Dictionary, reveals the absence of at least some of these terms. Taking it all around, this is one of the marvels of the printer's art, and sheds added lustre to the honorable house of Blackiston's Son & Co.

The Homœopathic Directory of England and Her Colonies, with a complete roster of the Homœopathic practitioners of the continent of Europe.

This comes out in a very opportune time, owing to the Exposition at Paris, also the meeting of the International Homœopathic Congress. The roster of Homœopathic physicians in England is especially full and complete and makes a fine showing of the professional attainments of our English brethren. The price of this little book is 50c., and undoubtedly will be on sale at the different pharmacies in this country.

Diseases of the Nose and Throat. By J. Price-Brown, M. B., L. R. C. P. E., member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home; Fellow of the American Laryngological, Rhinological, and Otolological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 engravings, including six full-page color-plates and nine color-cuts in the text, many of them original. $6\frac{1}{4} \times 9\frac{1}{4}$ inches. Pages xvi-470. Extra cloth, \$8.50, net. The F. A. Davis Co., publishers, 1914-16 Cherry street, Philadelphia.

The author starts out with the assertion that there is a large class of patients who cannot afford to employ the services of the specialist, and for that reason it become incumbent on the general practitioner to possess or acquire such knowledge of the diseases of the nose or throat as to enable him to take the great majority of these cases and treat them to the best of his ability. He therefore presents these diseases and the treatment required in a simple and practical manner. It is evident that the author believes in a local form of treatment. In other words, he believes all diseases of the nose and throat are of a local character, due to sudden changes in temperature or irritation from material substances like dust, etc., and because of his error in the ætiology of disease the result of his treatment can be nothing but palliation pure and simple, with the ultimate result of finally compelling the patient to employ the services of a specialist, or going to their grave before their time.

Companion Stories for 1900.—The stories published in *The Youth's Companion* portray the manly and womanly virtues with no sacrifice of interest or vitality, and they appeal to the sympathies of old and young alike. During 1900 *The Companion* will offer special series of stories—among them being stories of Former Political Campaigns and Adventures of Linemen.

Besides these there will be a score of stories for girls by such writers as Sarah Orne Jewett, Mary E. Wilkins, Margaret Deland, Elizabeth Stuart Phelps, Edith Wharton, Kate Chopin and Margaret Sangster. There will be four serial stories—"A Prairie Infanta," by Eva Wilder Broadhead; "Running a Merry-Go-Round," by Charles Adams; "The School House Farthest West," by C. A. Stevens; and "Cushing Brothers," by Ray Stannard Baker. In addition there will be two hundred other short stories by the most gifted of American writers of fiction.

All new subscribers will receive *The Companion's* new calendar for 1900, suitable as an ornament for the prettiest room in the house.

Illustrated Announcement Number, containing a full prospectus of the volume for 1900, will be sent free to any address. *The Youth's Companion*, 203 Columbus avenue, Boston, Mass.

The Hahnemannian Advocate

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Institutes of Medicine.

THE SECOND PRESCRIPTION.

ADOLPH LIPPE, M. D.

This paper is supplementary to that great paper by the late Dr. von Bœnninghausen, on "Hahnemann's three Publications," published first in the *Neue Archiv*, and also in November, 1864, in the *American Homœopathic Review*, vol. v., page 193. It is addressed to such members of the medical profession who have accepted and appreciate his three precautions, against these three errors, viz.:

1. To suppose that *the doses* which, after many experiments, and compelled by experience, I have moderated even up to the present time, and which I have pointed out under each antipsoric remedy, *are too small*.
2. The improper selection of a remedy.
3. Hastiness in not allowing each dose sufficient time to develop and exhaust its action.

History repeats itself; Bœnninghausen broke the silence imposed on the true Homœopaths by an ungenerous and ridiculous attempt made by Griesselich & Co. to ignore the teachings of the master, and adopt a pseudo-homœopathy which Rau taught in a pseudo-*Organon*, imposed on them by the erroneous belief that it were best to "let them alone," and that opposition and an exposure of their errors would only exasperate them and prevent their voluntary acceptance of the teachings of the mas-

ter; this silence was broken because these misguided men became bolder and more abusive day by day.

We do not address ourselves at present to the adversaries of Homœopathy as taught by Hahnemann; to those who deny the efficacy of dynamized drugs; who deny the universality of the law of the similars for the cure of the sick; who falsify history, abuse the master, and glory in their futile attempts to make truth and error co-exist together. We address ourselves to our own increasing number of healers who carefully select the truly similar Homœopathic remedy, and administer it in the truly Homœopathic dose; and we do, because long experience has taught us that the most difficult task the healer has to perform is the proper and timely administration of the second dose, either of the remedy first administered, or of another remedy; the most serious mistake we, as well as others, have made, has been in not carefully following the third precautionary rule. It is our aim to enlarge on this vital precaution. Hahnemann and Bœnninghausen allude mainly to the treatment of chronic disease, but the same caution should be used when treating acute diseases. The hastiness in not allowing each dose sufficient time to develop and exhaust its action has its evil consequences as well in acute as in chronic disease; and while in chronic diseases the mistake may possibly be corrected in the course of time, in acute diseases the same mistake may bring about a fatal termination, and if not, the case will become much protracted, and the recovery will hardly ever be a complete one. We shall, therefore, first dwell on "acute diseases." Among all the prevailing grave and dangerous diseases which we are frequently called upon to treat, probably diphtheria stands at the head of the list; and in no acute disease is it more necessary to cling to these extended precautionary rules than in diphtheria; when we are called upon to treat this grave disease, we carefully note down all the symptoms of the patient, and, as Homœopaths, we select among the proved remedies the one most similar to the case. No silly assertion of any boasting croaker that *he* has found a specific for this or any other disease will induce the true healer to resort to such a remedy; he is fully aware that there is nothing in such boastful assertions; he, the true healer, knows the similar remedy, and now administers it in one single dose. And why? because he can never *a priori* know when this single dose will exhaust its effects. The single dose has been administered, and the careful physician will

again see the sick, and by close examination ascertain whether this one dose has produced an effect, and if it has, whether the effect has been exhausted. There is rarely an acute case of a disease in which ominous symptoms do not appear almost immediately after giving a remedy, showing to the close observer clearly that the dose of medicine administered begins to affect the sick. Frequently the position of the sick at once becomes more natural, or sleep almost immediately follows, or the mental symptoms or countenance of the sick change almost at once, or suppressed secretions are suddenly restored; if such ominous symptoms appear almost immediately after the administration of this one single first dose, it is reasonably certain that its action, if not interrupted, will last for a considerable length of time; and it becomes absolutely necessary to wait till the effect of this single dose has been fully exhausted before another dose of any other or of the same remedy is administered. And why should more medicine be given if the patient improves? What possible good could such an interference with the absolute beginning of a dose do? This single dose of the truly similar remedy administered in what, to the individual judgment of the healer, appears to be in that individual case the minimum dose, will very frequently suffice to cure even a case of diphtheria, and we are not alone in here offering our testimony to this fact. Dr. G. H. Carr says, in the *United States Medical Investigator*, that he treated in the fall and winter of 1878 to 1879, one hundred cases of diphtheria, *without any deaths*; duration of illness, four to five days. He rarely had to repeat the dose, and found that a single dose of a potency acted as well in the most malignant as in the lightest cases; and his testimony carries with it a surprising conviction of its truthfulness when he adds to it the characteristic well-described symptoms which indicate *Lac-caninum* in this form of disease. When a well-selected remedy has been administered in a single dose, and when the improvement is of short duration, the symptoms may either be the same as before or they may have changed, so that the same remedy is no longer indicated; then a second dose becomes imperatively necessary; if the same remedy is still indicated, it will generally be best to repeat it in a watery solution, and administer it by spoonfuls at shorter or longer intervals, till a decided improvement begins; but if another remedy is indicated, it is best to administer this carefully-chosen remedy again in a single dose, and carefully note the results, never re-

peating it till its action is fully exhausted; if the effects are of short duration, it is time enough to repeat it; that repetition, if possible, should be in a different potency than the one first given. It has frequently occurred that the proper remedy was selected, and the minimum dose was administered at once, in a watery solution, in rapidly repeated doses, under the erroneous belief that a grave acute disease required these frequent repetitions; if, then, the patient appeared much worse after the lapse of some hours, did it not show the healer that this aggravation was merely an artificial increase of the symptoms, caused really by an overdose? if he became impressed with the true state of the case, he wisely discontinued the use of the medicine, and was rewarded very soon by finding the artificial aggravation giving place to a permanent improvement; but, unfortunately, the healer would frequently become unnecessarily alarmed, and suddenly and untimely he would change the remedy, to be most likely more alarmed when he found, after having blundered with this mistake, that the disease was really developing most grave conditions. Such mistakes can hardly ever again be corrected. It becomes obvious that a second dose should never be administered till the first dose has exhausted its effects. The mistake becomes decidedly more serious when a high potency was unnecessarily repeated than when the medicine was given in "appreciable" doses. In such cases as described, when in a grave case of a disease, repeated doses of various remedies have been administered injudiciously, but in really appreciable doses, a recovery may still follow when a well selected remedy is administered in a high potency. We had an illustration of this proposition as early as 1846, and although the case has been reported before, it never was in support of this proposition. An elderly lady (over 60 years old) was attacked with Asiatic cholera. Her physician had exhausted all the remedies he knew of; *Camphor*, *Arsenic*, *Veratrum*, *Cuprum*, *Secale-corn.* had been given often, and at short intervals, in tinctures and low potencies; eighteen hours had passed, and the case grew worse rapidly. A careful examination of the totality of symptoms pointed to *Veratrum* as the similar remedy; it had been given to no purpose. With the consent of the despairing physician, a single dose of *Veratrum*²⁰⁰ was put dry on her cold tongue. In less than five minutes the patient fell asleep, passed a large quantity of urine, the skin became hot, and a warm perspiration appeared.

When she awoke, after more than four hours' sleep, she once more complained of cramps, when another and large dose of *Veratrum* was given, and the attack was entirely broken up.

If the proper remedy has been administered in the proper dose, and if an improvement has begun, new symptoms sometimes arise which were not present when the first dose was given. These new symptoms may belong to the remedy administered; they may be known to belong to it, and will subside without further aid; or they are not known to belong to the remedy, but are analogous to the well-known effects of it, in which case it is wise to wait a reasonable length of time; if they belong to the remedy, they will easily subside, and should carefully be noted, and if the newly-observed symptoms show an improvement in the pathological condition, as, for instance, pain in a paralysed part of the body, or restlessness and tossing about in a comatose patient, or cough, with expectoration, in a case of diphtheria, it will be necessary still further to wait for the action of the drug, or for the continuance of the improving pathological condition; on the other hand, if these newly-arising symptoms do not belong to those described here, but in reality manifest an increase of the disease, showing unmistakably a progressive development of the disorder, then we must administer at once a second dose, most likely another remedy. The administration of another dose, or of another remedy, for the above described new symptoms, not positively showing a progress of the disorder, is always followed by bad consequences; the interference with the work began by the *vis medicatrix naturæ* is always reprehensible. For instance, a plethoric individual, addicted to spirituous liquors, is taken down with typhus fever; his wild delirium is finally followed on the seventh day with epistaxis; should this new symptom be taken for an indication of a new remedy? Certainly not; and if a newly-chosen remedy should check the nose-bleed, will not the patient grow much worse otherwise? The nose-bleed will most likely cease after a lapse of time, and during its continuance the progressive improvement of the case shows clearly that it is beneficial to the sick individual.

Progressive knowledge of pathology enables the healer to judge correctly all newly-arising symptoms in an acute disease; and once convinced of the unmistakable fact that the *vis medicatrix naturæ* has been fully aroused by the medicine administered, even in that single but minimum dose, that the work of re-

storing the sick individual into his accustomed health has begun, the plain duty of the truly scientific healer is to "wait," and if the health-restoring process is interrupted, and does not show any further progress *then* a second dose becomes necessary; any attempt to hasten the once-begun health-restoring process by additional medication will invariably be followed by evil consequences; the healer has enough opportunity to apply, even then, his individual judgment, by properly directing the regular regime of the sick.

The same rules govern also the treatment of chronic diseases. There are cases in which a single dose of the similar remedy will cause a gradual improvement, lasting weeks, even many months; the effect of such a dose lasts much longer in chronic than in acute diseases. If it becomes necessary to repeat the same remedy, it is always advisable to give another potency. In chronic diseases it sometimes happens, just as it does in acutedisease, that the action of the remedy is of short duration; the second dose may then at times be given in a watery solution, and be repeated frequently and for a very long time; in some cases it becomes even necessary to continue this medication for many weeks, till the action of the remedy becomes apparent. *A priori*, as we can never know with certainty how many doses of any medicine will be required to cure or improve the sick, it is therefore always safer to administer but one dose, or, at most, a few doses in quick succession. When the improvement has followed this first administration of a single dose of the medicine, Homœopathic to the chronic disease, it not unfrequently happens that this improvement, after continuing for weeks, is followed by a reappearance of the early symptoms of the chronic disease, never so violent as they were at first; it is then advisable—and the closely-observing Hahnemann so direct us—to wait a reasonable length of time, say, at least a week and not rashly administer a second dose, that the second, late aggravation continues and increases, and not till then should the carefully-observing healer administer this second dose: the consequences of this rash interference are so grave, that, in many cases, a cure may either be much retarded, or become even hazardous; the aggravations following such a mistake may necessitate the administration of antidotes, and change the whole condition for the worse. Carefully-made provings with highly potentized drugs show the same results. A single dose, or a few doses in quick repetition, have

been administered; in the course of time, generally in three days, hardly ever at an earlier time, the medicine begins to develop its effects, which often last for weeks, ending generally, as does a natural disease, in a so-called crisis, the latest symptoms almost always appearing on the surface of the body; but the proving does not end there at all. After a long time, sometimes weeks, the same symptoms first observed by the prover from the effect of that remedy, reappear again less violently, last a shorter time, and are really a mild repetition of the first proving. If in this instance the prover hastily concludes on the second day that the remedy taken will have no effect on him, and then takes another dose of the same remedy, or, still worse, another remedy, he violently interferes with the already, to him, unconscious sick-making effect of the remedy; in like manner, if he surmises that with the cessation of the first group of symptoms the sick-making power of the remedy has exhausted itself, and he at once ventures on the proving of another remedy, he will not only not receive satisfactory results, but suffer unnecessarily from the combined effects of the sick-making power of two remedies. When we have gained this knowledge by actual experiment; when we have asked nature these questions, and profit by the answer, we will better understand why we should be extremely cautious *before we give a second dose for the cure of the sick.*

The non-observance of Hahnemann's three precautionary rules, to which this paper is only supplementary, has had its natural and evil results. The hastiness in administering a second dose before the first dose has had sufficient time to develop and exhaust its effects has caused many failures; cases have not been cured promptly, or not all, on account of this hastiness; and these failures were generally attributed to an imaginary shortcoming of Homœopathy as a healing art, or to the inefficacy of highly-potentized drugs, or even to the inapplicability of the law of the similars. In all and every case of sickness, auxiliary and supplementary means and principals have been demanded. Palliative treatment, such as has been the baneful practice of the common school of medicine, has been demanded and defended, on the ground that Homœopathic medicines, administered without regard to these precautionary rules, have failed. The whole truth is, that all and every *departure* from simple, pure Homœopathy, can be readily traced to the non-observance of the rules plainly laid down for the successful practice of this only healing

art. A persistent demand is made that "the individual judgment" of the scientifically freedom-seeking physician must not be interfered with; that to be constrained by any rules is next to bigotry, etc.; to all of which we say, that the departure-seeking spirits should honestly make the experiment, accept these precautionary rules, apply them practically, and if they then continue to fail to cure the sick, as they do now, just publish honestly their cases; if such failures continue, draw the only sensible deduction from their failures, that it is their own fault, and try to do better. First, read Hahnemann's *Organon of the Healing Art*, then study the *Materia Medica Pura*, never touch "Pharmacodynamics" or crude drugs, and then publish the results of their practical experiments in an honest Homœopathic journal. *There will be no more failures; there will be no longer a necessity to resort to any auxiliary and supplementary means, such as are the ordinary health and life-destroying palliatives.*—(*The Organon.*)

DYNAMIZATION OF MEDICINES.

THOMAS SKINNER, M. D., LONDON.

Sometime after my last paper on this subject had gone to press I found myself engaged in a considerable epistolary correspondence with Dr. Dyce Brown, one of the editors of *The Monthly Homœopathic Review*. The subject which then engaged our respective pens, the centesimality or non-centesimality of the potencies of our co-editor, Dr. Samuel Swan, of New York. As I have no other object to serve but the simple investigation of truth, and as my desire is that the profession may be able to judge as to who is who and what is what, in reference to this difficult subject, I determined at once to put the matter into professional hands, hands which have been trained to deal with figures. The gentlemen I engaged to make the investigation is a far-advanced student in mathematics, algebra, and the higher branches of arithmetic, he has already taken honors at the University of Cambridge (King's College), and he is going in for the wranglership. I have pledged him that should his views or figures be questioned, no one shall be allowed to enter the lists against him who is not in every way his equal, as regards education and professional acquirements.

Before I give you my Actuary's statement, permit me to remind you of my object in commencing the investigation of the subject of dynamization, with reference to the so-called high-

potencies. In my first paper (vol. i., page 53), I informed my readers that "the primary object of my Centesimal Fluxion Potentizer was to place all our potencies on the same scale of attenuation and notation—*without cavil or doubt*—the high on the same scale as the low, namely, the Centesimal or Hahnemannian scale." In other words, the dynamization is to proceed on the ground of attenuating ninety-nine drops upon one drop of the previous potency, which is the method of Hahnemann.

In order to ascertain this, of a given method, it will never do to say, that because such potencies act, therefore they are centesimal, as little can their centesimality be found by the aid of microscopes and spectroscopes with cells of so many inches, feet, yards, or miles long. There is but one way of settling the difficulty—reduce it to figures, which cannot err. This is Hahnemann's method.

If every physician was to adopt an "arbitrary" method of his own, and, at the same time, attach it to the symbols of the master, making it appear that the notation and attenuation were the same as his, we should soon be in a pretty mess, as we shall see when we reduce Dr. Swan's "arbitrary" method to figures. If there is one thing more necessary than another in dynamization, it is that we should found the system on a solid and substantial basis; that basis, then, must be a physical one, and the method of measurement must be numerical, however spiritual the results may be. Unless all methods of dynamization can stand this test, they must necessarily go to the wall, and the sooner the better.

The actuary took the formulæ of Drs. Swan and Fincke and calculated the degree of potentization, when compared with Hahnemann's rule, to be as follows:

SWAN.	FINCKE.
M (89)	M (151)
10 M (178)	10 M (1,506)
50 M (265)	50 M (7,547)
C M (354)	C M (15,053)
M M (443)	M M (150,530)
C M M (709)	
D M M (796)	

In the first place, there is a goodly sprinkling of physicians who have got an idea that high-attenuations are every-

thing, and that the selection of the remedy is altogether secondary—a grosser mistake was never made. The *simillimum* will always do good, and will frequently cure, mostly in a single dose, from the mother tincture upwards—Dr. Pearson and his sympathizers to the contrary notwithstanding. If one-half the time spent in studying Pathology, Practice of Physic, Institutes of Medicine, Chemistry, and the *Physical Diagnosis of the Disease*, were spent in acquiring a more deeply-rooted knowledge of the *Materia Medica* and its characteristics or guiding symptoms, and how to use our Repertories in invariably finding and prescribing, not that which is like one or more of the symptoms, but that which is *most like the totality of the symptoms*, including more especially the mental, moral, and subjective symptoms, peculiarly expressive of the deranged vitality and its cause—the disease—and the only thing which ought always to be prescribed for—if, I repeat, one-half the time misspent in dead-house pathology, etc., were so spent, we should hear less of this mania for “high-potencies,” and, as a happy result, we should hear less of physicians in their anxiety to gratify a demand which they themselves have largely created, trying to discover *quicker* methods of arriving at the “M M M,” and end in supplying the *eight hundred and eighty fifth instead, and themselves as ignorant of the deception as the child unborn*. It is the old, old story—“The more haste, the less speed.”

It is of no use mincing matters; the sooner the delusion is dispelled the better. I mean the delusion that failure is equivalent to too low a potency. Sometimes it is so, but the rule is, failure means that the selection made is not the true *simillimum*. If there is any truth in the law of similars, this is true. Instead of *always* flying from a higher to a higher attenuation, time is frequently lost, the rule being, that if the 30th or any beyond has totally failed to relieve in three or more doses, there is a strong probability, in acute disease especially, that *the selection* is below par, and a fresh selection, and not a higher attenuation, is advisable.

As I do not wish to be misunderstood, I must remark that I have lost none of my faith in high-attenuations. I am prepared to go as high as can be reached, if relief or cure follows more certainly, and it accords with my experience that the higher we go, the better knowledge must we possess of our *Materia Medica*, and of its application in disease according to the law of cor-

respondence. High-dynamization can never take the place of the immense labor and research sometimes required in the selection of the remedy in cases of chronic disease, nor even in some acute affections.

Next to the rage for "high-potencies," as if "attenuation was everything" and the selection of the remedy nothing, or only secondary, I have said there naturally arose a desire to gratify the taste for the article. If you don't succeed with the C M, go in for the M M, and if M M won't do, try the M M M, and if that fails, have a go at the "2 M Quad.," and that is bound to do something. The "2 M Quad." is the two thousand quadrillionth, arrived at by the same method as the M M M.

In order to gratify the rage for high, higher, highest potencies, quick methods of attenuation had to be devised. The fluxion process was too slow, vastly quick as it seemed to be compared with the slow process by hand. The hydraulic power of the main drives everything out of a glass holding only one hundred minims—the superincumbent weight of the extra two hundred minims will steady the process, and let us go ahead at a greater speed—and as "attenuation is everything," the two hundred minims enter the glass and one hundred minims make their exit, the attenuation is all that can be desired. Whatever the dynamic or spiritual attenuation may be, the physical and numerical are conspicuous by their all but total absence. In Hahnemann's process, the physical and numerical keep pace with the dynamic and spiritual, and this is equally true of the processes or methods of dynamization of Boericke, and my own, Dr. Swan's and Fincke's methods and Jenichen's being the only exceptions known to me.

If Dr. Swan desires to obtain the 10 M by attenuating upon the one-tenth of a drop of the 1 M (supposing that he has the 1 M), instead of taking this fraction of a drop with the first, the 1,001st attenuation only, he must take it with *every one of the thousand attenuations he is running through his glass*. He would then, and not till then, have the 10 M of Hahnemann. As it is, Mr. Hughes has clearly shown that instead of the 10 M he has only got the 178th cent. There is no fear of Dr. Swan, or any of us, taking the fraction of a drop *a thousand times by way of expediting the process*. If ever we had an example of "the more haste the less speed" before us, we have it now with a vengeance.

Dr. Swan's errors, then, lie in using a glass holding more than one hundred minims, and calculating centesimally; and, second, by attenuating upon a fraction of a drop of the first potency of every thousand, instead of by taking the same fraction of each of the one thousand potencies—two very grave errors, which I do not think he will ever repeat.

There is one very important point which calls for explanation on my part. How is it that, before making this somewhat unexpected discovery in regard to Dr. Swan's attenuations, I pronounce them "*second to none?*" Dr. Berridge, Dr. J. H. Jackson and many other careful and competent observers have said the same of them, judging them chiefly by their action at the bedside of their patients. How is this to be reconciled with Mr. Hughes' calculations regarding the non-centesimality of Dr. Swan's attenuations?

"LAWS OF CURE."

M. W. VAN DENBURG, MT. VERNON, N. Y.

It should not be forgotten that the word "*cured*" has a wide significance as used in common life. This is also true of the same term when used in medicine. Cure, in the broadest sense, is the removal of an abnormal state or condition affecting a living organism. As applied to mankind, it is the changing of our abnormal state of health, either functional or organic, or both, to a normal state. In this broad sense, and the only legitimate meaning in which it can be used unless specifically limited for the purpose of discussion, there are *several laws of cure*. That is, there are several effective methods of procedure, that tend, under certain circumstances, to bring the abnormal organism back to a state recognized as healthful, or as "good health."

One of these is *The Mechanical Law of Cure*. It consists in removing mechanically an offending substance, a mechanical something that keeps the organism in an abnormal condition.

The removal of dead or diseased bone, of tumors, neoplasms, etc., of excreta from the clogged digestive tract, of a calculus from the gall bladder, or the urinary bladder, may be accomplished by mechanical means, and health restored, in whole or in part. And this removal may be accomplished by different methods and means in different cases; (a) by the use of instruments

and mechanical appliances; when it is purely a surgical cure; by the use of emetics; or by the use of massage, also mechanical.

(b) Or by the use of cathartics in the proper cases, or by resolvers, in a few cases, to which they may be applicable.

(c) The removal of a syphilitic gummata in the brain by the use of drugs, is probably both a mechanical and a drug-cure. That is a mixed cure.

A Second Method of Cure, is the Hygienic. It consists in ordering a proper regimen; in removing deleterious conditions from the environment; and in a large class of cases, this is a perfect law of cure. In other cases, it must be combined with one or more of the other methods.

A Third Method of Cure, is by Suggestion, or, as some will call it, *the Hypnotic method of cure*. There are a certain class of abnormal states and conditions, for which this method is excellent. There are beyond doubt some cases in which it is the only satisfactory method available. But its range is very restricted, and in the hands of the ignorant and the unscrupulous it is capable of unlimited abuse.

There is a *Fourth Method of Cure*, which consists in the application of temperatures differing from that of the body, either above, when we call it heat, or below, when we call it a cure by cold. There are certain cases where these means and methods tend strongly to restore the sick to the normal state.

There is a *Fifth Method of Cure*, by the use of electricity. Beyond doubt certain abnormal conditions that are benefitted by an intelligent use of this means, and restoration to health may be hastened by its use in proper cases.

There is a *Sixth Method of Cure*, by *Massage* and specific exercise. This is beyond doubt partly "Mechanical," partly by "Suggestion," partly "Hygienic," and partly "Vital," in its means, methods and effects. But in properly selected cases, it is the means of promoting a cure.

A Seventh Method of Cure, is by *Counter Irritation*. No one who has looked with unbiased eyes upon facts, can deny that there are cases that are benefitted by this means. It may be that such cases are not frequent. It may be that the method is so liable to abuse that it becomes a menace to public health in the hands of the ignorant; still *it is a method that in properly selected cases will produce beneficial results.*

It is not claimed that these are *all* the methods or means besides the great one, yet to be mentioned, that tend to promote a return to health.

Whatever tends specifically in properly selected cases, to restore the abnormal to the normal, is a means, or method of cure. I think it can be shown that the above methods and means do, in properly selected cases, tend to such results.

To speak of a *law of cure* in the legitimate sense, is to give a formulary by which a cure may be affected. Such formularies may be more or less perfectly enunciated in each of the above mentioned "*Methods.*" None of these methods are of universal application. Some are much more restricted than others; some have very narrow limits. To speak of "The Only Law of Cure," in a legitimate or logical sense, one would have to show, first, that these means and methods *never* tend to promote cures; that they are wholly useless for such purposes.

And, again, one would need to show that, "*The Only Law of Cure*" was applicable in *all possible cases*, where abnormal states or conditions were capable of improvement, by *any* means whatever.

Nothing takes place except in obedience to "*a natural law,*" that is, an order of procedure inherent in the nature of things, by virtue of which certain phenomena in their combined effects always produce certain results.

An *Eighth Law of Cure*, or method of cure, is by the use of drugs.

Drugs are substances produced either by natural or artificial processes, which are capable of changing the state of bodily health. This change may be from a normal to an abnormal state, or *vice versa*.

It has been found by experimental proof, that any substance that will change the bodily health from the normal to the abnormal, will, under proper conditions, reverse the process, that is, cure the sick.

It has also been found by experimental proof, that any drug will tend to restore health to an organism, whose abnormal state is very similar to the abnormal state produced by the action of that drug upon the healthy; or, in the set phrase of medicine, any disease very similar to the physiological effects of the drug.

These last two propositions, embracing the definition of a drug and its power to cure disease, are now so long and thoroughly

established, that it would be a work of super erogation to try to prove them to the doubter by arguments. If any one does not believe that salt will dissolve in fresh water, let him try it and see. The same answer applies with equal force to the doubter of the efficacy of drugs to cure diseases similar to those they cause in the healthy.

This application of the use of drugs is so wide, so beneficent and so efficient, when directed by a thorough knowledge of their physiological effects, and the proper amounts to be administered, that one may be pardoned for enthusiasm when he compares the results with those obtained by other methods of cure.

But it is not necessary to lose sight of the fact that there are other methods of cure. The hypnotist, or Christian Scientist, as he presumes to call himself, is only more wrong when he attempts to cure organic diseases, or to set a broken bone by hypnotism, because the field of hypnotism is so much more limited than the field of drug-cure. But the drug-curist is equally at fault from an ethical standpoint, when he presumes to assert that his is *The Only Law of Cure*.

CEPÆLIS IPECACUANHA.

CHICAGO MATERIA MEDICA SOCIETY.

Dr. Hoehn:—Natural Order—Rubiaceæ.

Habitat—Brazil.

Ipecac is a perennial plant. The stem is from two to three feet high, smooth, grayish color below and pubescent green above.

The leaves are from three to four inches long and from one to two inches broad. They are opposite, petiolate, obovate, acute entire, with large stipules.

The inflorescence is composed of from ten to twenty small complete flowers in a dense head.

The root is the part used in medicine and is from an eighth to a quarter of an inch thick, wrinkled, three-fourths of which is bark and one-fourth woody fibre, the latter being inert is cast out in pulverization.

The chemical constituents are an alkaloid emetin, a glucoside ipecacuanhic acid, a crystalline coloring matter erythrocephalein, fat, wax, starch, cellulose and calcium pectate.

General Action.

Dr. Hotchkiss:—Ipecac seems to affect primarily the solar plexus and the pneumogastric nerve; it irritates these centers spasmodically; accompanied by vascular erethism, hence it is useful for hemorrhages and inflammatory conditions of the bronchial tubes. It is suitable for feeble, slender persons with sensitive temperament. According to Sachs, who ridiculed Homœopathy, Ipecac possesses a specific medicinal relation to periodical diseases, if the paroxysms occur at night. Years before Sachs' time, Hahnemann taught this doctrine when he recommended Ipecac for paroxysmal asthma.

Its action upon the pneumogastric nerve is remarkable. "How singular it is," says Dr. Marshall Hall, "that Ipecac taken into the bronchial tubes should excite asthma, and when taken into the stomach it should induce another affection, that of vomiting." But this is explained when we know that it acts upon the various ramifications of the pneumogastric nerve and upon them it acts alike, its action is that of a spasmodic irritant and the effect of this spasmodic irritation in the air passages in asthma and that of vomiting in the stomach case. This is the primary effect of the drug. The pathological appearances are capillary engorgement, redness, as if the surfaces were inflamed. Some persons are so wonderfully sensitive to the action of Ipecac, that the merest atom of the dust will interfere with their breathing.

A druggist's assistant while engaged in the process of powdering Ipecac, was poisoned by the incautious inhalation of the dust. The patient was suffering at the time from catarrh and cold. In consequence of his inhaling the dust, he was seized with vomiting, followed by tightness of the chest. An hour after this he complained of a most violent sense of suffocation and constriction of the trachea and throat; his face looked cadaverous, and he had the most frightful paroxysms of oppression and anxiety. The physician who was called in bled him and gave *Asafetida* and *Belladonna*, with temporary relief. This attack confined him to the house for two days, but he suffered several days with difficulty of breathing.

This case and others that might be related shows the immense power possessed by Ipecac of spasmodically irritating the ramifications of the pneumogastric nerve, and thereby causing a variety of other conditions of the respiratory and gastric organs, which find in Ipecac a sure and energetic remedy.

Ipecac is a remedy that has a wide sphere of action in acute diseases. It will be found that most of the Ipecac complaints come on with vomiting. The febrile conditions will start in with a pain in the back, or pain in the back between the shoulders; it also has pain in the back as if the back would break. Usually in its fevers there is seldom thirst; but the vomiting will be present; this is the general feature of the Ipecac fever. In the chills and fever, the gastric trouble, or bilious attacks as it is sometimes termed, is invariably present for Ipecac seems to have a special affinity for those complaints of the alimentary canal. The one prominent feature of this drug is the property of producing nausea and vomiting. So marked is this symptom that it may be said that it is almost universally present in all cases in which Ipecac is required.

The Ipecac stomach has those symptoms present that are nearly always found when the liver is disturbed; there will be that sense of fullness in the stomach, also the cutting pains below the stomach, going from left to right. If there is colic present, it is cutting, in the umbilicus and going from left to right. So severe is the pain that the patient is unable to move or breathe until the pain passes off. Accompanying these pains, about the region of the stomach and navel will be great prostration, nausea and vomiting.

As has been said before, all the Ipecac complaints are attended with nausea or vomiting, if it is a cough it will be associated with nausea and vomiting, the cough is dry, hacking, tearing and suffocating; they cough until they become red in the face, and then gags and chokes. If there is a hemorrhage, there will be nausea. In uterine hemorrhage the blood is bright red, and with every little gush of blood there is nausea, fainting and syncope. With these complaints there is sometimes thirst, but usually the thirst is absent when Ipecac does its greatest work.

In fevers we may use Ipecac, especially those partaking of the character indicated, a malarial origin, those of the intermittent type, periodically being a leading feature. The paroxysms may occur every day, but more frequently every other day. It is particularly well indicated when there is a short chill, followed by long fever with nausea and vomiting, especially after the abuse of quinine. Before the chill there is the backache that has been mentioned, followed with headache, nausea and increased salivary secretion. During the chill there is coldness of the feet and

hands, with redness of one cheek and paleness of the other, associated with vomiting and prostration; during the heat the nausea and vomiting continues, with thirst, oppressed breathing, dry hacking cough and headache; during the sweat, which only becomes profuse after previous drugging with quinine, there may be nausea, vomiting and even cough, but the guiding symptom almost always present in every stage is the constant, distressing nausea, with inclination to vomiting.

Ipecac may have restlessness equal to *Rhus* or *Arsenicum*, but it is periodical, it comes in spells, while in *Rhus* or *Arsenicum* it is continuous.

The intermittent fever, in which Ipecac is indicated, as we have seen, is characterized by gastric symptoms of a distressing nature and respiratory phenomena of certain gravity. The short chill, long heat and slight sweat, would have only a relative value if the sickness of the stomach did not attend the paroxysms. A dry hacking cough during the heat, and sometimes during the sweat, is also an important symptom. This remedy should be thought of when the greatest prostration is during the chill; when the sweat is profuse after the abuse of quinine; when the apyrexia is disturbed more or less by gastric trouble. The fever is apt to postpone and become irregular; improprieties of the diet will bring on relapses, and after suppression by quinine the fever returns in another form, preceded by nausea and vomiting.

Ipecac is similar to *Antimonium tart.* in chest troubles. Both have the rattling cough and difficult breathing; both have pallor. In the Ipecac case all this comes on in the irritable state, while in *Antimonium tart.* it comes on in the relaxation. We have both these stages in bronchial troubles. The Ipecac symptoms come on in a hurry; it corresponds to the beginning of the case. The *Antimonium tart.* case develops slowly, sometimes taking days; it is called for at the close of bronchial affections, when there is threatened paralysis of the lungs. The suffocation is from relaxation, the lungs being too weak to expel the contents. The frequency of the cough is not a good sign, although one not thoroughly posted in the nature of the disease might think to the contrary. The chest is so filled with mucus that the child cannot cough. Comparing the sphere of the two remedies it will be seen that Ipecac comes in early, while *Antimonium tart.* comes in at the close; Ipecac comes in rapidly and affects a crisis speed-

ily; *Antimonium tart.* comes on slowly and affects a crisis after many days.

In uncomplicated whooping cough this remedy covers well, both the bronchial catarrh and the hyperaesthesia of the air passages. The cough, which is frequent, severe and dry at first, assumes later a paroxysmal character. It has all the whoop, the retching, vomiting, loss of breath, suffused eyes, pallor and lividity of the face and rigidity of the body, and finally becoming relaxed, and vomits a ropy, glairy mucus, which relieves the patient. It is rarely that you will be required to follow with any other remedy, when with the above symptoms there is nose bleed or bleeding from the mouth, it is a remedy to be remembered. Whooping cough follows other diseases, especially measles, or when complicated with bronchitis, convulsions, or disordered conditions of the stomach or bowels.

It is a very valuable remedy in the treatment of capillary bronchitis of infants when caused by moist weather, with an abundance of troublesome secretion and difficult expectoration. There is great accumulation of loose mucus in the chest; there is rattling, wheezing and laborious breathing. The cough is spasmodic and almost perpetual, yielding no phlegm and usually attended with vomiting. The accumulation of mucus in the chest is so great that it is with great difficulty that the child can breathe. The mucus, however, can be raised and expelled with great difficulty, or with vomiting; but should this prostration increase, the cough grow less, the skin become more livid and is cold and clammy, with muttering delirium, then we must resort to *Antimonium tart.*

Ipecac is frequently indicated in gastric disturbances, or the after effects arising from the free indulgence in a mixed diet of pastry, pork, fatty food, ice cream, unripe fruit, salads and other irritants of like character, which remaining in the stomach, produce the distressing nausea and vomiting so characteristic of this drug. The indications accompanying the above conditions, whether inflammatory or dyspeptic, will be the clean or slightly coated tongue, the aversion to all food, the feeling of quamishness, emptiness and relaxation about the stomach. the accumulation of saliva in the mouth and the clutching pain in the abdomen.

Our attention is drawn in the study of this important remedy to the persistent, distressing nausea with inclination to vomit, which predominates everywhere, and the spasmodic respiratory symptoms with which it is so frequently associated.

General Effect.

Dr. Evans:—The general effect of Ipecacuanha is summed up in the influence it exercises upon the vaso-motor nerves. This is not to be understood as resulting in a simple capillary engorgement following upon paresis of these nerves, for such a congestion would result in an inflammation. There is evident change in the nutrition of the capillaries and larger vessels, which allows blood to pass freely through their walls, or, which causes them to rupture and permits blood to pour out of the openings. The pathogenesis of Ipecac shows that hemorrhages take part in every part of the body; no locality is exempt and every outlet is liable to give vent to a profuse and continuous flow of blood.

It is very plain that no vital alteration takes place in the blood itself, for it is poured out bright red and clear, and coagulates rapidly, having exactly the appearance of blood issuing from a deep wound. Thus we find bleeding from the nose, hemorrhage from the lungs, hemorrhage from the stomach, from the intestines, kidneys or bladder. Who that has used Ipecac in those frightful hemorrhages which sometimes take place in women after delivery, has not been delighted with its prompt effect in staying the effusion of blood; even when teaspoonful doses of fluid extract of ergot had entirely failed to check it.

Not only the hemorrhagic power of Ipecac is to be remembered, but the fact also that the flow continues for a long time and that sooner or later, nausea, gagging and retching; faintness, giddiness, blanched face and lips; depression of the heart and pulse becomes associated with it.

But Ipecac also exerts an influence in causing other disorders. Its action on the gastro intestinal tract is so well established that it has become to be looked on almost exclusively as a gastro-enteric drug. This is to be taken with some reservations; there are many other drugs that cause more severe vomiting than Ipecac, notably *Tartar emetic*; it is an excessive nausea rather than vomiting that characterizes Ipecac; it is not transitory but continues from hour to hour with no vomiting or without relief if there is. I think the gastric action of this drug is taken too exclusively into consideration, instead of recognizing it as part of a general pathologic process.

If Ipecac were more fully proven and experimented with, I believe it would be shown that the gastric, respiratory, genital, enteric and other mucoses, including the asthmatic, dysenteric

symptoms were due to a single process, differing only in varying degrees up to the hemorrhagic climax. The same is true of the effect of Ipecac on the spinal cord, which gives rise to paroxysms resembling intermittent fever.

Mental Symptoms.

Dr. Pierson:—There is nothing characteristic about the mental effect of Ipecac. We have some irritation, purely nervous, and evidently reflex. The expression is dependent upon the amount of physical reserve or resistance. In the child there is some crying, but the character will be of a peevish, whining nature; nothing vehement. The irritation comes late in the proving. At first they are too sick to think or do anything; want to be held; too weak to offer much resistance. In the adult there is a tendency to exaggerate; that is, to make little things seem great; not the exaggeration of self, like *Platina*, but a magnifying of the opposition which hinders him in his own progress. In other words, he attributes his lack of success or slowness of progress to the great odds with which he has to contend. He is easily angered over any opposition but will not contend for a point; is greatly dissatisfied with his present condition, and continually wants to feel better but cannot tell how; has vague, indescribable longings; does not want to hear any one else describe their sickness, and is sure that no one else can be as sick as he is; does not want to describe his own feelings (as a rule it is not necessary, for the objective signs are sufficiently clear to make the prescription plain).

A remedy to be differentiated from Ipecac is *Pulsatilla*. You will find many things in common. When symptoms are somewhat indifferent there may be difficulty in the selection of the remedy, the modality being the factor that decides the question in many cases. Where the symptoms are well defined there is no difficulty.

Tartar emetic is different in every particular from Ipecac. Here we have restlessness, anxiety, dread, apprehension, nervous feelings of insecurity when alone, easily frightened; this is different from Ipecac in that there is a lack of confidence in self. This condition increases with nausea; nausea is associated with irritation, pain, convulsions, etc. Mental symptoms may take on the form of crazy delirium.

Gross presents the following very concise comparisons:

Ipecac is a peevish, irritable, taciturn, abstract, haughty individual.

Tartar emetic is despondent, bold, dull, hypochondriacal with tendency to violence.

Nux vomica is a loquacious individual, fearful, malicious, amorous abstraction, and delirium.

Pulsatilla presents a fearing, indifferent, gentle, amorous condition; bold and avaricious.

Veratrum alb. has dejection, distrust, fear, malice, amorous, abstraction, delirium.

The mental symptoms of this drug are reflex, as is the case in almost all drugs.

I do not know that I have seen these comparisons brought out in this way before, and would like a thorough discussion with reference to the truth of the same.

The Sequence of Action.

Dr. Woodward:—The published records showing the development of action of *Ipecac* are in cases of poisoning. The most of our provings are arranged in schematic form.

Some years ago members of my class made eight provings that were very satisfactory. As a result I have twenty-three observations showing the order of development of this poison in the economy. Of the twenty-three, seventeen provers showed first irritation of the digestive organs in one form or another, soon followed by symptoms of the respiratory apparatus. In twelve of this number these symptoms were followed by spasmodic dyspnoea, or other symptoms indicating spinal irritation. In most of the provers no other symptoms occurred, but in four the spasmodic features are followed by cutaneous and later by genito-urinary symptoms, and while in five others the genito-urinary precede the cutaneous. As clinical evidences agree with the former, the following sequence is adopted as a guide in practice until further experiments are made, viz., *Gastric, Respiratory, Spinal, Cutaneous* and *Genito-Urinary* disorders. Whenever a disease develops in this order, or presents a group of symptoms involving these functions collectively, this drug will prove curative, whatever the disease may be called.

Nervous System.

Dr. McIntyre:—Dr. Evans very nearly made my speech. However, there are a great many things which may yet be said. In looking over the few and simple provings that I could find, nausea seems to be the first thing that attracted my attention, vomiting is exceedingly forcible. It appears very quickly and points to an irritation of the pneumogastric nerve. I am not prepared to agree that the first effect of Ipecac is on the vaso motor nerves. The theory of an irritation of the pneumogastric is further strengthened by the second symptom of suffocation. This suffocation is not the result of œdema, and is spasmodic in its nature. Not only is there a spasm of the bronchial tubes, but also of the laryngeal muscles, as much, perhaps, as of the lungs themselves, pointing us to some fibres which come from the pneumogastric nerve. A little later there is œdema, and the question arises in my mind, whether that œdema is the result of changes in the sympathetic, or whether it is the result of this peculiar spasm, causing local troubles by local bruising, so to speak, caused by spasmodic action. I am somewhat inclined to the latter belief.

I was very much interested in what Dr. Evans said as to the relief following the hemorrhage. This carries us to the sympathetic system. I have not seen any provings where hemorrhage was an early symptom; we generally find it a late symptom, coming on after the other symptoms. Now the question arises, is it the result of vaso-motor changes, or is it the bursting of capillaries by straining to vomit? I am not satisfied in my mind as to the answer of the question. There is a uterine hemorrhage that is undoubtedly vaso-motor, and points us to the vascular system, and, as Dr. Evans has already told us so nicely, this is the result of congestion. There is a vaso-motor irritation to begin with, and as irritation is always followed by depression or paralysis, we find paralysis or paresis of the vaso constrictors of the uterus. The hemorrhage from the rectum is an exceedingly common symptom. We find diarrhea the beginning of which was nausea. There is a long lasting nausea, and finally there will be a bloody diarrhea which is the result of this same congestion along the alimentary canal, owing to its action as already spoken of on the vaso constrictors of the alimentary canal. I do not think that Ipecac was ever known to produce either anæsthesia

or motor paralysis. If so, it has slipped my mind, though I don't think it ever has.

Dr. Woodward asks the question: "Don't you think there is an organic paralysis in some cases?"

Dr. McIntyre: "There may be, if it is continuous. I hardly would call it motor paralysis. I had reference to the voluntary paralysis when I spoke of paralysis—paralysis of the voluntary muscles. Of course the involuntary muscles are largely under the control of the sympathetic. The spinal stands guard down at the cervix. The spinal symptoms of Ipecac are those of irritation; spinal irritation and then vomiting while there is a peculiar spasmodic action of the abdominal muscles that follows. Whether this is the result of habit or not, I am not ready to say. But undoubtedly we have irritation of the spinal cord, and consequently would expect to get this result from Ipecac in spinal irritation.

If we are to be guided by the physiological laws, we must expect the slow heart's action in the beginning, because the pneumogastric nerve is an inhibitory nerve of the heart, naturally would give slowness of the heart.

Dr. Woodward: "This is not only a logical conclusion but a demonstrated fact, as I have observed in my provings."

Our provings give acceleration of the heart's action, but seem to have overlooked the slowed action of the heart in the beginning, but we must have that symptom in company with the others.

Circulation.

Dr. Duncan.—White and Wilcox *Materia Medica and Therapeutics* says that "no specific effect whatever is produced except by enormous doses, which may arrest the beat of the heart, but the act of the vomiting is somewhat depressing."

Wood says that "the action of Ipecac on the circulation is but feeble and is not yet clearly made out. In a series of elaborate experiments by Dr. Dyce Duckworth, the alkaloid failed to influence materially the circulation, at least until very late in the poisoning. The pulse rate was not constantly affected; sometimes it was apparently lowered; sometimes it remained about the same, and sometimes it was seemingly increased. The effect of toxic doses was, however, marked. Immediate suspension of the cardiac action followed injection into the jugular vein of a dog;

in another case in a minute and a half after half a grain of *Emetin*, the arterial pressure descended from 135 to 30, and in a moment the animal was dead from cardiac paralysis. There is no proof that it causes vaso motor spasm, while it is certain that toxic doses directly paralyze the heart.

“The effect of *Ipecacuanha* upon the heart and circulation was a surprise to me, as it no doubt will be to you. It having such a severe effect upon the stomach and lungs should give us more cardiac symptoms than are recorded. The cardiac symptoms developed by the provings are very few. In Hahnemann and Allen we find:

“Indescribable aching about the heart (pit of the stomach);

“Palpitation of the heart;

“Palpitation almost without anxiety;

“Quick pulse (from inhalation);

“Rapid pulse (from inhalation).”

The heart effects given by Hering (condensed) are:

“Pulse large and soft;

“Pulse accelerated, but weak.”

This is evidently an imperfect development of the action of *Ipecac* upon the cardia and its nervous connections. If we take the chill, fever and perspiration symptoms as part of its effect upon the circulation we have “chilliness, followed by heat and afterwards perspiration.”

The order seems to be:

“Shivering with yawning (after half an hour);

“Fever paroxysm, first shivering, then chilliness with coldness, without thirst about 4 p.m. (after five hours);

“Sensation of heat in the afternoon and evening, almost burning in the head, on the forehead and cheeks, without thirst (after six hours);

“Perspiration about midnight (after twelve hours).”

It was brought out in the discussion by Dr. McIntyre that the effect of *Ipecac* through the pneumogastric should give slow pulse at first.

Dr. Woodward said that in his provings the pulse was at first slowed up and the rapid heart was secondary,

*Hienicke sums up the effect of *Ipecac* on the organs of circulation as follows:

• Pathogenetic Outlines of Drugs.

- “Painful sensation in the cardiac region;
- “Palpitation;
- “Slight acceleration of the pulse;
- “Spasmodic and paretic (tetanic and paralytic) conditions of the vascular musculature with temporary hyperæmia or anæmia, especially in the smaller arteries and capillary nets; bursting and bleeding of hyperæmic vessels;
- “Moderate febrile motion of the remittent or intermittent type with alternating chill, heat and perspiration.”

From my sketch of this drug, as the relief is neither by profuse sweat, sleep or diuresis, then some organ must have become hypernæmic. Like *China*, it congests the spleen and hence its value in intermittent fever.

GENERAL DISCUSSION.

Dr. Evans:—What Dr. McIntyre tells us, I fully agree with on the point that pneumogastric nerve is involved. Indeed it would be remarkable if it was not. You will find a lot of nerve symptoms there; neuralgia symptoms; not only pneumogastric, but others. It is not at all surprising that the pneumogastric is involved. So we get a spasmodic symptom, of voluntary and involuntary muscles. The skin symptoms of which the doctor has just spoken will be well to bear in mind.

The pustule of *Tartar emetic* is large, while that of *Ipecac* is a small acuminated pustule. It is about the size of an ordinary vesicle. Another point is the fever producing effect of *Ipecac*. With this feature comes the congestion, with which I opened the discussion, and you will notice that so many symptoms are due to the congestion. *Ipecac* is useful in intermittent fever. When any one would come to Dr. Douglas for a remedy for chills, and there would be no definite symptoms given, he would send them *Ipecac*. You find more vascular congestion than you have any idea. We have external coldness with internal heat; first shivering, then chilliness, then coldness without thirst. The heat is rapidly increasing, almost to burning heat, intense all over the body. Another peculiar thing is when there is external heat there is internal coldness. Prostration is something which is peculiar, and sometimes begins before the chilliness or fever.

Dr. Hoehn:—The most remarkable thing in regard to this drug is its power when given in small doses to check vomiting. Thus in vomiting, or nausea, Ipecac will even prove truly curative. At the present this must be looked upon as an acme of therapeutics.

Dr. Woodward:—We fail to grasp two effects of Ipecac if we study it from one point of view. What has been said about its influence on the digestive and respiratory organs is true; also upon the entire system, and the skin; but as much can be said of every other remedy as of Ipecac. Dr. Evans remarks that the gastric symptoms are intermittent. There are no certain signs. I feel certain that you will not find a case of asthma calling for Ipecac but that that asthma will be attended by nausea, or other gastric disorders. Furthermore, I insist upon it that you will not find that asthma curable by Ipecac unattended by spinal phenomena. And so I say that the characteristic element of Ipecac is, as pointed out by these powers I quoted, is its action on the gastric, respiratory and spinal, together and collectively. You may have the gastric, respiratory and cutaneous, or *vice versa*. I was very much interested just now in what Dr. Evans said concerning its specific effect upon the skin, depressed or pustule eruptions. I had found it clinically. I believe you, Mr. President, as well as my self, had some experience with small pox following our great fire. I had a number of cases for which I gave *Tartar emetic* in various attenuations, which left a deep scar behind. Two of those cases, which came under my care failed to respond to the *Tartar emetic*, and in desperation I gave Ipecac, and much to my surprise Ipecac did the business where *Tartar emetic* had failed. And so the point I want to bring out was the idea that these cases confirmed in my mind that of the profound influence of Ipecac upon the nutrition of that character does not take place without the general nutrition of the body being disturbed.

CAUSTICUM.*

G. E. DIENST, M. D.

PROF. OF MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

Causticum is not only a remedy unique, but wonderful in its results when indicated. Through the vegetative nervous system

*Illinois Homeopathic Association.

it acts especially upon the respiratory and urinary organs. Through the sympathetic nervous system its range of usefulness is greatly augmented. It is classed, by our best writers, among the anti-psorics.

The provings of Causticum are many, and so far as I have been able to see, are indeed very reliable. It is a well proven remedy, but too often neglected in general practice. Waiving discussion of its physiological actions, let us see where Causticum may be used to advantage in healing the sick.

One of the first things we notice in the general appearance of the patient is weakness. The text says "weakness of memory," which is true—so many drugs have weakness of memory—but it is not the whole truth. This weakness affects usually every part of the body. "Faint-like weakness or sinking of strength, with trembling." In this respect Causticum moves alongside of *Gelsemium*, which is very *tired* with trembling. Causticum is so weak that the patient will throw herself in a chair or on a bed and complain of such weakness that it is quite impossible to move about or talk with comfort.

* From this you can understand such provings as "inattentive and distracted; taciturn; distant; disinclined to work; great anxiety." No wonder one feels so peculiar when such weakness is present. And strange to say, that in this condition, the more the patient thinks and broods over his complaints, no matter what they are, the worse he feels.

This weakness of Causticum is progressive, going on and on until we have a "gradually appearing paralysis." Indeed, paralysis is common with Causticum, and attacks generally the right side, affecting the lateral half of the body. But it also has local paralysis, affecting more especially the vocal cords, muscles of deglutition, tongue, eyes, eye-lids, face, bladder, rectum and extremities. Looking more carefully into the effects of this drug upon the nerves, we find all grades of nervous twitching, chorea, convulsions, and, it is said by some, that certain forms of epilepsy and motor paresis, progressing to locomotor ataxia, come under the curative powers of Causticum when the symptoms agree.

Another characteristic with this weakness and tendency to local paralysis is "drooping of the eyelids" (like *Gels.* and *Sepia*).

Neuralgia affections are common to this remedy, especially

such as affect the face, stomach and ovaries. These affections are sometimes very obstinate.

Mental.—On the mind this remedy exerts a depressing influence. This is in keeping with its general action on the nervous system.

The provings say: “Melancholy mood; sadness; hopelessness; is apt to look on the dark side of everything.” You will often find, in addition to these conditions or symptoms, a feeling that no one understands their troubles, and hence cannot sympathize with them. They want sympathy, much of it, and where the disorder is due to care, or grief, or sorrow, they want a great deal of help, but it must be sympathetic help. This mood preponderates, but it may alternate with an anxious, irritable and hysterical mood. One of the worst features, and one so frequently found in Causticum, is hopelessness. In certain forms of influenza calling for Causticum in fleshy people with small heads, look out that they do not give up and lose their grip on life and die before you are aware of it.

Eyes.—In Causticum the vision is often affected. The text says: “Appearance of gauze before the eyes, or fog, or cloud. Sudden loss of sight, or movements before the eyes as if a swarm of insects were flying to and fro.” This is true, but in connection with these difficulties of vision we have, to some extent at least, muscular twitchings, or tremors of the muscles controlling the eyes. Some provers have found it excellent in the cure of incipient cataract, but of this I can say nothing from experience.

Ears.—The ears come in for a good share of Causticum, for we find roaring, tinkling, humming and all sorts of noises in the ears. This condition we find also in many other remedies. The one thing that distinguishes Causticum from other remedies is, “reverberation of sounds, *especially the patient's own voice.*” Again, we find a good deal of burning of the external ear, but *Sulphur* has this symptom also very prominently. Indeed, there are many resemblances between these two remedies, and they often follow each other with profit.

Face.—Before going any farther, and because of what follows, let me tarry just long enough to say that, a typical Causticum patient is thin, scrawny, has rough dry skin, dark eyes and hair, yellowish color of face (not jaundice), with sad or painful

expression, for such a patient when really sick suffers considerable pain.

They are predisposed to paralysis of a rheumatic or psoric origin. There is also a strong tendency to stiffness of the jaws.

Again, it is not an uncommon thing to find a paralytic tendency of the tongue. This comes out at times, in certain forms of La Grippe very suddenly. The patient suddenly gets hoarse, a slight cough sets in, there is difficult deglutition, the throat feels very raw and sore, and upon examination you will find it very red, almost purple, and in a very short time there is loss of voice and complete paralysis of the tongue, and every one in the house thoroughly frightened. Given sufficiently high, this remedy will do what no other remedy will do and do it quickly.

Throat.—Upon the throat this remedy has a strange influence. Here are the provings: “Burning pain in the throat, not < by swallowing. Pain is on both sides, or seems to arise from the chest.” Usually just beneath the centre of the sternum. “Rawness and tickling in the throat, with dry cough and sour expectoration after long coughing.” This is usually a small lump of mucus, and when expectorated there is peace until another lump accumulates.

The sore throat begins with a sensation of great rawness, the patient does not care to use the throat—it feels weak—the laryngeal muscles grow weak and tired on exertion. There is considerable pain, but this is usually in the centre of the throat, rather than either side.

Organs of Digestion.—It is said that one of the peculiar characteristics of Causticum is a “sensation of lime being slacked in the stomach, with eructations of air and gas.” Such a patient has an aversion to sweet things; sugar and pastries cannot be endured. In this it differs so much from *Argentum nit.*, where there is a strong desire for such things, which usually disagree.

Its usefulness, however, in the digestive tract will be found further down, for this remedy is one of the best in anal and rectal troubles. Here are some of the things that lead to its use in diseases of those parts: “Constipation, frequent but unsuccessful desire to stool.” This makes us think of *Nux vomica*. “Frequent ineffectual desire to stool, with much pain and straining.” “The stool passed better when standing.” No other remedy has this symptom so marked as the one in question.

We often find hemorrhoids impeding stool. Because of much straining, these are often swollen and itch and smart furiously. They feel *raw* and *sore*—a characteristic that goes right through this remedy. *Rawness*, just as if the parts were denuded of their membranes and exposed to a sharp cutting atmosphere. And now, when the provings say, “by *walking*, or thinking of them,” you will readily understand why this is. Clergymen and public speakers afflicted with this class of hemorrhoids suffer much in their public ministrations; for every effort to use the voice or body brings on a feeling of extreme soreness and rawness of the parts. These things have been verified so often that they “will do to tie to.”

Urinary Organs.—Upon the urinary organs this remedy has a marked influence. “Constant ineffectual desire to urinate.” Here we have a condition akin to that found in our study of this drug on the anus. “Frequent evacuations of only a few drops at a time, with spasms in the rectum, and constipation.”

In this condition there is often a great deal of rawness and soreness, painful micturition, and when *Nux vomica* and *Cantharis* fail, Causticum will often do most excellent service. Again, “retention of urine, with frequent and urgent desire, occasionally a few drops dribble away.” Notice how the tendency to paralysis accompanies this drug in all its characteristics.

Again, “Involuntary micturition when coughing, sneezing, laughing, blowing the nose, when asleep—especially in the first sleep, which is often so deep that the child is hard to waken—when walking or—in children—when playing. “Urinate so easily that he is not sensible of the stream and scarcely believes in the dark that he has urinated at all, until he makes sure by sense of touch.” This is due to a weakness of the bladder, and where there is tendency to paralysis, Causticum is a most important remedy. In aged people who suffer from complications, there is, with this tendency to weakness of the bladder, more or less pain on urinating, and where the symptoms agree, this drug has great curative powers. Again, in such people, where we cannot hope for a cure, this is one of the greatest palliatives we possess, for it stills that twitching, jerking, uneasy condition of the semi-paralyzed nerves.

As to the urine itself, we often find it loaded with lithic acid and lithates, there are thick deposits or sediments of various colors from dark to light.

Respiratory Organs.—"Hoarseness, < mornings, rawness and sudden loss of voice," says the prover, and who has not seen this condition fade away like a shadow before the influence of this king of throat remedies?

"Laryngeal muscles refuse to act; they are too weak and on motion feel raw, sore, and sometimes burn; cannot speak loud."

"Chronic hoarseness." Yes, if this hoarseness results from acute laryngitis. "Hoarseness, deep bass voice." Here it compares favorably with *Drosera*. These conditions are easily removed with *Causticum*, and this is especially true when the trouble finds its origin in paresis or catarrh. Passing down the throat, we have rawness and irritation of the trachea, the cough is dry, hollow, raw. The patient will cough until he expectorates a small lump of glairy mucus when he has relief.

Cough. Each time he coughs he has a pain in one of his hips, or is annoyed with involuntary spurting of urine.

As the disease passes downwards we notice the patient endeavoring to cough as deeply as possible to dislodge the bit of mucus that annoys him so much. It seems he cannot cough deep enough to start the mucus. This cough is aggravated by expiration, and is often relieved by taking a sip of cold water, it cools the sore and irritated parts. In children more than in adults, we often find an inability to expectorate, the accumulated mucus. The child gets it up part of the way and then must swallow it. In such cases, when symptoms agree, this remedy is most excellent. The most characteristic symptom, however, calling for *Causticum* in diseases of the respiratory organs is a sensation of *soreness* and *rawness*. Every time the patient takes cold the throat feels *sore* and *raw*, the muscles even become very sore and the old time flannel and bacon irritates the patient, and he feels better if the throat is kept free from pressure and bandages. In influenza it disputes first place with *Eupatorium perf.* and *Rhus toxicodendron*, all of which have a tired, sore, bruised sensation in the chest when coughing, but *Causticum* has the greater rawness, with loss of voice, and involuntary micturition when coughing. During the recent epidemic of influenza, where the patients complained of severe soreness in the throat and in a few hours were speechless, I found *Causticum* a trump card.

Neck, Back and Extremities.—On the neck, back and extremities this medicine is indicated where there is a great deal

of stiffness of the muscles, they feel as if they were bound, and when a "cold settles in the neck," there is such stiffness the patient can scarcely move his head (*Bryonia*). Painful stiffness of the back and sacrum, especially when rising from a sitting posture. There is a strong tendency to paralysis of the upper and lower limbs. The pains that affect these parts are dull, drawing pains; the arms, hands, legs, thighs, knees, feet—all feel weak and sore; which pains are aggravated by going into the open air, when they usually become very sharp, especially in a cold damp wind. The pains are ameliorated in a warm room, or on going to bed. This weakness is so severe that the moment the patient attempts to move about he begins to tremble. You will readily understand, therefore, the utility of such a drug in rheumatic and arthritic inflammations where there is drawing or real contraction of the flexor muscles, and stiffness in the joints. It vies with *Rhus tox.* and *Sulphur* in diseases of the back and extremities and in chronic rheumatism. It is time well spent to study the relation and correspondence of these three rheumatic disorders where there are few oftener indicated than Causticum and *Sulphur*, and where two seldom supplement each other better, when compliments are needed, than these two heroes of medicine.

Sensations.—The sensations of Causticum have been intimated repeatedly, but to bring them more prominently before our notice, let us say that they are *tearing pains*, are paroxysmal, as in neuralgia of the face. Again, there is great *soreness* and *rawness*. No matter where the disease may locate itself there is that ever-abiding soreness and rawness. Whether on the scalp, in the throat, larynx, trachea, in the chest, rectum, anus, urethra, bladder, or in eruptions, there is *soreness* and *rawness*. Let us not confound this with the bruised feeling of *Arnica*, which is mostly muscular, nor *Rhus toxicodendron*, where there is aching, as if the parts were sprained, which is found mostly in the tendons or sheaths of the muscle; but a *soreness* of mucus surfaces, which, upon examination, not only look *raw*, but feel decidedly so to the patient.

Again, in this remedy we often find much burning, especially of mucus surfaces. To differentiate between other remedies that have burning, notice that the burning of *Sulphur* is associated with itching; that of *Apis* with that of stinging, and that of Causticum with soreness.

Again, these drawing pains of Causticum are so severe at times that they almost force the extremities out of shape; indeed, where the disease continues to a paralyzed chronic state there is actual deformity of limbs. Here again is where this remedy, when given high enough, scores some of its best runs.

In conclusion, permit me to say that, some of our provers have succeeded nobly in curing neuralgia and kindred diseases arising from suppressed eruptions.

It is especially adapted to weak, scrofulous persons with sal-low or semi-tropical complexions (Chinese, Japanese). In glandular indurations it keeps step with *Baryta carb.* and *Alumen*.

THERAPEUTICS OF EPILEPSY.*

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

What is Epilepsy? According to authors on the subject, it is an apyretic, nervous affection, characterized by seizures of loss of consciousness with tonic or clonic convulsions, with complete loss of self-control. Its real causes are unknown, but many conjectures have been made, all of which are lacking of real proof.

I do not propose to enter into a dissertation upon that subject, for it can be found under that heading by innumerable writers, and can be read by any one who is interested, and can be studied if they choose. It is the therapeutics which I wish to lay before you on the present occasion for your consideration.

From my experience with this affliction, I believe it to be perfectly amenable to the proper therapeutic agent, in every instance. There is not in the whole catalogue of remedies in the *Materia Medica* one single remedy that may not be called for in the treatment of these cases. They require the most careful scrutinizing and thorough examinations, and every symptom must be given its *full* value and the simillimum carefully selected from the totality of the symptoms, if we expect a cure to follow its administration. It is not safe to pronounce that a cure has been effected until at least five years have elapsed after the last seizure. To enter into the full details would be tiresome, and I think uninteresting, as well as uninstruc-tive. I shall therefore content myself by giving some of the most important remedies, with their most important symptoms, which may lead by the proper use of the *Materia Medica* to the selection of the simillimum

* Read before Marion County Society.

for each case which may perchance fall into your hands for treatment.

I should select from the medium potencies 1 M to 10 M, and not to be administered at too short intervals. First of all, remove the cause as far as possible, and be sure that instructions are carried out fully.

Stramonium.—After a fright; sudden paroxysm, with screaming; constantly turning the head in quick succession to the right side; continual rotary motion of the left arm; pain in the pit of the stomach; obstinate constipation; deep snoring sleep; fear of death; sees objects; hallucinations; desire to be alone; weariness of the limbs; great debility; totters as if giddy; entire loss of voluntary motion; twitching the hands and feet; shocks through the body; attacks sudden, with a scream; alternate exalted states and settled melancholy.

Artemisia vul.—Frequent attacks of epileptic paroxysms after great grief; with menstrual disturbances; attacks several times a day, following each other so often that they do not come to full consciousness; after attacks, great debility; confused vertigo; spasms lasting from ten to twenty minutes; unconscious micturition, with great relaxation; profuse sweat of an offensive odor.

Artemisia absinth.—Great trembling preceding the paroxysm; convulsive loss of consciousness; bends backward in the spasm; bites the tongue; foams at the mouth; features distorted; throws the limbs about; urinates in the convulsion; great weakness afterwards; excited, opisthotonus, grinding of the teeth, followed by great stupor.

Bufones.—Tonic and clonic spasms; twitching of the whole body, increasing rapidly in severity, until the entire muscular system becomes violently agitated; loss of consciousness and falling down; spasms caused by or associated with internal suppuration, or congestion; softening of the brain; convulsions of the limbs; during the attack the face distorted, red, biting of the tongue; bloody saliva; violent movements of the limbs; subsultus tendinum; falls to the ground unconscious, with a blood-curdling wild cry, followed by spasms of the limbs; distorted facial muscles, grinding of the teeth and foaming at the mouth, ending in a loud snoring sleep; attacks come on in sleep, followed by severe pain and pressure in the top of the head; trembling, faint feeling, with sensation of emptiness of the stomach; ravenous *appe-*

tite before the attacks; great weakness; cross and hateful.

Calcarea carb.—Fright, or suppressed eruptions; before the paroxysm chewing motion of the mouth; stretching of the limbs; great restlessness, palpitation of the heart, feeling as if something was running into the arm, or from the pit of the stomach down through the abdomen into the feet; paroxysm commences with vertigo, loss of consciousness, pharyngeal spasms, followed by desire to swallow; after paroxysm, headache, dizziness, sweat on the head, thirst, hunger; vomiting and diarrhoea, during intervals; stupid; peevish; anxious; pale puffed face; enlarged abdomen; swelling of the glands of the neck, eats heartily yet loses flesh; restless and irritable.

Cuprum aceticum.—The aura begins in the knees, and ascends to the hypogastric region, when unconsciousness occurs; foaming at the mouth, and falls down convulsed; as soon as the patient goes into a high-ceiling room head reels and loses consciousness.

Belladonna.—Before spasms, congestion to the head, with throbbing in the temples; convulsions commence in the arms; during the spasm right hand clutches at the thumb; after and during intervals between paroxysms, peevish, angry, scolding, swearing; fearful and full of anxiety; vertigo, ringing in the ears, headache, with twitching of the muscles of the face; face red, pupils dilated; jerking and starting during sleep, as if the brain was shaken, and the muscles of the forehead and eyes were contracted or convulsed.

Asteria rub.—Before the paroxysm, frequent twitching for several days over the whole body; paroxysms commence with shocks in the limbs; sudden falling down, livid face, convulsive motion of the jaws, froth at the mouth, and loss of consciousness; after paroxysm, great debility and prostration, with anxiety and distress in the epigastric region, and upper portion of the abdomen (tumerous).

Cicuta ver.—Swelling of the stomach, as from violent spasms of the diaphragm; hiccough; screaming; redness, pale face; trismus; loss of consciousness; severe distortions and contortions of the limbs and upper portion of the body and head; bluish face; froth at the mouth, irregular respirations, eyes staring out upon one point; electric shocks; trembling, head, limbs and upper portion of the body move in a strange manner, with jaws set; after paroxysm, breathing becomes free; there is loss of consciousness, pa-

tient lying as if dead, remaining insensible even to the touch or when pinched.

Lachesis.—Before the paroxysm, absent minded; confused; patient goes to sleep and is seized with a spasm; creeping sensation from the nape of the neck down the spinal column; giddy headache; feeling of obstruction about the throat, as if they must tear it away; stomach and bowels bloated; feet cold; during paroxysm throws the head backward; froth at the mouth; clenching of the hands; throwing about the hands and feet; during interval, vertigo; headache, heat in the head; trembling of the tongue and limbs; anxious dreams at night; unrefreshing sleep.

Indigo.—Before paroxysm, furious, excitable; easily angered, during intervals; exceedingly melancholy at times; gloomy, but endeavors to hide it; paroxysm beginning suddenly; falls down or out of a chair; convulsed movements, followed by rigid condition of the body; originating in the solar, or abdominal plexus, or ganglia; or from cold or fright; exceedingly nervous irritation; subsultus tendinum, jerking and twitching of the whole body.

Cuprum met.—Before the paroxysm, nausea, vomiting, retching and throwing up phlegm; bloated abdomen; drawing sensation in the left arm, arm drawn involuntarily close to the body; formation and tearing in the right hand; shuddering; gooseflesh; palpitation of the heart; paroxysm commences with a sudden shriek, and falls down, sometimes without any premonitory signs; during paroxysm fingers become dead; involuntary discharge of pale urine; bluish color at the pit of the stomach and over the chest; head and chest covered with perspiration; limbs spread apart to the sides; mouth open, or limbs and trunk become rigid and jaws closed; after paroxysm weeping; profuse discharge of clear watery urine; trembling and jerking of the right hand; sleep during the intervals; anxiety, tendency to be tired, easily fatigued; burning in the chest and abdomen, with chilliness of the rest of the body; burning and tearing in the small of the back; numbness of the arms, recurring at short intervals.

Gelsemium.—Before the paroxysm, pain at the base of the brain, with prostration, and tired feeling; aura begins in the feet and extends upward; during the paroxysm severe spasms of the glottis; feeling as if must move about, or heart would stop beating; after paroxysm extreme prostration; giddiness and loss of memory; severe vertigo on attempting to walk or move about.

Plumbum met.—Before the paroxysm, vertigo, swelling of the

tongue, which protrudes from the mouth, and is bitten; heaviness and numbness of the legs; long continued stupid feeling in the head, with semi-consciousness; no aura, but sighing may precede the attack; after paroxysm, stupid feeling in the head; with prolonged sleep; consciousness returns slowly, and symptoms of paralysis remain; earthy color of the face; stupor; paroxysms at first, but seldom and irregular, and coincident with menses; attacks very severe, lasting sometimes for hours, followed by great drowsiness and lassitude, low spirited and frequently sits in despair; strabismus; jerking of the head; dragging of speech, with slight frothing at the mouth while talking; anesthesia or excessive hyperesthesia.

Causticum.—During puberty or new of the moon; scanty menses and leucorrhœa; after suppressed scabies or eruptions, or protracted intermittent fever; softening of the brain; before paroxysm, imbecility; heat in the head, followed by sweat all over the body; pressure in the pit of the stomach, extending over the chest and hindering breathing; colic and headache; during paroxysm, red face; biting of the tongue; drawing the head to one side; involuntary discharge of urine; screams; violent movements of the limbs; grinding of the teeth; smiling or weeping; eyes half-open (paresis of the upper lid), with staring look; after paroxysm, soporous condition; closing of the eyes, exhaustion; noise in the head; during intervals sour or sweetish taste, or badly tasting saliva, like rotten wood; pain in the small of the back; constant coldness of the shoulders, and joints of the feet; great restlessness; wanting to run away; small round lumps on the scalp; sweat on head; nose stopped up; tongue coated white on both sides; trembling of the limbs; sometimes two or three paroxysms follow in quick succession, or attacks lasting ten or twelve hours; renewal of paroxysm by cold water or sudden shock.

Ignatia.—Emotional, with fright, or suppressed grief, especially in children or very nervous women; after fright, convulsive movement of limbs; spasmodic closure of the jaws; falling down unconscious; thumbs turned into the palms; foaming at the mouth; terminating in great lassitude or sleep; melancholic expression of the face; great thirst after the convulsions and consciousness is restored; during the interval, silent, stupid, with jerking or twitching of the muscles; trembling of the tongue;

neuralgic pains and other morbid sensations over different portions of the body.

Sulphuric acid.—Persons of psoric taint or after the suppression of the itch; before paroxysm, sensation of crawling or running, as if something was running from the right foot up the leg to the right side of the abdomen; during the paroxysm, convulsive motions; weeping; soporous sleep; great exhaustion; jerking of the muscles about the mouth and face.

Phosphorus.—Following nervous shock, falling down, rigid and pulseless, reviving after half an hour and acting as if insane; trembling, especially of the hands while attempting to write, and all over the body; or single limbs; nervous debility; with weakness or paralysis after sexual excesses of onanism.

Hyoscyamus nig.—Jealousy, disappointed love, grief, great emotions or intemperance; before the paroxysm. sparks before the eyes; ringing in the ears; vertigo; nauseating sensation of hunger at the pit of the stomach; during paroxysm, face livid or purple; falls down suddenly to the ground with shrieks; projection of the eyes; grinding of the teeth; foaming at the mouth; urinates after the paroxysm, soporous snoring; during the interval, tearing and beating in the right eye, which weeps and seems to protrude; paroxysms so violent that it seems as if the joints of the spine would be broken; renewed by attempting to swallow fluids; ravenous appetite before the paroxysm for some days.

Pulsatilla.—Before menses which are too light and scanty, with swelling of the abdomen; headache, more over the right eye; globus hystericus, which causes nausea when eating; violent tossing of the limbs, followed by relaxation; desire to vomit and eructations, after suppressed menstruation; violent trembling all over the body.

Cocculus.—Before the paroxysm, stares at one spot, and then loses consciousness; falls down, writhing and muttering incoherent words; voluntary urinating; spasmodic paroxysms; convulsive movements of the limbs and body; clenching of the fingers, the hand being stretched out; choking in the throat; mouth half open, with foaming at the mouth in shape of bubbles; hands and face cold, covered with cold sweat, and distorted; eyes look glassy and protrude; after paroxysm, rises without speaking to any one or answering any questions; clutches the teeth; looks around; tries to push away those surrounding; face having the expression of wild rage; finally groans and moans.

Thuja.—Undulating sensation springing from the solar plexus to the brain; spasms appear at night, or during the new moon; before paroxysm, feeling of great coldness in the left side; shaking and twitching of the left arm; drowsiness, with starting, snapping and groaning, weeping tears drop out of the eyes; foaming at the mouth; after paroxysm, warm perspiration, drowsiness; paralysis of the right side, convulsions after vaccinations.

Oenanthacroc.—Loss of self-control and consciousness to a degree; jumps suddenly; turns over objects; tears clothing, or cuts off buttons; this condition continues for a few minutes, when recovers normal condition as quickly as it was lost, and remembers nothing of what transpired; involuntary stools and urination, without aura; alternate paleness and redness of the face; during paroxysm, biting of the tongue; loud cries, falls down; clonic spasms of the limbs; frothing at the mouth; rolling of the eyes, balls turned up; clenching of the thumbs; after paroxysm, lassitude, sleep, with prostration; memory impaired.

INTESTINAL TUBERCULOSIS.

FRANK LYMAN GRIFFITH, M. D., AUSTIN, TEXAS.

On the 19th of April, 1898, Mr. J. H. A— (age about 50) came into my office from an adjoining county and stood before me, a perfect picture of despair. As a drowning man grasps at straws, so this miserably sick and discouraged being came to me as a last resort. Some one had told him there was hope yet if he could get to Austin and see a *pure* Homeopathist. His tale was a sad one indeed. For four years and two months he had from five to fifty bloody and excruciatingly painful evacuations from bowels daily. He consulted numerous physicians, some of whom stood very high in the state and whose diagnosis was seldom questioned. They *all* told him, after taking many dollars from him and leaving him worse off than before, that he had consumption of the bowels and that nothing would cure him. The last two years of his illness he had to wear a napkin to prevent constantly soiling himself. Thus he was in a pitiable plight, disgusted with himself and a care on his friends. Had spent all his money and was unable to earn a cent. Were it not for two little children and a faithful wife he would have ended his horrible existence long ago, hence when he came to me he

told me he had frequently and seriously planned his own destruction.

I will give the symptoms as I remember them and as recorded in some notes at the beginning of the case. (Many of the later notes I have lost.) Very frequently loose stools of yellow fecal matter mixed with mucus and blood. *Before stool* had violent griping in bowels and sudden and irresistible desire, prolapsus of rectum during stool, the prolapsed part becoming very sore. Passed much wind. Could not pass flatus without soiling himself. I gave him *Aloes* in the 4, 30, 200 and 50 M potencies, but did not help him much. The *Aloe* treatment covered about twenty-four days. Then I gave one dose of *Sulphur* 50 M. and *Placebo* for a week. Was not satisfied with the result. Gave him a bottle of *Sulphur* 200 which he took for a week, three doses a day. Still I could see no decided improvement. I told his relatives that I was of the opinion that his case was hopeless. The latter part of May I gave him *Podophyllum* 4, in water every two hours, and was overjoyed to find that I had at last done something. The period of inactivity had ceased. I had almost *killed him*. When I can produce a violent aggravation I begin to "know where I am at."

I immediately gave him a rest and plenty of *Placebo* for three days, then gave him ten powders of *Podophyllum* 1 M, one powder to be taken dry on tongue every alternate day. Ten days later I repeated the prescription, and have never had to treat him for that trouble since. In twenty days after beginning *Podophyllum* he was entirely well. I saw him yesterday, which was about two years after his recovery, and he assures me that he is and has been perfectly well.

Now, what did that drug cure?

Over a dozen first-class Allopaths positively diagnosed the case as intestinal tuberculosis, but since he got well, I suppose they were all mistaken. Pure Homœopathy causes many an old-school doctor to change his diagnosis. This case has excited considerable comment here, and has given to pure Homœopathy another good substantial boost.

Our various therapeutical works do not mention *Podophyllum* as a remedy for consumption of the bowels, but what do we care what you *call* the thing. "A rose by any other name would smell as sweet," so I have long ago ceased trying to prescribe for diseases, and am paying strict attention to prescribing for my pa-

tients according to the law promulgated by our immortal Hahnemann. While I am thinking of *Podophyllum*, I wish to mention two more cases that were plucked from the grave, as it were, by this most wonderful drug. One year ago I was called hurriedly to the bedside of Major W., who was formerly Lieutenant Governor of the State of Louisiana, now employed in the Texas State Educational Department. I found him groaning and wailing with pain in the bowels, and horrible cramps in calves, especially when he had to rise to use the commode, which he very frequently had to do. The stools were yellow mucus and bloody or blood streaked, accompanied with much gas. His skin was cold, especially of the fingers, toes, over malar bones and nose. He had a cold, clammy sweat on forehead, and felt better from wet, hot applications to bowels. He told me that he had witnessed several severe cholera epidemics in Louisiana, and saw his negroes die like sheep, and that he thoroughly understood the symptoms of that fatal malady, and that he had a true picture of it, and if there was any cholera here now he knew his case would be so diagnosed. I gave him *Podophyllum* 4th, in water every half-hour till better, then every two hours. He was almost entirely relieved in 90 minutes and made a very rapid recovery. Went to work 48 hours later.

Again, last Saturday I was called at midnight to see Mr. P., age 50. I was told in the 'phone message to hurry, for Mr. P. had been poisoned and was in a critical condition. I hastily went to his residence, found him unconscious, cold and clammy. His wife told me he was taken suddenly with violent vomiting and purging, and cramping in bowels, calves, legs, and all over the body here and there. That he had told her about smoking a strong pipe and was afraid (though used to smoking much) that he had been poisoned on nicotine. I rather thought he was suffering with a bad spell of cholera morbus, but I did not care what you called it. It came without calling, and I thought it could go away the same way. I gave him *Podophyllum*, the 4th centesimal potency, in water. Had difficulty in getting it down him, but every fifteen minutes I gave him a dose. In one hour that man was conscious and entirely free from suffering. This was about 1 o'clock last Sunday morning. It is now Monday, and I was surprised to see his carriage at my office door this morning. He told me he never made such a recovery before, and that he never before employed a Homœopath, but from this

time on he would never have any other kind. In this case I also gave a very hot enema and had him drink very hot water. I do not know just how much the auxiliary treatment helped, but am inclined to believe it performed quite an active part.

I do not believe in using many of the so-called auxiliary methods, but in many cases of suffering I have been greatly impressed with the usefulness of hot or cold applications, internally or externally, or both, and they are about the only auxiliary methods I use. I use the lower potencies only occasionally. Mostly from the 1 M to the millionth or higher. I never get lower than the 4th centesimal potency. I try not to be cranky on the potency question, but must confess that most of my best work is done with the high and very high dilutions.

Bell tells us on page 170 of his valuable work on diarrhœa that "there is no remedy so surely indicated by painless cholera morbus as *Podophyllum*." That observation has been well sustained in my experience. He also says that "there may be *violent cramps* and that it would seem that it must be similar to many cases of cholera." The two last cases described and other experiences I have had, prove conclusively that *Podophyllum* is not only a good remedy for painless cholera morbus, but also for the kind that simulates real cholera with all its horrible agony and cramps. *Podophyllum* seems to have a wide range of action, and to cover strongly many symptoms that have not yet been fully verified.

HOW CAN I SELECT THE TRUE SIMILLIMUM.*

E. R. MCINTYRE, B. S., M. D., CHICAGO.

PROF. MENTAL AND NERVOUS DISEASES, DUNHAM MEDICAL COLLEGE.

When, with awe, we contemplate the extent and importance of the work done by our forefathers in the preparation of our *Materia Medica*, the question that forms the subject of this paper would seem, at first glance, totally uncalled for. We have Hering's "Guiding Symptoms;" we have Allen's "Encyclopedia;" we have Lilienthal, Lippe, Teste, Hempel, Raue, and a host of others, besides repertories without number. With all these, I still find myself asking the same question I have been asking for more than twenty years,—“How can I select the true simillimum?” and what a time we all have in fitting the remedy to the

* Prepared for Missouri Institute of Homœopathy.

case, or the case to the remedy, as do many of our best (?) prescribers.

I am called to treat a patient suffering from some disease that runs a definite and known course, begins in a certain anatomical structure from which it proceeds in a definite course from structure to structure. I take the case and attempt to select the remedy, whose action begins, progresses and ends in a similar manner, producing a similar order of symptoms. There are some symptoms that reminds me of, say *Lycopodium*. I take up Allen's Encyclopedia and turn to *Lycopodium*, and behold sixty-nine pages devoted to this drug, and these containing about sufficient matter for ten pages of the same size without repetition, I say why so many repetitions of the same symptoms? Ah, I see; it is to tell me the time and place of the beginning of the action of the drug. Now I shall be able to find the true picture of my case. I proceed to study the head symptoms, and behold they appeared in from five minutes to thirty days. But in my case the symptoms began in the digestive organs. I take up the mental symptoms to find that they appeared in from two hours to thirty-nine days; the eye symptoms from fifteen minutes to thirty-four days. (It is utterly impossible to produce eye symptoms with *Lycopodium* in fifteen minutes.) The mouth symptoms appeared in from one to twenty-eight days; the stomach symptoms in from one hour to thirty-three days; the abdominal symptoms from soon to forty days. I now began to wonder which comes first, soon or fifteen minutes, and why such a variation in the time of appearance of the same symptom. And as I wade through this mass of repetitions from different provers, I wonder how many of them are due to a fertile imagination or suggestion. I now turn to Hering's "Guiding Symptoms," whose name would indicate nothing but a pure guide. Here the symptoms that are to guide me cover sixty-one pages. And I begin to wonder wherein I am to be guided. I read it over to find every conceivable, and many inconceivable kinds of symptoms. All the adjectives that ever entered a crooked and perverse imagination are used to describe the same sensation. As one man will say the St. Louis water is muddy, another, it is dirty; another, filthy; another, beastly; another, atrocious; another, pure, and good, so every man will have his own word to describe a pain. One says it is boring; another twisting; another sticking; another, cutting etc., *ad infinitum*. Our authors seem to have collected all these

different adjectives employed by different provers to express the same thing, and thinking each a different ingredient, mixed them all together and gave them to us at a single dose in a low potency, and like the Allopath ask us to sift the few grains of wheat from the mass of chaff as best we can.

Because of the hap-hazard way in which the provings have been made, and the carelessness in preparing the books, we find contradictory symptoms given as if they appeared in the same patient at one and the same time. So in utter despair I turn from my books and give the patient *Lycopodium*¹⁰⁰, and tell him to be ready for a profuse stool soon after arising next morning, as that medicine is a severe cathartic. The unexpected sometimes is what happens, as it did in this case, for he had a severe diarrhea next day, and I said that medicine did strike that fellow awfully hard.

Another patient comes in with identical symptoms, who receives *Sac.lac.* with the same instructions as to its cathartic effects. He has diarrhea next day, and I say it was due to suggestion. But may be the other was, too. Was it? I don't know; but I know as much about it as anybody else does. I try the various repertories and smaller works to see if I can find a true picture of my case; but no such picture, either of this or any other natural disease, is apparent. In my haste I exclaim that Homœopathy is dying from too much *Materia Medica*, but my better judgment tells me this is not true; that the trouble lies in the absence of truly systematized provings, and faulty applications of such as we have. Our authors have given wrong interpretations to the different words used by different provers to express the same thing. Our provers have given symptoms that were the product of suggestion or imagination, to the exclusion of any notice as to where the symptoms began, how they progressed, and where they ceased. They were neither anatomists or pathologists in many cases, and it did not occur to them that drug-actions, like diseases, must have a definite beginning, a definite course, and a definite end.

Again, many of the symptoms given are clinical, that is, the drug was given, the patient got well, and the drug was believed to be the curative agent, when, in fact, it may have been but a coincidence or the result of suggestion.

No, Homœopathy is not dying from too much *Materia Medica*, or any other cause. Indeed, it is growing much like other

children. But it shows signs of psora, which is an impediment to the phenomenal growth it would show, had we provings of our remedies that would present the true picture of their action, and our books were less voluminous and more systematized.

There are a few who can get some little idea of drug-action from the provings we have; but a large majority cannot. Some attempt to prescribe for single symptoms, and of course they fail; some prescribe empirically; and many, like some of the so-called Homœopathic (?) Colleges, simply cease to attempt to do better than the Allopath, and prescribe without being able to give any reason. Homœopaths (?) are running after every fad, serum, coal-tar product they hear of, or depending on surgery for large fees, whether it is indicated or not, the same as the Allopaths, regardless of the welfare of the poor victim. This is but the logical sequence of a *Materia Medica* that is so arranged, so voluminous and so contradictory as to transcend human ability to comprehend it.

I take up some of our well-known works to find a statement at the beginning of a remedy to the effect that its action is entirely through the cerebro-spinal system, and find not a symptom that does not point to the sympathetic in its course. I wonder what is the matter; whether the author or his provers knew anything about either system of nerves, or whether the vital force—the agency concerned in the promotion of drug symptoms if they are dynamic—had been entirely ignored.

I trust no one here has so far lost sight of the truth as to resort to the worse than palliative use of the coal-tar products, and serums and the other questionable means used by Allopathy. Notwithstanding the bungling work done on our *Materia Medica* it is the best we have, and by far superior to any other system or means of treatment. Let us stick to it until we get new and systematized provings of our drugs, when our success will be increased four-fold, because we can only select the true simillimum when we consider the etiology, pathology, and course of action or sequence of our remedies and the diseases we are called to cure.

THE TREATMENT OF NEURASTHENIA.

JULIA M. DUTTON, M. D., BOSTON, MASS.

The growth of nervous diseases is the most noticeable phenomenon of the medical world of today. The body is a confederacy of systems, health being the balanced use of each with the other. Nineteenth century civilization stimulates and exercises the brain and nerves out of proportion of the use made of the muscular systems of the body, and entirely beyond the evolutionary development of the nerve centers. The result is an alarming increase of insanity and the steady growth of neurasthenia.

It was in 1869 that Dr. Beard first called the attention of the medical world to a disease which he named neurasthenia. He defined the symptoms with so much clearness that physicians were impressed with the likeness and recognized a new entity among diseases. Dr. Beard defined neurasthenia as "a chronic functional disease of the nervous system, the basis of which is impoverishment of nervous tissue in excess of repair."

Clear definition of a disease leads to a definite system of treatment, and six years later Dr. Weir Mitchell published an account of a certain method he was using "to renew the vitality of feeble people by a combination of entire rest and excessive feeding, made possible by passive exercises obtained through the steady use of massage and electricity."

While Dr. Mitchell made only modest claims for this method, frequently repeating that time alone could prove its value, invalids, neglected as malingerers or considered incurable by a variety of physicians, were being restored to active life through the new plan. Rest Cures sprang up all over the country, and the whole treatment of neurasthenia was revolutionized.

In no other disease is there such confusion of terms or vagueness of differential diagnosis, many physicians considering neurasthenia and hysteria as synonyms. Ten years ago, in an article on "Hysteria," published in *The Homœopathic Physician*, I said, "Dr Beard separated these two diseases, and his lead is usually followed in later articles. The only distinction between the two, however, which is invariable and does clearly distinguish between them, seems to be the sex and temper of the patient. If the patient be a female and notably weak and selfish, the case is pronounced hysteria; if a man or a woman of natural force of character, it is called neurasthenia." Since far more important

writers are making this mistake in classification it will, perhaps, be time well spent to review briefly the work done on this subject. Charcot, in 1859, established the subject of hysteria on a basis at once scientific and enduring. He divided it into the convulsive and non-convulsive types, and sub-divided the convulsive into hysteria, major and minor. He proved that hystero-epilepsy, so-called, had nothing whatever to do with epilepsy. It forms his first sub-division, hysteria major. Charcot emphasized very much the stigmata of hysteria. Of these, anaesthesia, hyperaesthesia, and a narrowing of the field of vision with curious forms of color blindness, are the most important. The anaesthesiae are the most common and the most varied. The stigmata may be distributed as a hemi-anaesthesia or in plaques or patches. The hyperaesthesia is distributed in zones, which seem to be permanently sensitive to pressure. The hysterical clavus, so-called, at the bregma, and the ovaries, are the most frequent seats of the hyperaesthesia. Pressure here may provoke a convulsive attack or, in the midst of one, cause it to cease. The value of these stigmata, when it is a question of differential diagnosis, we have all of us at times probably recognized.

Neurasthenia, the fatigue neurosis, typically has none of these signs. It may be and often is grafted upon hysteria, hence the confusion. To make a clear distinction between the two distinction is useful and certainly aids in treatment. The mental condition of the two diseases seems to be quite different.

From this brief review of the history of neurasthenia we will turn to our present article on the subject.

It is thirty years since Dr. Beard named and defined neurasthenia. We of today have profited much from the works of Mitchell, Playfair and the rest, but time and experience have taught us more, and our definitions and treatment of this complex disease are much changed.

While our definitions of neurasthenia are expressed in other words, they are still a confession of ignorance as to its cause. We speak of it as "a neurosis, without organic basis, dependent upon persistent enfeeblement of neural energy. This enfeeblement is the result of nutritional change in the entire neuron, or in that part of it whose function is to convert the forces of reconstruction into neural energy and to store it up." These speculations are too theoretical to be of value in answering the important question, can neurasthenia be cured, and we hasten on to the

subject of present methods of treatment.

Dr. Collins, Professor of Nervous and Mental Diseases, in the New York Post Graduate Medical School, writing in the *New York Medical Record* of March 1899, says, "the treatment of neurasthenia requires for its successful issues a deeper insight into the understanding of mankind than almost any other bodily or mental disease. The physician who has the good fortune to inherit or acquire such capacity will be immeasurably more successful in aiding his patients to recovery than he who is devoid of it, and at the same time master of physiology and materia medica." The subject of mental therapeutics is a large one. In Paris the laws of mental suggestion are under the control of educated physicians who are curing many sick. In America one of the most curious phenomena of modern times is the fact that, ostensibly at least, this great power, wrapped up in utter absurdities and united to the great lever of religious sentimentality, is wielded by a collection of men and women, most of whom are utterly ignorant of all other laws of the human body and mind; and that, on the whole, they have probably done more good than harm. No physician who is unfamiliar with the work of Liebeault and Bernheim in Nancy can afford to treat a case of neurasthenia. With modifications, adapting it to American women and popular prejudice, this work is a most important therapeutic measure.

The principal modification made is the omission of any attempt at hypnotism, for reasons which will be readily understood. It is, however, true that without producing sleep the well mind can dominate the sick one, replacing unwholesome suggestions with others which are health-giving. In this way the sanctuary of an individuality is not entered and the choice of the ego is not everwhelmed. Even though it be a morbid choice and the substitutes we would offer are for the best good of the individual, the patient, at least in America, is sure ultimately to question our right to have done it.

To have the conscious self in the way, constantly doubting our health-giving point of view, takes more time, and the effects of mental suggestion are less brilliantly striking and conclusive, but in the present stage of discovery and popular opinion this method seems for the ultimate good of the patient.

Now how can we practically utilize the laws of mental suggestion for neurasthenia? It is no easy task. It is essential to live with the patient and study the peculiarities of his mind and

temper. The one word which expresses my thought is *individualize*. Find out the patient's likes and dislikes, what his ideals are, what he wants to do and be, and prove to him that these dreams can be made realities. Win the patient's confidence and friendship, while establishing the authority of the physician, which is never to be questioned. Make the control of the well mind over the sick one felt.

The physician has many plain truths to tell the patient, most of them unpleasant and many of them heard for the first time. We try to teach the fact that the symptoms, while realities, are largely a revolt of lower nervous centers; that the brain and will power can bring them into subjection, since, with all the pain and disability, no organ is wearing out or degenerating. Keep it constantly before the patient that there is no reason why he should not be well, only he has his own physical salvation to work out, under new methods.

The subject of the mental control of the patient we have considered first, because it has seemed less clearly understood than the other division of this complex subject. We will next discuss that of rest or exercise.

Five years ago I began the work at West Newton, calling the house a Rest Cure, and supposing I was to use Weir Mitchell's methods. The name has become to me a misnomer. I think of the house today as a school where a good deal of educational work has to be done. Practically studying the needs of my patients, I have never had but two who required weeks of complete rest. Perhaps as the result of this theory of rest, practised now twenty-five year, we are at present receiving the victims of it. Almost invariably the idea the physician is called upon today to combat is that enough rest will cure. In point of fact it is singular how much muscular work neurasthenics need, in order to maintain nervous equilibrium. A certain patient of mine who has recovered from all but a tendency to nervous instability, feels herself out of condition, if for one day she omits her accustomed gymnastics.

Yet, as we all know, the neurasthenic shrinks from exercise and does, at first, get a nervous reaction from it. The secret of success seems to lie in keeping ever before one's mind, in spite of discouragements, the ruling law of physiology that the development of the body lies through its normal use; and the converse, that any function, not used, degenerates. It follows from this

that exercise to the point of fatigue, and never beyond it, must bring strength. The Swedish method of physical training is invaluable here. The practical difficulty is that some of the graduates, well trained as they are in the theory of the Swedish school, have little idea of how little work a neurasthenic can do in the beginning.

I do not use massage. It seems to me mentally enervating and in opposition to the idea, which we are trying to impress upon the patient, that his cure lies with himself and his own regulated efforts. I have never used the passive movements but once, and then for a bed-ridden woman, half paralyzed by disuse of her limbs. It is wonderful with how few movements one begins and how rapidly more can be given. The effect of this advance upon the mind of the patient is very valuable. As long as an invalid can be made to realize he is doing more, with less fatigue, this week than the week before, he feels encouragement.

Another important feature of treatment is as far as possible an open-air life. Dr. Collins proves that a large proportion of neurasthenics have had indoor and sedentary occupation. Our patients are out of doors, in hammocks or on cots, most of the sunny hours of the day.

The question of food seems to me a comparatively simple one. We have all seen feeble people, much fattened by forced feeding, whose physical condition was not a whit improved. It is not what is eaten but what is assimilated, which is of value to the organism. There should be an abundance of simple, nutritious food, the heaviest meal should be at noon, and milk, or some simple nourishment, should be given at eleven and four o'clock, possibly at nine on retiring.

Having outlined the details of our method of treatment let me show how they are combined into a plain and simple plan not to be misunderstood by either patient or nurse. One of the greatest problems of a sanitarium is to occupy the mind of the invalid with something outside her (I change my generic term here as our house is for women) sensations and symptoms. Nothing is worse than to have one's complaint for a business in life. During the last season at West Newton I had the habit of giving cards which were marked with the hours of the day and a prescribed occupation for each hour. The prescription began with much rest and brief exercise. It is wonderful how quickly a neurasthenic gains on two or three minutes of respiratory exercises

followed by complete muscular relaxation and long hours in the open air. At the end of a week it is planned to change these cards. It is very rare that the proportion between rest and exercise cannot be altered in favor of the latter. The advantages of these cards seemed most decided. The nurse, without words, had her duties clearly laid out. There was no discussion and no possible misunderstanding. She had simply to carry out the directions on the card. The patient's time and mind were occupied, and by the aid of the cards it was easy to prove to her that she was gaining strength.

I have been gratified to receive from Cromwell Hall, a sanitarium in Connecticut, an elaboration of this idea, in the form of a clock face on which the occupations of the patient are marked for each hour. Dr. Hallock, the physician, talks about the treatment of neurasthenia by the educational method, a phrase I have often employed. Similar needs have given rise to similar plans of treatment.

In all that has been said it has been taken for granted that the treatment of neurasthenic patients is to be carried on away from home, in houses set apart for the purpose. This I believe to be the great contribution Dr. Mitchell has made to the subject, which is likely to endure. To know a patient in the way here proposed, is impossible in a visit of ten minutes daily. Further, the influences of home surroundings make recovery well nigh impossible. There are mischievous sympathy and anxious, affectionate solicitude, added to the responsibilities of an active life, of which the invalid continually catches the echoes, even if ostensibly withdrawn from them.

In this school of health no mention of illness or disability, no discussion of symptoms, is allowed. The contact of people who are working at similar lessons, and whose standards of activity and strength are nearly alike, is absolutely hopeful.

Another important point is to overcome the effect of crude drugs. Dr. Collins writes, "It may truthfully be said that it is often times important to forbid the patient all medication, as to prescribe it." Theoretically, the advanced physician of the old school does not believe in his drugs; practically, it is rare to receive a patient into his hands who has not some drug habit. Constipation must be treated and the tendency is increased with every dose taken. Sleeplessness is less frequently drugged than formerly, still, the so-called harmless sulphanol powders are often

used. Twice I have received patients every orifice of whose bodies had been subjected to the modern scientific treatment, the condition of the patient steadily deteriorating under it.

In this discussion of the treatment of neurasthenia nothing has been said about medicinal measures. It is here, that we, for the first time, do not find ourselves in agreement with the physicians of the old school. With them drugs are decreasingly valued. It is interesting to compare Beard's and Mitchell's advice on this subject with that of Collins, thirty years later. The subject of medicinal treatment is put last in Dr. Collins' article as of least importance. A Homœopathic physician puts it last as the best and most important of all measures, without which in the treatment of so complex and profound a disease one might yet despair. Homœopathy is the only system of therapeutics which has a philosophical basis and the only method which alters and alleviates tendencies to disease. My experience has been that the more carefully one can individualize symptoms, and the more studiously one can apply the single remedy, leaving it time to work out its full effects, the better will be the results.

Perhaps we cannot better close this incomplete statement of a large and difficult subject than by again quoting Dr. Collins. He says:

"To carry such treatment to a successful issue requires great individualization, tact, perseverance, and above all, strict personal attention to details. As a rule, it may be said that a patient with neurasthenia should be examined and treated with the same attention to detail as a patient with typhoid fever, or endocarditis. That such careful examination and methodical treatment encompass a cure, in part or largely through their appeal to the mind of the individual, in no way detracts from them as tangible therapeutic measures."

To put it briefly, the education which we attempt to give includes, as objects in theory at least, firm muscles, well oxygenated tissues, and a will which dominates sensations. Perhaps no school includes more in its curriculum.

Comment and Criticism.

HOW FREQUENTLY SHOULD THE REMEDY BE REPEATED?

The frequency with which the remedy should be repeated depends on whether the case be acute or chronic and also upon the remedy used.

Hahnemann (*Organon* § 247) speaks of intervals, in chronic cases, of fourteen, twelve, ten, eight or seven *days*. In acute diseases of twenty-four, twelve, eight or four *hours*, and in the most acute conditions of repetition at intervals varying from sixty to five *minutes*.

In some chronic cases I find the action of a remedy will continue to the full limit, as in the case reported by me in the February, 1900, *ADVOCATE*, whereas in others a frequent exhibition is necessary.

As improvement occurs, the remedy usually has to be given less often, but should the patient be gradually failing the reverse is true.

In acute cases, unless there be extreme suffering, intervals of two or three hours are generally best.

In chronic diseases I like to give three or four doses of the drug, usually dry on the tongue, in the beginning, twelve hours apart, covering a period twenty-four to thirty-six hours, so as to include all the diurnal and nocturnal changes.

When later the remedy has to be repeated I give either one dose dry, or a dose or two in water, of the same potency as at first; later still I change the potency, usually going higher.

In acute cases I most often give the remedy in water, a dose every two or three hours until improvement begins; then follow with *Placebo*.

As I have hinted, the remedy used has something to do with the frequency of repetition. The action of some drugs continues a long time, that of others only a short time.

We know by experience that with some medicines, improvement will not progress very far without repetition.

The duration of action of a drug being known we are enabled

to forsee the time when more of it will have to be given.

Of course a remedy should not be repeated as long as improvement continues even though this lasts longer than usual with that particular drug.

T * *

HOW TO DETERMINE WHEN A REMEDY HAS COMPLETED ITS WORK.

It seems evident to me that a remedy has completed its work in a case when after its exhibition the patient fails to again improve. A report of a recent case will illustrate:

Miss C., 73 years old, troubled some years ago with eczema of and about the ears which I cured. Has been very well for some time.

During the winter has been in doors much of the time and gradually running down, and her condition was as follows:

March 19, 1900.

Slight erysipelatous blush on right ear.

Right cheek swollen.

Much bloating of abdomen for which has to loosen the clothes.

Pulse and heart irregular and intermittent.

Heart sounds weak though normal.

Constipated.

Eyeballs quite yellow.

Has had a slight cold which is better but hoarseness remains.

Very short breathed, particularly on moving.

Drowsy in the day, sleeps much, and also sleeps well all night.

Graphites^{cm} (S) three doses, in water, and *Sac. lac.*

March 27.

Ears well, and all symptoms improved.

Sac. lac.

April 2.

Worse again, symptoms the same but have returned somewhat, except the erysipelas.

Graphites^{cm} Three doses as before and *Sac lac.*

April 14.

Has been gaining steadily until the last two days. Symptoms seem to be unchanged.

Graphites^{cmm} Three doses in water and *Sac lac*.

April 18.

Is worse; voice gone; very weak; much dyspnœa on least exertion; very drowsy; sleeps all the time; eyelids heavy.

Much bloating.

Hiccough.

What is to be done? *Graphites*, which was the remedy in the beginning, has evidently completed its work. The patient does not react when it is again exhibited, even in a different potency. Some other drug is needed. How shall we find it?

At the end of each remedy in the *Materia Medica*—in “Hering’s Condensed,” or the “Guiding Symptoms,” for example, is a list of the complementary remedies—the ones which are often needed to complete the cure.

After *Graphites* are given *Arsenicum alb.*, *Causticum*, *Ferrum met.*, *Heper sulph.*, *Lycopodium*, and with a little study, it will be seen that *Causticum* is the one needed in this case.

It was given on April 18, three doses dry in the C M potency, and to date, May 4, she has been improving, and the remedy has not been repeated. It may have to be given again and some other drug may be required after it. T * *

Society Reports.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The Forty-fifth Annual Session of Illinois State Homœopathic Medical Association was called to order at the schedule time on the 8th of May, in the finest arranged hall for association work, there has ever been the good fortune of this society to enjoy. The entire seventeenth floor of the Masonic Temple was given over to the Association. This included a large exhibit room for exhibitors, through which every member of the Association and visitor was compelled to pass, in order that he might reach the assembly room. This arrangement enabled the committee to secure enough exhibitors to more than pay the entire expense of the Association, and what was of greater value, they were so well pleased with the facilities offered them, that they will be more than willing to come up with their share for future meetings. Between three or four hundred physicians, members, and visitors

were present during the meetings held. The papers were of unusual interest, and not a few of them were devoted to a practical and true representation of the Law of Similars. The discussion of the papers was not all that could be desired, although there was liberal response to the offer given, but there were so many papers, and the time was so limited, that it was necessary to limit each paper to five minutes in order that the work of each Bureau might be completed on time.

There were many valuable papers presented at the different sessions. Particular attention was drawn to the papers in the Bureau of Pediatrics upon "Infant Mortality," in which different causes contributing to this unfortunate condition were considered, with suggestions looking to better condition in the future. According to the essayist, the greatest good was to come from careful nursing and the securing of such an environment as would secure the least hygienic disturbances. But the discussion brought out the fact that, while improper feeding was a most unfortunate element in the early mortality of infants, the most careful regulation, in and of itself, would not serve to accomplish the desired result; but this in conjunction with a careful application of remedies in strict accord with the law of similars, with the greatest importance placed upon the Homœopathic Therapeutics, because of the fact that most of these babies owe their faulty digestion to a constitutional impairment primarily, instead of injuries or even improper nutrition.

The next paper to receive the unqualified endorsement of the Association was by Dr. E. H. Pratt, entitled "The Friendship Between Surgery and Medicine," in which the investigations of the germ theory of disease were compelling the surgeon to recognize the fact that the knife alone could not secure that protection against disease that had been claimed for it by the surgeon in the past, with the result that beginning with requirements for more perfect asepsis, their eyes were becoming opened to the fact that there is still another factor contributing even more to the etiology of disease than the germ itself. His argument went to show that in addition to heat, moisture and the presence of the germ there must be a suitable soil in which the germ is to develop, that the suitability of this soil for the development of the germ products must have a prior consideration over that of all which follows. In other words, he places the causes for disease manifestations in this order: First, suscepti-

bility; second, the presence of the disturbing influences; third, conditions favoring the development of the germ product; and fourth, disease manifestations calling for the services of the surgeon, which would logically justify the conclusion that the knife was to be employed after efforts had been made, first, to bring the environment up to a healthy standard, and then exhausting all efforts for the elimination of contributing causes to the constitutional susceptibility of the individual, when the highest degree of success ought to follow the application of the knife for the removal of any disease product remaining.

This paper was naturally dealing with that phase of surgical work dependent upon organic changes of the body due to causes from within, and only incidentally referring to the demands upon the surgeon from causes due directly to mechanical injuries. Even in these cases, the essayist urged the importance of that knowledge of medicine upon the part of the surgeon that would enable him to determine whether a constitutional susceptibility existed prior to a mechanical cause of the injury. We hope to publish this paper in the near future, but cannot refrain from offering these brief comments because it was a valuable contribution to the current literature of the day.

The Bureau of *Materia Medica* was filled with valuable papers, including a paper by Dr. Cowperwaithe on the proper methods for studying *Materia Medica*; an article by Dr. Dienst on *Causticum*, which appears in this issue; "Our Homœopathic Medicines and Their Attenuations," by Dr. Aurand; "The Constitutional Remedy," by Dr. Waring; and an exhaustive study of *Mercurius* by members of the *Materia Medica* Society of Chicago.

Another important paper was presented by Dr. E. T. Allen, entitled "The Relationship Between Insanity and Eye-strain." This lecture was illustrated by means of the stereopticon and furnished food for much thought with but little discussion.

The usual discussion, for and against the use of *Antitoxine* was provided by a paper on "Serum Treatment of Diphtheria" in the Bureau of Clinical Medicine.

The election of officers resulted in the following selection: President, Dr. Downey, Aurora; Vice-President, Dr. Hueston, Joliet; Secretary, Dr. George, Chicago; Treasurer, Dr. L. C. Grosvenor, Chicago. The place for next meeting will be Chicago.

Editorial.

AMERICAN INSTITUTE.

The coming meeting of the Institute bids fair to be the most delightful outing in the history of the organization.

Washington is one of the most attractive cities in the world for the sight-seer, but it will be too hot for business, and while there will be an interesting program, the mass of attendants at the Institute this year will be bent on having a good time and the local committee will see that there is a lavish distribution of the genuine whole-souled hospitality for which Washington is noted.

The grand central thought will be the unveiling of the Hahnemann Monument and around this will be grouped such a pleasant combination of business with pleasure as will make the closing sessions of the century one grand jubilee celebration.

The National Republican Convention in Philadelphia coming at the same time, will secure the exceptional rate of *one cent a mile* for transportation, and the adjournment of Congress will give unlimited accommodation for the large attendance that will be drawn to Washington.

Make your plans to go this year even though you never go again as you will gain an inspiration that will never leave you.

HOMŒOPATHY IN DENVER.

The wonderful strides of Homœopathy in Denver during the past five years have been alloyed with a sufficient amount of the baser metal to make the present union capable of greater results in the future than could have been possible in the past.

During this time, through the unselfish efforts of a few public-spirited men, a College and Hospital have been built which is an honor to the school and the local representatives of that school in Denver. This public expression of real worth is now to receive still greater recognition in the building and equipment of another magnificent monument to the Law of Similaris in the form of a Woman's Hospital, costing not less than \$75,000, outside of the endowment. This last gift is made by Mrs. C. N.

Whitmore, as a memorial to her husband who was a patient and life long friend of Dr. S. S. Smythe.

A wise provision was made with this gift, that Dr. Smythe should remain at the head of the institution as long as he shall live. The probabilities are that a maternity will be connected with this hospital, and that there will be a sufficient endowment to secure a large share of its patronage for the students of the Denver College which, by reason of its loyalty to the truths of Homœopathy, has already taken a high place among the institutions of learning in this country. May peace and prosperity go with the various associations that are contributing to this monument of Homœopathy.

PERSONALS, NEWS ITEMS ETC.

Dr. A. D. Mahaffey is spending the summer at Kirksville, Mo.

Dr. J. M. Mansfield has left Quincy, Ill. Present address unknown.

Dr. Florence N. Hamisfar is now located at 246 Oak street, Chicago.

Dr. Geo. H. Neal has removed from Hawatha, Kansas, to Little Rock, Ark.

Dr. James B. Brown can now be found at the Nevada block, Denver, Colorado.

Dr. J. E. Sawyer can be found at 472 E. 47th street, Chicago, during his regular office hours.

Dr. Amanda Decker changed her address on May 1st to 9026 Hueston ave., So. Chicago.

We are reminded of a rumor that the representatives of foreign drug manufacturers are trying to formulate a scheme whereby the *Materia Medica* section of the American Medical Association will be captured by physicians who will discriminate against our home pharmacutists. It will never be realized, however, for there is too strong a love for home and home products to permit any such discrimination.

The Committee on Life Insurance appointed by the American Institute suggest that the Homœopathic Colleges add a chair on Life Insurance Examinations to the curriculum of the senior

year and publish same in regular announcements. Any suggestions on part of the profession may be made to any member of the committee viz:

A. W. Baily, Atlantic City, N. J.; A. L. Blackwood, Chicago; V. H. Hallman, Hot Springs, Ark.; O. S. Wood, Omaha, Neb.; L. W. Roberts, Scranton, Pa.; H. H. Leavitt, Minneapolis, Minn.

Book Reviews.

Indigestion—Its Causes and Cure, by John H. Clarke, M. D., London, published by Bœricke & Tafel, Philadelphia. Price 80 c., pages 146.

Dr. Clarke is one of the men who knows what he wants to say and knows how to say it in a very few words. Everyone knows something about indigestion, the causes that may contribute to it, but there are exceedingly few who know how to cure the same. Probably more bungling work is done with reference to these particular kinds of troubles, than that of all almost any other. I was going to say all others—that came into the hands of the physician. And the man does not live who cannot pick up this little work and read with both interest and profit, the practical suggestions, thoroughly known to the reader, but not in shape to be utilized when the time comes, that will be found upon almost every page of this little work. We heartily commend it to the profession and feel confident that all who become possessors of it will learn to appreciate it for its full value.

The Anatomy of the Brain.—A text book for medical students, by Richard A. Whitehead, Professor of Anatomy in the University of North Carolina. Illustrated; forty-one engravings, and has ninety-six pages in all.

In our school days the study of nervous anatomy was one of the most difficult tasks we had to perform. The text was dry, and so filled with unintelligible terms, all of which had to be memorized, that we looked upon it as a mental task and was glad when it was over. The author recognized this fact and has tried to simplify the study, but the text books of today are so far superior in this respect to the "old Gray," that we wonder not at the effort made to give proper interest to this particular department of anatomy. There is little to say for or against the book, other than the fact that he has quite satisfactorily succeeded in his efforts, although he has sought to retain as much of the old

nomenclature as possible; and still it will be noted that he really sought to ape the nomenclature of the German Anatomical Society by giving to the student the modern, and uniform system of reading the different parts of the brain. We neglected to state that the book is published in the F. A. Davis Co.'s characteristic style, and that these illustrations have been selected with particular care.

Injuries to the Eye in their Medico-Legal Aspect, by S. Baudry, M. D., Professor in the faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia, Pa. Revised and edited by Charles A. Oliver, A. M. M. D., Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar. 5½ x 7¾ inches; pages x-161. Extra cloth, \$1, net. The F. A. Davis Co., Publishers, 1914-16 Cherry street, Philadelphia, Pa.

Every one admires the clear definite statements of a master, and the readers of this book will recognize at a glance that it was written by a master; certainly by an expert with reference to injuries to the eye; a man capable of differentiating between the effects of an injury and conditions which may have antedated, or followed, the injury, and having no causal relation to the same. It would seem almost as though it was the summing up of a judge, instead of the cool deliberate statement of a physician. But taking it in all of its parts, it is a question whether there is a more valuable book upon expert medical testimony with reference to mechanical injuries to the eye than that presented by the author of this little work. It is certainly commended to all who may have occasion to use anything of the kind, and undoubtedly will have the sale that it justly deserves.

American Review of Reviews.—In the *Review of Reviews* for May there is editorial comment on Admiral Dewey's candidacy; on the government of Puerto Rico under the law recently passed by Congress; on the proposed government of Alaska, and on the developments of the month in financial and industrial circles. Other topics treated in "The Progress of the World" are the rush to Cape Nome, fox-breeding in Alaska, the April elections, the epidemic of strikes, the opening of the Paris fair, the military operations in South Africa, and Delagoa Bay award.

The methods of fighting the bubonic plague in Honolulu are

described by Mr. Reuben D. Silliman, who gives a graphic account of the great fire of January 20. The article is illustrated from photographs of the fire and of the temporary hospitals equipped for the emergency.

The fullest account of the personality of the author of "Lorna Doone" that has been published on either side of the Atlantic is given by Mr. R. W. Sawtell. Mr. Sawtell tells of Blackmore's home life and habits. He sketches the author as he appeared to the very few who in later years succeeded in penetrating that strange reserve which so long remained a barrier between Blackmore and his contemporaries.

The *Review of Reviews* also publishes the announcement of 300 great conventions, congresses, and other gatherings to be held during 1900 in this country and in Europe.

Archives of Neurology and Psychopathology, published by State Hospital Press, Utica, N. Y. Price \$3.00 per year.

There is nothing stimulates a man to good works so much as the knowledge that there is some one superior to him, who is interested in, and trying to develop the very best that may be found in the man. There is nothing that will so completely reform our State Institutions as the knowledge that the men who are placed at the head of the institution are there by reason of their superior mental development, and peculiar adaptation to the responsibilities at hand instead of being the play thing of the ward-politician. No such a man can be induced to take such a position at the request of some politician, because it means the devotion of a life to the scientific investigation of a principle. It means the giving of much hard work for which there is little, or no, appreciation in the form of dollars and cents. The man must have a real love for the work, and in addition to that, the ability to put his ideas to a practical test. We feel the exemplification of this in the working of State Hospitals for the Insane in New York. The work is about evenly divided between the two schools of medicine, and since the establishment of the *Archives* through which the profession is given an idea of the immense amount of original and practical work done in these institutions, the officers and attendants seem to have caught the inspiration of the hour, and to have investigated and worked out some valuable problems touching upon the influence of the nervous system upon the body in general. Instead of

stereotyped reports, containing practically the same idea from year to year, we find these hospitals thoroughly equipped with every means for making scientific and accurate tests upon all forms and phases of disease that may be present in the institutions. In addition to this, the attendant bears the stamp of thoroughness and competency for the work, and we get the best of their investigation in the pages of the *Archives of Neurology and Psychopathology*. This work has passed beyond the experimental stage, and now definite plans are being made for future investigation that cannot fail to bring forth very desirable results. This medium of communication with the profession will grow in interest and profit, as they become familiar with the high grade of work carried on by these hospitals, and the time will come when their reports will be looked upon with as great interest as the reports that now come to us from foreign institutions.

Miscellany.

Cold Water Externally to Allay Vomiting.—Dr. Mitchell, in the *Virginia Medical Semi-Monthly*, speaks of this method of treatment. The theory of action advanced by the author is that the external application of cold reduces the congestion which he assumes exists in the stomach.

Tuberculosis in Denver.—The six years, 1898-1898, showed an increase in the actual deaths from tuberculosis in Denver. The percentage of fatal cases contracted in Colorado to the total deaths is still more interesting. In 1898 it was 11.26 per cent.; in 1894, 13.52 per cent.; in 1895, 14.95 per cent.; in 1896, 17.98 per cent.; in 1897, 17.99 per cent.; in 1898, 19.77 per cent. The causes given are: First, the expectoration of consumptives; second, the milk from tuberculous cows; third, the flesh from tuberculous animals.

The White of Egg as Food.—A little knowledge of the physiological chemistry will show that it is a mistake to give the yolk preference over the white. The nitrogenous parts of the egg contents are albumen and globulin, both easily digested and assimilated. The fatty substance which predominates in the yolk is mainly lecithin. This fat, while undergoing digestion, is partially converted into a poisonous product, called choline, which, under certain conditions, may become absorbed and give rise to "biliousness." The writer has repeatedly found that a patient made "bilious" by one whole egg, can take a dozen raw whites daily without discomfort and greatly to his advantage. Infants will often do well on them when dissolved not beaten in water, and a little sugar and milk added. [A little salt and lemon juice may be added if desirable.] It should be remembered, however, that the egg globulin does not dissolve in the water, but is precipitated, and should be separated by straining.

The Hahnemannian Advocate

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No. 6

Materia Medica.

MERCURIUS.

J. T. KENT, M. D., CHICAGO.

DEAN DUNHAM MEDICAL COLLEGE.

The constitutions of the present day show Mercury characteristics: children are born into mercury. It is one of the most vicious of medicines; treacherous; one of the most certain and one of the most uncertain; one of the longest acting and one of the shortest acting medicines; one capable of doing mischief in all sorts of doses and potencies. Its image is one of violent character; it has been fully proved and well brought to view. Oversensitive to changes of weather. Very changeable disposition; extremely impulsive, irritable, a state of great activity of mind; irritability when disturbed; can't endure being opposed; conversation aggravates. State of mind like old drunkards: thick speech, slow thoughts, and goes on to imbecility. Low minded; desires low things, filthy food; an insane mercury patient will eat cow dung. Varying degrees of low, passive insanity, tending towards imbecility. In the early state, impulses; impulses to do injury, violence, destroy, to kill, cruelty, to murder; a wife begs her husband to keep razor away, or she will kill him if she gets her hands on it. These impulses increase until violence is resorted to: murder. The impulses occur first as a thought which is put away but later increases and may overpower her. Impulses to kill oneself or others, to set fire to buildings, destroy prop-

erty, to throw child in fire. (*Nux, Natrum sulph., Alumina, Argentum met.*)

It takes one down to the very depths of horror and distress; gloominess intermingled with impulses, hence insanity. Spinal affections; brain affections; conditions of the grey matter with trembling; disturbances of the nutrition of the grey matter with trembling, like paralysis agitans, drunkards, multiple sclerosis; trembling of the hands, beginning in the fingers and going to the body; quivering and jerking of the body; sweats easily, all symptoms aggravated from sweat, true of both acute and chronic cases.

Febrile symptoms: rheumatism, violent inflammatory rheumatism; febrile states in general with coryza. Bones ache; tremble, exhausted; no position between heat and cold in which he is comfortable. When covered, sweats with steaming heat and the bones ache; aggravated by sweat; horror throughout the flesh, goes through him like a flush of heat or steam; when covered, hot and sweaty, as if parboiled, but the slightest lifting of the covers sends a chill through him; cold and shivers. Aggravation on a raw day; so sensitive on a wet day that he freezes to the bones, he is so cold; yet if he goes to bed and covers up he soon becomes so hot that he has to uncover; yet if he uncovers he has rigors; no moment in which he is comfortable. Horrible state of anxiety in mercury. Fevers; in the day he suffers much but at night he is ten fold worse. All symptoms are worse at night; worse from warmth of bed; worse from sweat; worse from cold air or slightest draft.

Many complaints come on with coryza; sneezing, burning in nose, stuffing up of nose, aching in nose; aching through the cheek bones; over the eyes, bones of skull, as if bones were scraped, as if eyes drawn out, as if jaws wrenched from their sockets. Terrible pains in the teeth, as if tearing through the jaw down the nerves of the neck, shoulders and down the arms. Muscles sore all over the body; bones ache as if scraped; all aggravated at night, from warmth of bed; steams and sweats; or a dry fever; fears he will freeze if he lifts the covers; hot air from the fire grateful to him but the heat of the bed clothes aggravates; in a coryza when he sits by a hot fire and breathes the intense heat through the nose he is ameliorated, but he cannot lie down in bed as this aggravates. Rending, tearing pains in the limbs before rheumatism or neuralgia appears. He

gets out of bed and walks up and down the floor which gives a little relief; then he thinks he can sleep as he is exhausted, and so goes to bed, but his sufferings are aggravated, and he must get up and walk the floor or sit in a chair. *Arsenic* might be mistaken for this, but in *Arsenic* it is mental anxiety and he is ameliorated by heat. Coryzas sometimes go to the chest, with dry, gagging, harassing cough, which shakes the whole body; urine is lost; finally copious expectoration of thick, yellow, green muco-pus; ropy, tenacious; nose filled; constantly blowing the nose; coughs, gags and shakes from head to foot; sweats, and symptoms are aggravated by it. Mercury cold or coryza causes greatest suffering of any. It may not take the form of a coryza, but of a rheumatic fever; sallow and sickly; all the joints swell; aggravation at night; aggravation from warmth of bed. Remittent fever with sallow skin and sickly complexion; fever aggravated at night, from warmth of bed; bilious catarrhal fever; inflamed ears.

The odor about the Mercury patient is intense: mercurial, fetid, offensive, indescribable odor. Sweat offensive. Tongue: thick yellow, or yellow white, pasty coating. Teeth bleed about the gums: blue margins about the gums; sweats easily; tongue shows imprints of teeth, is soft and flabby. Whole muscular system soft and flabby, and takes indentation from pressure. The odor belongs to the whole patient: offensive, pungent, sickening, at times sweetish.

Tendency to ulcerations is a striking general; there is no part of the body which is not susceptible to breaking down; molecular death; ulcers on the skin; genitals both male and females; in the nose, ears and mouth. Ulcerations of the mouth particularly strong of Mercury. Copious and constant flow of saliva which is horribly offensive; foetid odor remains on the pillow after patient has been removed. Thrush in infants, little white patches appear, which become red, spread, go deeper and deeper, extend into each other until finally large deep ulcers are formed which may perforate. Tonsils ulcerate: horrible cases of sore throat; ulcer eats and spreads until it covers the tonsils and all the tissues of the throat. Both sides of the throat. Yellow, yellowish-white, grey, lardaceous base: thick, fuzzy, white bottom to the ulcer, like thick white or yellow felt. Tendency to ulceration of glands; especially the gland of the neck, jaw and salivary glands. Salivary glands inflamed, hard and sensitive.

Lymphatic glands hard, inflamed and suppurate. Abscesses in tissues; in mucous cavities, as Antrum of Highmore, frontal sinuses, supraorbital; causing most violent distention, pressure, forcing out pains with great suffering. Abscesses in mammary gland; they swell up rapidly; become painful, hard; night sweat; sticking, tearing pains; febrile state alternating with chill.

Unhealthy skin; small wounds suppurate; turn into eating ulcers that spread; violent itching; crusty eruptions that suppurate; purulent formations lift up thick leathery crusts; burn, stick, bleed. Eruptions are very sore. Eruptions on scalp in infants, bleed, raw, peel off and bleed; ooze, burn, sting; false granulations; unhealthy ragged, bleeding ulcers; great amount of stinging in ulcer; pains in the brachial plexus and down the arms; sting at night; worse from cold, forcing him to move constantly. Stinging, tearing pains in the ovaries, most intense; affects right ovary especially. Would make you think of *Apis* but general constitutional state distinguishes. Stinging pains all over the body; down the sciatics, in the joints. Ulceration of the mucous membranes everywhere with tendency to bleed; inflammations of mucous membranes, with discharge of blood; in the later stage get thick yellow green discharge. Tenesmus terrible in rectum, or bladder or urethra; with constant urging to urinate as in a violent gonorrhœa.

Mercurius patient very thirsty; wants plenty of cold water which often makes him sick.

Stomach, abdomen and liver: Patient jaundiced, extremely yellow all over; deathly nausea; can take no food; tumefaction of liver; great soreness; distention of whole abdomen with great soreness.

Bones: Inflammation of periosteum as if bones torn or broken; swelling of periosteum; separation and formation of fluids with fluctuation beneath periosteum; bone abscesses; necrosis and caries. Inflammation of shaft; ends of bones, cartilages; disintegration of cartilages; violent inflammation of the joints.

Wonderful antisyphilitic, but can do more damage to a case of syphilis than any other remedy. It has all the ulcers of the mouth, the genetsals, buboes, loss of hair, bone affections, exostoses, copper eruptions found in syphilis. When indicated in syphilis it is a wonderful remedy; if injudiciously repeated it destroys the patient's comfort for life.

When the crude Mercury is antidoted, the sufferings are re-

lieved temporarily; the symptoms go away but are back again, and antidote after antidote has to be given. It is most difficult to manage these cases after the symptoms have been brought back; the muscles are flabby and the tissues won't heal; the ulcers when they return tend to become phagedenic. The sufferings of Mercury are as bad as syphilis itself.

It takes from five to six years to get a patient over the effects of taking Mercury 3x to 6x from the family medicine chest for every cold.

Head symptoms: Most of the headaches are associated with catarrhal states; pains through the head as if the bones were scraped; rending, tearing, stinging pain as if in the skull; congestion of brain as if head would burst; red eyes, lachrymation, salivation, sneezing, catarrhal discharges from the nose and throat. Violent pains in the head associated with fevers; scarlet fever, bilious fever. Colds ending in fever, with bone pains, delirium, red eyes and flushed face. Tremendous pains in the head; tearing, drawing pains in the scalp. More or less sweating which does not relieve but aggravates. After scarlet fever, child doesn't recover well; takes cold easily; limbs puffy; heavy coating on tongue; pungent mercurial sweat on the head; albuminous urine; pains in the back; rolling of head from side to side. Violent pains about the ears and extending over the head; otitis media; ruptured drum; pains in ears associated with nasal discharge; pains through the skull when the discharge from the ears ceases; when the discharge from the ears start up the head pains are relieved. Nightly pains in the head in many complaints.

Pains in the ears very distressing. Mercury will re-establish a discharge from the ears when pachymeningitis has followed its suppression. Suitable in troubles beginning in the ears and spreading; hydrocephalus, meningitis, etc.

Rarely indicated in typhoidal and continued fevers, but in cases beginning with bilious fevers, injuries, intermittent fever, and ending in symptomatic typhoid.

Skull exostoses, syphilitic constitutions. Violent rending, tearing pains in the peri-cranium; violent neuralgias in the nerves beneath the scalp; pains lasting for days; aggravated in wet weather; especially in old syphilitics, mercurial constitutions and psora. Abscesses beneath the scalp, sometimes in infants; soft, pulpy, fluctuating tumors; bloody grumous discharge. Bloody discharge anywhere from mucous membranes or ulcers. Scalp

sensitive to touch as if pounded; soreness of the whole scalp; hair falls out as in syphilis. Scalp commonly feels tight, constricted as if a tape or cap tight about the head. Sense of tightening at root of nose, forehead, frontal sinuses; as if a screw bored into the parts. Eyes inflamed, red; inflammation of all tissues; a general ophthalmia; iritis; syphilitic iritis; ulceration of the cornea; rheumatic redness of eyes; in old rheumatics whose joints have been inflamed. Redness like raw beef; tumefaction; bleeding; lachrymation; granular lids; fog before one or both eyes, burning in the eye; choroiditis; eye must be kept closed; photophobia; pustules and ulcers; vesicles; chronic catarrhal condition of lids and balls. *Thuja* often indicated in ophthalmia neonatorum. "Rheumatic, arthritic, syphilitic or gonorrhœal ophthalmia." Mercury, *Heper sulph*, *Pulsatilla*, *Calcarea*, *Sulphur*, *Apis*, *Euphrasia* beat all eye doctors.

Ears: Violent pains with offensive sweat on forehead; swelling of glands about the ears, also the salivary glands; great salivation. Look over the whole constitution and you will find pains aggravated at night, aggravated from sweating; aggravated from warmth of bed; walks the floor, which relieves the stinging, throbbing and tearing in the ears. "Purulent, offensive otorrhœa, with itching in ears; enlarged cervical glands; furuncles or boils in external meatus; polpi in external meatus; swelling of glands under the ears; watery discharge and hemorrhage from the ears, first left then right." Green discharge from the ears, nose, eyes, urethra and vagina; thick, copious, green discharge from mucous membranes is a general.

Face: Sickly, yellowish spots, jaundiced, yellow eyes, falling out of lashes, of eyebrows. Rending, tearing pains in cheek bones, teeth and nose. Caries of the bones of the nose, teeth, jaw bones, especially the inferior maxilla. Teeth decay early; discolored, yellowish, black, brown, decay at roots. Gums soften, and the teeth loose, and pus oozes from about them. Offensive odor from the mouth. Face, eye, nose and teeth symptoms all intimately related. Tongue: enormous swelling so that it protrudes from the mouth. Comes in gouty patient who takes cold, and the gout disappears from the joints; many troubles may come on in this way; inflammation of eyes and tongue, either together or separately. Copious, offensive saliva. Tongue sometimes suppurates, so marked is the inflammation.

Throat: Uniform redness and tumefaction; offensive breath;

pains aggravated at night, and from the warmth of the bed; walks the floor and likes to breathe hot air. Hot fluids in the mouth aggravate the tongue, teeth and throat; cold fluids aggravate the pains, so that he seeks a midway place. Ulceration of the ears, mouth, tongue, throat, aphthous patches like nursing sore mouth; sometimes phagedenic, red, eating, lardaceous base at times. Ulcers attack the throat in old syphilitics, perforate and eat away the uvula; destroy the hard palate; extend to the nose and destroy the septum; finally the root of the nose sinks in and you get a flat nose so that the tip looks like a beak set on the face. Perforating ulcers in old mercurial subjects; may almost perforate the cheeks; looks like *cancrum oris*. The whole face is yellow, sad and sickly in that state; sometimes red and sweating face; forehead and scalp sweats. Child recovering from scarlet fever lies on the pillow with its head and hair wet, with offensive, smarting perspiration and catarrhal symptoms. Scarlet fever, severe sore throat, diphtheria; membrane uniformly spread over the throat, ash color and throat very red; offensive odor of breath; patient aggravated at night from warmth of bed, copious sweat which aggravates; offensive mercurial odor; not much fever, thirst for cold water, which causes shivering and toothache, not much fever but great prostration. Cures either sore throat, quinsy or diphtheria. When the trouble is inclined to remain on the right side the proto-iodide is better; where it remains on the left side the bin-iodide is better. All of these salts have the generals of Mercury.

Mercurius corr. affects the kidney more; more albumen in the urine, more rectum and bladder trouble, bloody urine.

Mercurius sulph., chest and heart; chest filled with serum; pleural sac filled with serum; choking breathing and cardiac symptoms troublesome; the white sulphate relieves; it empties the cavity and relieves the dyspnoea.

Liver: *Mercurius* produces great turmoil on the liver, bile thrown out, but later bileless, white stool; constipation, nausea, inflammation of the liver; jaundice with aching in the liver; aversion to all food; can't tolerate even the smell of food; sense of nausea in the pit of the stomach; gagging at the sight and smell of food; aggravated at night; is easily overheated and full of flushes; mercurial breath; heavily coated tongue; distension and uneasiness in the region of the liver; aggravated at night; aggravation from warmth of bed; jaundice. Much pressing, extend-

ing back under the shoulder blade, with stitches in the region of the liver. Face; red, hot, bloated, veins bulging and distended; throbbing in the extremities.

Chest: Symptoms aggravated lying on the right side. Catarrhs of chest with thick, yellow, ropy, jelly-like, green mucus. Sickly, sad countenance; eyes sunken; dark rings under the eyes; sweats easily. Cough aggravated lying on the *right* side; every motion causes cough. Cough violent, as if would tear the chest to pieces, rattling, hard.

Abdomen: Tearing, burning rending pains in the intestines; distention of abdomen; soreness of abdominal viscera.

Dysentery: Bloody, thin, slimy, mucous stool; frequent urging and only passes a teaspoonful; or a slimy, thin, yellow stool mixed with fæces; or mixed with blood and slime. As long as he sits he feels as if he would never get done; the "never get done" feeling. *Sulphur* has this and follows *Mercurius* in chronic states; *Sulphur* antidotes *Mercurius* when patient has taken too much of it. Dysentery: sweats easily; aggravated at night; full of pains as if would break; probably has come on with a chill followed by flushed face and great thirst; great pains in the back; restlessness; mercurial odor; coated tongue; nausea and vomiting and vomiting of bile. Peritonitis with all its features. Appendicitis. if given early enough will prevent suppuration and cause a favorable termination.

On surface of abdomen have scaly and suppurating symptoms; glands of groin swell, suppurate and indurate; hence useful in syphilis. Scabby and vesicular eruptions on abdomen, hence *Zona*, *Herpes zoster*.

DISCUSSION—CHICAGO MATERIA MEDICA SOCIETY.

General Effect.

Dr. Evans:—The general effect of Mercury from first to last is that of destruction from which no organ, tissue or cell escapes. Mercury blights the cell together with its nucleus causing it to undergo morbid processes that end in molecular death. As the cells decay the tissues and the organs, which they compose, gradually deteriorate in function, and finally melt away into a foul debris that accumulates in situ, or, is discharged from the various orifices of the body. The entire body is thus seen to undergo actual liquifaction as if it were in the grasp of a real sol-

vent, or was delivered over to the chemical changes which dominate a corpse.

It is indeed not an inapt simile to liken the molecular changes and destruction wrought by Mercury to those which take place in the dead body, for the process is one of degree instead of kind, and the waste of structure seems to be effected in pretty much the same way.

The thoroughly mercurialized body is a libel and a caricature upon Nature for the phenomena of life is enacted before our eyes in an organism given over to decay and death.

The gastro-intestinal glands are so altered in their constitution that food is not only imperfectly digested, but the chyme and chyle are chemically and vitally abnormal and contain poor nutritive qualities. The blood-glandular organs already diseased themselves are still further incapacitated by the absorption of the depraved products of digestion and can only elaborate cells and plasma of low vitality and structure. The corpuscular elements of the blood are deficient (white and red), both from their actual destruction and their insufficient replacement. The plasma of the blood is thin, watery and loaded with fatty matter, the product of wholesale tissue destruction.

All the vital fluids become thin and watery, and lose their natural consistence; they are also highly putrid in odor and appearance, acrid in character, inflame and excoriate the surfaces over which they flow, and cause marginal redness at every orifice of the body. The secretions and excretions, without exception, have all the characters just mentioned. Glands, in whatever part of the body they are situated, undergo enlargement, sluggish inflammation, and not infrequently suppuration. The salivary glands are especially influenced, and pour out without cessation an unhealthy saliva, loaded at first with the necrotic debris of its own epithelium, followed by a profuse watery discharge amounting to many ounces, and even pounds.

There is constant fever resulting from a low inflammatory condition of the tissues, and it is a septic fever as well, for the whole body is being poisoned with the products of its own decomposition. This fever is continuous; it has no crisis, and is not relieved by sweat.

The inflammations of Mercury are generally of a low grade, and usually followed by loss of tissue; and generally passes, either into suppuration or ulceration. When pus is formed under the

influence of Mercury, it is thin and watery, unhealthy in appearance, pale yellow, or greenish yellow, in color, putrid in odor, ichorous—and sometimes streaked with blood.

When ulceration follows inflammation, it is indolent in character, although in some instances it may be phagadenic.

Ulceration of surfaces, mucous or cutaneous, does not extend deeply into the tissues, but is more or less shallow, spreads laterally in all directions with irregular, indented or zigzag borders, bleeds slightly, and has a lardy, or bacon-like base. This fatty, lard-like or bacon-like, appearance is met with in all parts of the body and in its own debris; it is found in the blood and the lymphatics, and even in the perspiration.

Under the sway of Mercury the periostium is inflamed, and exostosis, caries and necrosis have been of frequent occurrence.

The mucous membrane in every locality where this occurs is softened, swollen, and thickened, presents a puffy, spongy appearance, and bleeds with or without pressure; it constantly secretes a pasty, altered, offensive mucus, and has the same acrid character possessed by all the other secretions, and readily becomes eroded and ulcerated. In color it is a bluish-red in some instances, and mahogany-red in others. Grayish deposits form in and upon its surfaces, which slough with considerable loss of substance.

Asthenia exists in high degree and is progressive in character. A sense as of great soreness and rawness is experienced in all parts of the body, and this is especially felt over the situation of the different viscera.

Progressive and extreme emaciation manifests itself, although the hydraemic blood in some instances causes œdema to such an extent as to mask the wasting of the body; sometimes there is actual dropsy present.

Mental.

Dr. Pierson:—It is not within the province of my part in this discussion to give the reasons why certain mental phenomena are apparent in the action of Mercurius, but simply to state the facts in such a way that a clear picture may be obtained of its range of action.

The very singular fact faces us at the beginning of this discussion that out of eighty-three reports in the Encyclopedia, not a

single report was obtained from the use of any potentized preparation of *Mercurius*, the most important ones coming from the records of those who have used quicksilver for the purpose of gilding or silvering glass for mirrors. We would be led to believe from this record, if it was complete, that the mental effect of Mercury was of little consequence as a guide to the selection of this remedy, and only indicated when the system was so profoundly impressed as to make the subjective symptoms of minor importance; but we find in clinical experience a state of affairs radically different from this conclusion, because it has proven curative in cases with weak memory, weakness of intellect shown by slowness in answering questions, where there was no evidence of structural changes pointing toward idiocy, or senile dementia. It has also proven curative in delirium tremens where the mental symptoms took on the characteristic form of delirium shown to be possessed by those who had worked for a long period of time with quicksilver. The relation between the *amount* of substance necessary to *produce* pathological changes and the amount necessary to *cure* the same can never be settled by any mathematical proposition, because the degree of resistance differs so greatly in different individuals as to utterly remove all possibility of determining the relation between the quantity of the substance and the susceptibility of the individual.

One may work in a laboratory for years without showing any perceptible affect, while another by inhaling the fumes rising from the use of Mercury for a moment may be profoundly impressed thereby. We must therefore take the record as we find it and apply the same in the smallest possible dose for the cure of similar disease manifestations.

One of the mental characteristics of *Mercurius* is the marked nervousness of the individual. The nervousness finds expression in both words and actions. They have a *hurried, rapid* form of speech, without evidence of reason or deliberate thought. They seem inclined to talk incessantly upon one particular subject, and the thought that seems uppermost in their mind is regarding their own particular self. They are anxious about their health, and act as if they were impelled by some hidden force to commit some fearful deed. They have a feeling that if they are not restrained by some power outside of themselves that they surely will do injury to themselves or some one else. They have a feeling that they are going crazy, and you know it is so extremely sel-

dom we find an insane person acknowledging any such condition that you would hardly think of this remedy in any form of actual insanity. So we can see no evidence of any organic change in the brain structure calling for these alarming conditions.

It is by reason of this fact that, as a rule, we look elsewhere for the cause, and the pathogenesis of the drug gives us a very full picture of profound disturbances in other parts of the body. There is intense physical restlessness along with the mental anxiety; the patient will walk to and fro in a rapid, hurried, impulsive manner, wringing his hands and exclaiming vehemently against his own physical and mental weakness. This restlessness has the characteristic modality of being worse at night. It would seem as if darkness favored this condition because of the natural helplessness experienced by every one in the dark. A case cured by this remedy will illustrate the mental characteristic of the drug.

Mr. L——, a Frenchman, 47 years of age, contracted syphilis fifteen years ago; he was treated in the classical manner for a period of two years and discharged cured. He held a responsible position, and as the result of the almost constant demand upon his mental faculties became very nervous, and finally was committed to an insane asylum. As the result of the freedom from mental care combined with the treatment received, which was largely in the form of *Iodide of Potassium*, he was discharged cured in about three months, and resumed his work. Within six months he was again sent back to the same asylum for further treatment, and the second period of confinement was prolonged to nearly six months when he was discharged, not cured, but improving. At this time, instead of the keen intellectual faculties, he presented the picture of a broken-down man, weak and trembling with little of his old ambition. His friends looked upon the case as hopeless; but through the solicitation of mutual friends he was induced to try the efficiency of Homoeopathic remedies.

A careful study of the case, with the history of the past, led to the diagnosis of *chronic mercurial cachexia*, added to a possible suppression of the syphilitic trouble. Notwithstanding the fact that the Mercury which he had previously used differed from the Mercurius under consideration, the following indications pointed more strongly to this preparation than that of any other: Intense restlessness; rapid walking to and fro across the room; constantly rubbing and wringing of his hands, and insisting upon

the fact that he was crazy, and liable to commit suicide at any moment if he did not get relief from the terrible suffering he was undergoing. Tears would run down his cheeks as he begged for relief. He would insist upon it that he had syphilis, and that the syphilis was located in the palms of his hands, and spoke of the intense itching and burning that was present there. Examination would show no evidence of any local trouble. These mental symptoms, of course, were accompanied by a large number of subjective symptoms involving almost every portion of the body but the prescription was based, to a certain degree, upon the pronounced mental picture.

The 200th potency of Mercurius was given every night for one week, with plenty of *Placebo* during the interim. At the end of one week no perceptible change had taken place, and the first prescription was continued for another week. Before this time elapsed there was unmistakable evidence of an eruption appearing in the palm of the left hand, when the remedy was discontinued. After nearly a week of intense suffering, mental and physical, a characteristic superficial eruption appeared in the palm of this hand and almost coincident with the appearance with this eruption, came a marked subsidence of all the mental symptoms, so that for the first time in nearly a month the man seemed rational and in his right mind. An occasional dose of Mercurius for a period of six or eight months completed the cure, and for the past seven years the man has been in steady employment of the most exacting nature without the return of the insanity, or other evidence of disease.

Sequence of Action.

Dr. Woodward:—In the *Cyclopedia of Drug Pathogenesis* there are five records of provings made with Mercurius vivus 2x or 3x trit. Two of these begin their record with symptoms of the skin, followed by gastro-enteric, and later by respiratory disorders. Three other provers begin with the symptoms of the skin, followed by motor and then by gastro-enteric symptoms. From the same and other sources, have been gathered twenty records of poisoning by Mercury, in every one of which the primary action was manifested upon the organs of the alimentary canal, shown by salivation, ulceration of mouth or throat, gastric or hepatic disorders or diarrhoea, etc. Following these symptoms, in sixteen cases there appeared disturbances of the motor func-

tion, shown by debility, bone or muscle pains, trembling, etc. Following these symptoms, in ten cases, there appeared various disorders of the skin or *sensory nerves*, shown by sweats, pallor of countenance, loss of flesh, neuralgic pains, etc., and these were succeeded by disturbance of the mental function, shown by confusion of mind, irascibility, severe headache, etc. Thus we find there is a remarkable uniformity of physiological effects produced by this drug. Ten out of twenty records showing the same sequence of vital disorders, namely, digestive, motor, cutaneous, and mental symptoms appearing one after the other in regular order.

The narrative in these cases of poisoning extends beyond this in only six cases, in four of which urinary symptoms appear next in order of development.

Accepting this as satisfactory evidence of the successive action of Mercury upon the living organism, by reference to these narratives mentioned it will be seen that the symptoms arising from these parts are finally associated together, more or less, making a combined picture showing the systemic action of the drug.

Action on the Nerves.

Dr. McIntyre:—The action of this drug may be classified into that on the cerebro-spinal and on the sympathetic. I am aware that authorities on *Materia Medica* tell us it acts pre-eminently on the vegetative system. But I find those same authors giving among the first symptoms neuralgic pains in the limbs, stitches, hard aching pains, bone pains, crushed feeling, rheumatic neuralgia in the legs, always at night. These all point us to the posterior columns of the spinal cord as the seat of irritation. Then we read of trembling of hands and feet. This was the first symptom from inhaling the fumes of Mercury, and points to the anterior columns of the cord, since the tremor did not then involve the cranial nerves. Later there was stammering. This may have resulted from some phrenic irritation, from intercostal irritation or from tremor of the trifacial.

A year later, this same patient developed neuralgic pains in the abdominal muscles, again pointing to the spinal cord.

Epilepsy is not an infrequent symptom, pointing us to the cerebral cortex as the seat of the lesion.

Later, in cases of slow chronic poisoning we find congestions

rapidly passing into inflammations, and finally sloughing, ulceration and gangrene in different parts of the body, preceded by pale skin and appearances of anæmia in the parts. These point us to the sympathetic and are just the train of symptoms we would expect. First irritation, and then the normal sequence of prolonged irritation of the vaso-constrictors, viz., paralysis. The spinal irritation is also followed by paralysis frequently. So we get first spinal irritation, then paralysis; secondly, sympathetic irritation and paralysis, and thirdly, cerebral irritation and functional destruction.

Female Sexual Organs.

Dr. Anna Doyen:—Carrol Dunham urged that women be admitted to the American Institute, because the association had need of their help in proving drugs—the present *Materia Medica* being so deficient in its provings on reliable and intelligent women. Have medical women rewarded the Institute for this concession by adding to our meagre list one fact in drug pathogenesis or clinical verification?

In searching Homœopathic literature, the paucity of ovarian symptoms, recalls the above incident. In the voluminous reports Allen's *Encyclopedia* or Hering's *Guiding Symptoms*, no mention is made of any morbid influence of this drug on the ovaries. Lippe, alone, reports inflammation of the ovaries.

Mercury utterly demoralizes the nutrition, reparative and reproductive functions of the mucus membrane and the glandular system by its toxic action on the trophic and sympathetic nerve centres. In this morbid process, the first step, which is always true of all forms of intoxication, is over stimulation of these nerve centres, thus producing an increased blood supply, hyper secretion, and a greater or less degree of cell proliferation. Following this is a lack of stimulation—a paralysis in fact of these same nerve centres and the already overworked secreting cell collapses, the poorly enervated, over distended capillary wall becomes less resisting, infiltration of serum takes place and we have interstitial pressure—necrosis—pus.

This, step by step, is the true drug pathogenesis of Mercury on the mucus and glandular structures, and it corresponds to such pathological process as congestion, inflammation and ulceration or vegetation. Hence this remedy can be curative of diseases

of the female genitalia only when they take their beginnings in the mucus membrane or glands.

Mercury, then, produces a drug picture in healthy mucus or glandular tissues, that correspond to such disease conditions as are diagnosed, metritis; vaginitis; vulvitis; catarrhs, simple or gonorrhœal; ulcers, aphthous or syphilitic; vegetations, gummatous or condylomatous, and the glands of the sexual system. It finds its prototype in ovaritis, mastitis with or without suppuration, and buboes. Dr. Kent believes that the action of Mercury is more marked in venereal catarrhal infection than in syphilis. In other words, that it is more Homœopathic to gonorrhœa than syphilis. Its action in glandular infiltration or pus formation is of great value, and all its discharges are acrid and corroding.

In the language of our proverbs, then, we have "leucorrhœa, smarting, corroding, causing itching and biting in genitals; purulent, containing lumps, worse at night; adhesive, sticky, green, bloody; causing the patient to scratch with violent burning after scratching; swelling of labia; syphilitic; sensitive itching of labia majora; swelling and sensitiveness of lymphatic vessels of nymphæ. Copious discharge from vagina, constant but worse after catamenia; vaginitis with yellow discharge covering the walls; when removed left a tender uneven surface with red papillæ; external parts eroded with whitish aphthæ. Mucus membranes hard and infiltrated. Itching of genitals worse from urine. It must be washed off. Phlegmonous swelling of labia. Pimples or tubercles, worse at night. Parts have a tendency to swell, excoriate. Pruritis vulvæ.

Indurations and inguinal growths. Metritis (inflammation extending from the mucus to the sub-mucus membrane and finally invading the parenchyma of the organ itself). Ulcers or vegetations on cervix. Sensation as if something was pulling down the womb. Peculiar weak feeling in abdomen as if she had to hold it up. Discharges bright blood, reddish serum; too profuse; too late and scanty; suppressed; of short duration; irregular; amenorrhœa; metorrhagia; milk in breasts instead of menses; during menses pain in breasts as if they would ulcerate; great enlargement of nipples; sterility.

Pregnancy—morning sickness; profuse salivation; wets pillow in sleep; œdema or pruritis vulvæ; parturition; abortion at third month; lochial discharges with inflamed genitals and swollen

groins; lactation; mammæ swollen, hard, sore, maddening pains; ulcerated nipples; suppuration of mammæ.

I should like to report three cases whose pathological conditions seemed to take their origin from mercurial provings.

Case 1. Enlarged nipples.

Miss A., age about 30, presented herself for reduction in size of nipples. They were enlarged to six times the size of the virgin nipple, slightly scabby, tender and the breasts much engorged. I asked for physical examination of sexual organs, feeling sure that the woman could not be a virgin. I was positive those nipples must have suckled young. To my utter astonishment the hymen was unbroken—hardly perforated. I took a careful history of the case, but found only catarrhs, part nasal and leucorrhœal; colds, with rawness of eyes and nose, edges of nostrils eroded by the discharges of thin watery mucus; breath of the peculiar mercurial or metallic or salivation odor; tongue large, swollen, trembling, wet, with high, thick, white, slimy coating; drooled on her pillow at night; “always had to watch her spittle;” teeth full of amalgams; moved in a hurry, walked, talked, in a hurry, had no patience with the slowness of others; had never been sick a day in her life; had never taken a dozen doses of medicine in her life. After careful study I made up my mind that this was a case of mercurial poisoning from the quicksilver of the amalgam fillings. Hering’s Symptoms say, unnatural swelling of the female mammæ, especially of female nipples, which were harder than usual. I stated the case to the patient and told her I could not treat her unless she would have the amalgams removed, as any treatment without removing the cause (§ 4 Organon) would be palliative. Accordingly the amalgams were removed and replaced with gold and such remedies as *Nitric acid*, *Hepar sulph.*, and, according to Hering’s Guiding Symptoms, (*Mercury viv.*) high, were given. Twice daily the nipples were massaged, often stimulating the circulation with hot and cold cloths alternately for about twenty minutes. In three months’ time the nipples had reduced to normal size, all catarrhal discharges had subsided and the patient was free from symptoms.

Case 2. Ovaritis.

Was called to make a physical examination of a patient about 20. The whole family knew she had an ovarian tumor on the left side. She had been suffering for months, and any medical

aid they had been able to secure had seemed of no avail. The patient was discouraged, irritable, anæmic and badly emaciated. Examination showed over sensitiveness of the ovary and probably true inflammation of the ovary, severe endometritis, catarrh of every mucus membrane of the body, the eyes especially being very sore and requiring refracting. Every time the patient became heated or was exposed to drafts sheworse, and eyes ran streams of excoriating mucous. A constant hacking cough, salivation (probably thirty amalgams in teeth), excessive irritability, great indignation at trifles and a desperation amounting almost to suicide. She had been putting off an engagement to marry for over a year, and her last physician had ordered her to a warmer and dryer climate, saying she was going into consumption. I ordered her amalgams removed at once, and with such remedies as *Mercurius viv.*, *Staphisagria*, *Hepar sulph.*, and *Beladonna*, my little patient, instead of going to another climate, stood at the altar "as fair a bride as e're the sun shone on."

It seems strange to me that Homœopaths should shun to declare the truth of mercurial poisoning from amalgams, when our brethren of the other school are not so afraid of the infinitesimal dose that they do not hesitate to declare as one of the causes of malaria, mosquito stings. I have cured every case of catarrh that has ever come into my hands, and I have been surprised to find how many of these had the mercurial provings either from blue mass, taken as physic, amalgams or bichloride douching, washing or sprays.

Case 3. Metritis.

Mrs. K—, about 35. Found her in bed with barrel hoops ingeniously fastened under bed covers to keep all weight off from abdomen. Severe ovarian pains, could not bear jar of bed or stepping of attendants on the floor; eyes bright, shining, glossy, pupils distended; face scarlet, sweating, constantly ran in a stream as she lifted bed covers. Horrible fæcal odor to breath, tongue swollen almost out of mouth, heavy brownish coating; constant hawking and spitting of thick mucous, pillow case covered with batches of yellow color where the saliva had run from mouth; hands and feet were shrunk and shriveled like a washerwoman's. Bowels had not moved for days, stools white. Later I learned this woman had asked her husband a number of years before to hide his razor, as the sudden impulse to murder come on her so strong that she did not wish to know where any

weapons of violence could be found. Several years ago she had a very severe attack of diphtheria which was treated for weeks with the fauces being blown full of dry calomel. Two years before I saw the case she had gone to a hospital to have adhesions broken up, which bound down the uterus posteriorly, but on the eve of the operation gave it up. The exciting cause of the present attack was an influenza cold that had been running for weeks in these inflamed organs. In this case the remedies used were Mercurius, *Belladonna*, *Nitric acid* and *Lachesis*, and the woman seems well except palpitation discloses the adhesions and a slightly movable uterus.

Circulation.

Dr. Duncan:—The effect of Mercury upon the heart is not very marked, still it has some decided symptoms. Hahnemann does not give any heart symptoms, but from T. F. Allen's collection we are made to see how this deep acting drug does affect the circulation.

- “*Praecordium*.—Aching pain at the apex of the heart extending upwards towards the base (precordial). (From inhalation of fourth attenuation).
- “Cardiac oppression (after one hour and a half).
- “Palpitation.
- “**Palpitation on the slightest exertion.**
- “Palpitation of the heart, with pulse that cannot be counted.
- “Frequent palpitation.
- “Palpitation, violent, irregular (effects on over 100 workers in Erlagen).
- “Pulse quickened on retiring to bed.
- “Pulse weak, quick and small.
- “Pulse small and rapid.
- “Pulse full, tremulous and frequent.
- “Pulse quick and small, but difficult to be felt on account of the constant tremor.
- “Pulse slow.
- “Pulse weak and slow.
- “Pulse slow 53 and 54.
- “Pulse only 53 and 56; pulse very weak.
- “Pulse weak, frequently slow, sometimes rapid and frequent.”

The pulse was slow, in many cases 50 to 56; in one 60, showing great and rapid changes, running up to 80 to 100 on the slightest excitement.

Pulse very slow in one case of ptyalism and weakness but without tremors; and very small and slow in a case of tremors without ptyalism. In other cases the pulse was increased in frequency; rather weak; very soft; anaemic.

From these heart symptoms, we infer that Mercurius has an effect of irritating and thus weakening the heart action. The therapeutic symptom would be cardiac weakness.

Turning to the abbreviated works in Lippe, we find only

“Palpitation of the heart.”

In *Hering's Condensed* (Materia Medica) we find some few symptoms:

“Weakness at the heart, as if life was ebbing away. Awakens with trembling at the heart, and agitation as if frightened.

“Palpitation, with fear (worse at night).

“Pulse full and accelerated, with erethism.

“Pulse frequent at night, slower by day when it is weak and trembling.

“Pulse imperceptible, with warmth of the body.

“Orgasm, with trembling from slight exertion.”

The heart symptoms of Mercurius will depend upon the course of the drug. The guiding symptom would seem to be the “*palpitation on exertion.*”

“Weakness and decreased energy in the functions of the cardiac muscle, afterwards sometimes fatty degeneration.

“Undulating cardiac contractions with sanguineous stasis in the ventricles and large vascular trunks.

“Inflammatory conditions of the vascular membranes with tendency to rupture and atheromatous degeneration.

“Febrile motion considerable and of a continuous and irregular type with aggravation, mostly at night. Profuse perspiration and of a dragging course.”

Skin.

Dr. Waring:—Gleaning from different provings and clinical observations a brief summary can be made of the effects of Mercury upon the skin, as follows:

Mercurial Eczema, also termed Mercurial erythema, or mercurial lepra. This eruption consists of innumerable, minute vesicles, giving the appearance of a diffused redness of the skin and a sensation of roughness to the touch. Sometimes the eruption is preceded and attended by febrile disorder. In two or three days, the vesicles attain the size of a pin's head, and the serum which they contain, becomes opaque and milky. It soon extends over the body, and is accompanied by tumefaction, tenderness and itching. It usually terminates by desquamation; but in some cases a copious discharge takes place from the excoriated and tender surfaces; and when it ceases the epidermis comes off in large flakes; in some instances the hair and nails fall off, and the eyes and eye-brows become entirely denuded. The eruption first breaks out in the bends of the knees, on the inner surface of the thighs, on the scrotum, in the groin and in the axillæ. In a few days the uncovered parts of the body become likewise invaded, the recently-formed vesicles containing a transparent fluid, whereas the fluid contained in the outer vesicles become milky and turbid. On the fourth day, the vesicles break, discharging a tenacious and rather badly smelling fluid which stiffens the linen. The patient feels most comfortable with the knees bent and raised. The pulse is weak and the tongue somewhat coated.

Miliaria mercurialis. This rash first makes its appearance upon the chest; the next day it appears on the back and loins, breaking out in patches until it has completed its course. The vesicles are close together and of a whitish color. After the rash is fully out, a rise of fever occurs every evening. Nervous symptoms, sleeplessness, slight delirium and convulsions often supervene. The pulse is small, soft, easily compressible, not very quick, and the skin is drenched with sweat which has a flat smell. The typhoid phenomena gradually increases, pulse intermits, the rash recedes under the skin which becomes dry and the patient dies comatose.

Herpes Preputialis; the diffused redness makes its appearance at one spot on the inner surface of the prepuce, with a good deal

of itching. Next day several transparent vesicles start up, of a pale color, with a whitish tinge; on the third day, they break, forming round ulcers, with a slightly elevated border, secreting a great deal of pus, and finally assuming a whitish appearance; the itching and burning increases by washing in cold water.

The *Mercurial Itch* eruption is composed of pustules from the size of a millet seed to that of a pea. On the fifth day, the tips of these pustules become filled with pus. They are never seen in groups, but are scattered, as it were, over the extremities. These pustules terminate in the formation of light brown scurf, which scales off.

Impetigo mercurialis.—This eruption consists of dark red spots of various sizes, which first break out in the region of the sexual organs, and afterwards on the chest. In a few months the color of these spots becomes somewhat browner, and vesicles start up in the center of the spots which leave on the fifth, and scale off on the ninth day. At first, the vesicles are seen on the sternum, after which they spread over the whole chest, arms, calves and inner surfaces of the thighs, accompanied by periods of intense itching, worse from heat, especially the heat of the bed. At times some of these vesicles break, discharging a brownish yellow, tenacious and viscid pus, which dries up into a crust, beneath which the suppurative, or ulcerative process continues. The upper portion of the scurf gradually assumes a whitish gray appearance, and scales off. The scaling off and reforming of the scurf goes on continually until the whole of the skin has become invaded. The skin becomes dry, rough, parched, depositing small bran-like scales. These scales accumulate more particularly on the hairy parts of the skin, on the scalp, in the region of the eyebrows; they frequently fall off in patches, together with the hair. The complexion changes to an earthy appearance, if it was formerly white and red; and to an olive green appearance around the eyes, if it was formerly brown red. The patients are easily drenched with sweat, with tearing pains in the limbs, and other constitutional symptoms. The appetite is either gone, or else becomes voracious. The gums are livid, detached from the teeth, of a dirty black color, the smell from the mouth is disagreeable, the mucous membrane of the fauces is bluish, spongy and traversed by injected vessels.

The simple mercurial ulcer assumes a bluish red appearance

in one or more places, and becomes spongy; next day these spots become whitish, and the dissolution becomes evident. In a few hours the whitish gray substance changes to a fetid ichor, flows off and exhibit an irregular, shaggy, superficial ulcer, with an almost spongy base, and sharply-indented edges which are undermining. The ichor is discharged in profuse quantities, the ulcer spreads rapidly in extent, without penetrating the flesh, and is very painful.

If the use of Mercury be continued and the ulcers left to themselves, they assume a dirty foul appearance, and become rapidly phagedenic. Blood is now discharged from the ulcers, not actively, but oozing out as from a sponge, and evincing a state of great debility. The bottom of these ulcers often present unequal elevation and depression, as if it had been corroded, or eaten by insects. The breaking out of these sores is often accompanied by an irregular and quick pulse, sleeplessness, profuse night sweat, great nervousness, and impatience from the slightest cause.

Another mercurial ulcer is termed by Dietrich the *mixed mercurial ulcer*. This is a chancre which has assumed a sloughing disposition in consequence of the heroic use of Mercury. Chancres termed phagedenic are particularly liable to this degeneration. The base of the chancre, which had a lardaceous appearance previously, and discharged a thickish pus, now looks dirty and shaggy and discharges a thin acrid fluid. Granulations, which were previously red and healthy, assumes a dirty, yellow, brown appearance. Blood is discharged from the ulcer, it spreads rapidly in depth and circumference, destroying the adjacent soft parts.

Comparisons.

Dr. Replogle:—The mental symptoms of *Mercurius* may be compared with *Argentum nit.*, *Anacardium*, *Kreosotum*, *Lachesis*, *Natrum mur.*, *Nux moschata* and *Phosphoric ac.*

The great anxiety may be compared with *Arsenicum*, and the apprehension and restlessness, especially in the evening and at night, with *Aconite* and *Rhus tox.*

In answering questions slowly, it may be compared with *Phosphorus* and *Phosphoric acid.*

The imaginary fears of dying, or losing of reason with *Cannabis ind.*, and *Calcarea carb.*

The head symptoms are similar to *Gelsemium*, *Natrum mur.*, *Nitric acid*, *Pulsatilla* and *Sulphur*. Especially when the head feels as if it were bound round with a cord, it makes us think of *Aconite*, *Bryonia*, *Gelsemium* and *Natrum mur.*

Mercurius has a sensitive scalp, painful to the touch. Like *Natrum mur.*, *Belladonna*, *Nux* and *Nitric acid*.

Moist eruption of the scalp compare *Hepar*, *Graphites*, *Lycopodium* and *Nitric acid*.

Intolerance of light and fire light, which Mercurius has, makes us think also of *Aconite*, *Belladonna* and *Sulphur*.

The inflammation of the internal and external ear, stinging, tearing pains, bloody offensive discharge is similar to *Calcarea carb.*, *Hepar*, *Graphites* and *Lycopodium*.

When coryza is fluent, corrosive with much sneezing, offensive odor, nostrils bleeding and stuffy, nose red and shining, we think of Mercurius, *Arsenicum*, *Arum* and *Pulsatilla*; if the bones are swollen and painful to the touch, of *Alumina*, *Arum*, *Bryonia* and *Hepar*.

The face is earthy colored, and puffy, very much like the *Arsenicum* or *Pulsatilla* face.

The lips are dry, cracked and ulcerated, like the *Arsenicum* cases.

I know of but two remedies in the *Materia Medica* where the teeth become black, carious and fall out. These are Mercurius and *Staphisagria*. The gums are painful to touch, swollen and spongy, receding from the teeth, in Mercurius, *Carbonic acid* and *Nitric acid*.

The tongue is swollen, coated white, and flabby, showing the imprints of the teeth on the margin. These are characteristic symptoms of Mercurius, *Taraxicum*, *Podophyllum*, *Chelidonium* and *Hydrastis*.

In apthæ, in the mouth we may compare Mercurius with *Borax*, *Hydrastis*, *Iodine*, *Sulphuric acid*.

Suppuration of the tonsils, with sharp, stinging pains in the fauces when swallowing, *Hepar sulph.* and *Nitric acid* are to be compared with Mercurius.

In glandular swelling of the neck we have indicated Mercurius, *Aurum*, *Baryta carb.*, *Calcarea carb.*, *Iodine*, *Sileca*.

With Mercurius we have stitches in the hepatic region, interfering with the breathing and eructations. We also have these symptoms with *Aconite*, *Arsenicum*, *Bryonia*, *Chelidonium*, *Kali*

carb. and *Nux vomica*, and especially do we have *Bryonia* and *Chelidonium*, where the region of the liver is painful, swollen, and the patient cannot lie on the right side.

Where there is a pressing pain in the abdomen, as from a stone, we have *Mercurius*, *Arsenicum* and *Bryonia*.

When leucorrhœa is always worse at night, greenish discharge, smarting, corroding, itching, burning after scratching, we may compare *Mercurius* with *Alumina*, *Conium*, *Phosphorus*, *Pulsatilla* and *Kreosotum*.

Itching of the genitals with *Cantharis*, *Conium*.

The ulcers of *Mercurius* differ from *Kali bich.*, in that the ulcers in *Mercurius* are superficial, and spread rapidly, while those of *Kali bich.* are circumscribed and deep, with tendency to perforate.

So this list of comparisons might be extended almost indefinitely, for *Mercurius* acts on almost every organ of the body. The aggravations of *Mercurius* are in the evening and at night from heat of bed; during perspiration in wet weather; in fall with warm days and cold damp nights; during exercise and lying on the right side.

A STUDY IN PAIN.*

F. A. PORTER, M. D., PITTSBURG, KANSAS.

Charles Dickens, in his American Notes, tells of the suffering he endured from sea sickness while on his voyage out from England. A fellow passenger had a letter of introduction to Mr. Dickens from a mutual friend in London. The gentleman in question had twice since the ship's departure made an effort to present his letter, but Dickens was too sick for an interview.

The fact that this gentleman seemed unaffected by sea sickness troubled Mr. Dickens exceedingly. He imagined him a large, red-faced, strong-voiced individual who would be glad to pounce upon him and ask him how it felt to be sea sick anyway. He worried over the matter for several days, dreading the unavoidable meeting. To his unspeakable gratification, however, the ship's surgeon told him on a certain day that the individual in question was suffering fearfully from sea sickness, and that he had just come from applying a large mustard draft to his

*Kansas State Homœopathic Society, 1900.

stomach. Dickens states that he dates his own recovery from that announcement. Thus it is that misery loves company.

When the chairman of this bureau asked me for a paper to present before the strong, bright, clear brethren of our society I experienced that "tired feeling" for which Hood's Sarsaparilla is recommended. Like Dickens, I pictured all the other contributions as intellectually strong, but unlike him no consolation is afforded me and I fear I must wear the mustard plaster in solitary misery.

Pain itself does not, as a rule, indicate the deep seated, dangerous inner disturbances that end in inevitable death, or threaten the citadel of life unless speedily relieved. The acute suffering is more apt to be at circumferences than at vital centers and the more remote from such vital centers the safer the patient.

But while this is true, a patient suffering the agonies of colic, neuralgia or any other excruciating pain producer, cares only for relief. She or he will have it at any cost, and the physician who fails will soon be dismissed. Under such stress heroic measures are resorted to in most cases. The old school with omnipresent hypodermic needle asks few questions, but proceeds at once to inject the paralyzing dose of morphia. Another class of M. D's., but calling themselves by different names, resort to various makeshifts, such as the coal tar products, Dover's powders, and other anodynes, but usually wind up with some form of opium.

The Homœopathic physician needs to use none of these drugs. He comes to these cases previously prepared for emergencies. His perception will enable him to arrive at right conclusions and he will so apply the law of cure that the best results will be attained in the shortest time. Such relief is not obtained at the expense of the sufferer and in no way interferes with their future. To be terse, correct prescribing does away with the need of opiates.

The following cases from my own practice will serve for illustration: Miss C., aged 20; headache. The patient had for years suffered frightfully from headache. The spells came on at intervals, but was always severe and would last for some hours unless relieved by opiates. The spells came on suddenly and there would be a lively scramble for a doctor when ever they set in.

I was called for the first time by this family one Sunday night just after returning from service. The father, who came after

me, was exceeding urgent, and I was informed there might be three or four other doctors on hand before we arrived as several had been sent for. They had never had a Homœopathist, but in the present stress would take "most any old doctor."

On entering the sick room I was greeted with "Oh! doctor, where is your hypodermic needle? Do not wait. The doctor always has to give me morphia for this before I get any relief." I reassured her by saying if she would be patient a few moments we would relieve her.

Patient was a blonde with light hair, fair skin, blue eyes, very nervous temperament.

Headache had come on suddenly and seemed to be in fearful paroxysms with short intervals of relief between.

Face was pale, eyes somewhat dilated, manner nervous almost to hysteria; center of pain in forehead and temples. No nausea, no desire for outward application.

Wanted mother to sit by her and hold her hand.

Had been out to a swell party and supper the night before, not quite well all day.

No disturbances of sexual organs or digestion.

*Belladonna*²⁰⁰, one powder in four teaspoons of water, tea-spoonful to be given every fifteen minutes till better.

I sat by the bedside until the third dose, when the relief was so complete I went home. She was decidedly better after second dose, and a few light spells ceased after third teaspoonful was given.

The selection of a remedy in this case was not easy. It was more the general picture presented to the mind's eye than symptoms that gave a choice. Nearly all writers make the red face a leading symptom in *Belladonna*, and so it is. This girl's face was pale, but for all that the other symptoms agreed. Notice first, the general appearance (blonde); second, suddenness of attack and decrease; third, enlarged pupils; fourth, excessive irritability of nerves. Many other remedies, however, have very similar conditions.

Just a few comparisons of the most prominent. In stages and states *Belladonna* stands alone in appearance. *Phosphorus*, *Silicea*, *Calcarea carb.* and *Pulsatilla* are alike as to complexion, but decidedly different in other characteristics.

The DILATED PUPILS are also found under *Argentum nit.*, *Belladonna* *Calcarea carb.*, *Gelsemium*, *Hyoscyamus* and *Secale*.

The RED FACE under *Belladonna*, *Gelsemium*, *Melilotus* (the latter remedy is contra indicated if face is pale).

PALE FACE IN HEADACHE, *Sepia*, *Stramonium*, *Veratrum*.

CONGESTIVE HEADACHE, *Bryonia*, *Glonoine*, *Lachesis Nux vomica*.

GREAT RESTLESSNESS, *Arsenicum*, *Belladonna*, *Lachesis*, *Lycopodium*.

APPEARS AND DISAPPEARS SUDDENLY, *Belladonna*, *Gelsemium*.

GRADUAL INCREASE TO GREAT HEIGHT, GRADUAL DECREASE, *Stramonium*.

BEGINS SLOW, DECLINE SUDDEN, *Sulphuric acid*.

THROBBING HEADACHE, RED FACE, BURNING INJECTED EYES, *Belladonna*, *Melilotus*, *Nux vomica*.

PALE FACE from anæmia or loss of blood, *Natrum mur.*, *China*.

Another. Mr. S., mechanic. Thin, dark, swarthy, medium size, hard worker, temperate habits, good history, nervous temperament.

Stated on his first visit to me that he had been suffering for some time past with headache and neuralgia. The pain kept up all night, but seemed to get much worse at night on going to bed. For past two or three nights pain had settled in or about right upper molars, shooting up into malar bone around right eye and into temple. He described the pain as deep, aching hard and terrible. Rest was impossible and he was compelled to leave his bed and walk the floor until toward morn, when from utter weariness and the use of *Laudanum* he would sink into a troubled stupor for a short time, waking wretched and miserable.

The teeth were good and general health in other respects was fair, and I got no other important symptoms. As before stated, there was pain continually day and night, but it was the night he dreaded, especially after going to bed.

He received two powders of *Mercurius sol.*^{45m}, to be taken two hours apart, and a few powders of *Sac lac*. This was, I remember, about 4 p. m.

Met Mr. S. on street next day, and was greeted with a smile. "Say, Doc," he said, "was them first two powders morphine? I felt 'em clear to the tips of my fingers and to the ends of my toes in ten minutes, and I slept like a log all night. I feel all right today. Jimminy, but I want some of them powders to carry in my pocket." Subsequently the same attack, though less violent, was

only partially relieved by *Mercurius*^{45m}, but the C M potency relieved promptly and there has been no return since, now about a year.

This case was not relieved by anything in the way of heat or change of position, or anything else. The only symptoms of value were marked aggravation at night in bed, and the fact that these terrible pains seemed to be deep seated. As stated, there was no history of syphilis, but patient had taken much strong medicine, calomel among the rest.

No other remedy has these deep seated pains, always worse at night in bed, so strongly as *Mercurius*. Many have the NIGHTLY aggravation, especially when getting WARM IN BED; they are *Chamomilla*, *Laudanum*, *Mercurius*, *Opium*, *Pulsatilla*, *Sabina*, *Secale*, *Sulphur*, and others of less importance.

PROSOPALGIA, right side, *Belladonna*, *Chelidonium*, *Pulsatilla*; *Causticum* has right sided neuralgia, malar bone to mastoid process. *Natrum mur.*, along superior maxillary, and also *Cimicifuga* along superior maxillary teeth. *Sanguinaria* also chooses superior maxillary, and also includes nose, eye, ear, neck and side of head, mostly right; *Hepar sulph.*, superior maxillary, temple, nose and upper lip.

In the foregoing remarks no claim is made for anything new or startling, but the argument is that the old and tried remedies used under Hahnemann's incomparable law are superior under all circumstances to the senseless empiricism of the dominant school.

The indicated remedies relieves any and all kinds of pain with more promptness than various anodynes and leaves the patient uninjured.

There are physicians today engaged in the practice of medicine masked under the name of Homœopath who go about with the ever ready hypodermic needle, or some of the multitude of pain anodynes, leaving death and misery in their footsteps.

There is no law to prevent such practice, but it is libel to call it Homœopathy.

In the interest of suffering humanity and for the good of our own souls let us follow more closely the perfect law of cure applying dilligently established principles to work in hand and we shall accomplish the greatest amount of good and many will rise up and call us blessed. But remember still when you do fail, as

all will at times, the fault is your own, and not that of the un-
failing law of cure.

“Study to show thyself approved, a workman that needeth not
to be ashamed, rightly dividing the word of truth.”

KEY NOTES OF EYE REMEDIES.*

E. T. ALLEN, A. M., M. D.

PROF. OF OPHTHALMOLOGY, DUNHAM MEDICAL COLLEGE, CHICAGO..

Mr. Chairman, Ladies and Gentlemen:—During the past winter as I have been teaching the Homœopathic *Materia Medica*, so far as it relates to the eye, I have been impressed as never before with the need of an acquaintance with the individuality of each remedy.

If the students who go out from our colleges are to recognize the indications for any medicine when they see them in a patient two things are necessary; first, that the characteristic individuality of the remedy be manifest, and second, that the young doctor be able readily and quickly to appreciate the symptoms present. If his mind is clouded by the great mass of disconnected sentences found under any one of our Homœopathic medicines, or if seeing a symptom, he recalls that he has run across the same symptoms under a dozen different drugs, he is at once in confusion. True, there is the repertory and a patient, exhaustive search therein will eventually bring him to the true simillimum. But every drug has an individuality and it is possible for us to become acquainted with it as we do with persons. If you meet a man whom you have known for years, do you take a mental inventory of his two eyes, two legs, two arms, etc., before you recognize who he is? Certainly not. You recognize him, not by his points of resemblance to others of the genus homo, but by his peculiarities.

If you have a compression of the brain due to a fall, you would not give soda to settle the stomach, and stop the vomiting, as an Allopath of my acquaintance did. You judge the ailment by the cause.

Just so with our remedies; let us learn and teach those key notes without the knowledge of which the drug is not indicated, and then let us fasten that characteristic in the memory of some

*Read before Illinois Homœopathic Medical Association.

word or expression that the mind may grasp and retain it tenaciously. Doubtless any one of you could produce a memory-code better than the one I shall offer, but allow me to suggest that for *Euphrasia* the word be "varnish." "The discharge from the eye *varnishes* the cheeks," says Hering. *Euphrasia* (varnish.) Varnish, then, suggests a running eye, a mucus discharge, a catarrhal conjunctivitis of this peculiar character.

Phosphorus. The eye which calls for *Phosphorus* is one in which the congestion is at the *fundus*, in the *retina*, and *nerves*. *Flashes of light* (photopsies) and seeing everything in *colors*. (chromopsies) are characteristic of the drug. Hence the key words "photopsies and chromopsies."

Graphites is a remedy which has a special affinity for the lids. The blepharitis is characterized by *cracks in the canthi*, and a thin *sticky* secretion which quickly forms into hard *crusts* upon the lashes. Hence we would suggest "*cracks and crusts*" as the ocular nickname for this anti-psoric.

But it may be objected that *Antimonium crudum* also has cracked canthi and crusty lashes. This is true, but the crusts are not hard and the inflammation is an evident gastric reflex; hence "*milk-white tongue*" will seem to distinguish these twin brothers from each other.

Pulsatilla and *Argentum nitricum* are complementary eye remedies. Each has a *thick yellow discharge* in a patient who is *chilly, yet better out of doors*. But the discharge of the former is *bland*, and of the later *corroding*. Hence "*bland discharges*" calls to mind the remedy for a bland conjunctivitis in a bland but tearful female, while "*gonorrhoea*" suggests the dangerous conjunctivitis and its cause when *Pulsatilla's* brother needs to be called to our assistance.

A "*painful inflammation*" is always present when *Aconite* is plainly called for, while "*crushing pains*," intense in character but without inflammation, calls for *Prunus*.

For *Apis* we choose the word "*œdema*;" for *Kali carb.*, "*water sac*;" for *Rhus*, "*blepharo-spasm*;" and for *Arsenicum*, "*red hot*." For while all these remedies may have an œdematous condition of the lids, it is very easy to distinguish the simple œdema of *Apis* from that of the rest of the group by its absence of the distinct *water-sac*, the *spasm* of the lids or the terrible *burning* which give a personality to the other members of the family.

Running all through the symptomatology of *Belladonna*, the

most striking and constant expression is "dilated pupil," and of "physostigma," its opposite, hence we will nickname the one "mydriosis" and the other "myosis."

Gelsemium also has pupils dilated, but its "drooping lids" half conceal the pupils and are so characteristic as to distinguish the remedy at a glance. Hence the name "heavy lids."

It may be said that *Alumina* has a half-open eye, but under *Gelsemium* it is so because the lid feels too heavy to be kept open, while under *Alumina* it is because of the terrible dryness of the eye. *Alumina* has the *driest eye on earth*. What better word then could be selected for it than simply "dryness?"

A number of remedies are more easily remembered from their aggravations than in any other way, as in the familiar "worse on motion" of *Bryonia*, the "worse in summer" of the *Sepia*, the "worse at night and from glare" of *Mercury* and the "worse from washing" of *Sulphur*.

But perhaps I have detained you long enough. The simple point I wish to make is this: The human mind is so constituted that unless in memory's chamber our ideas are hung on some strongly fixed pegs, separately and in order, they are apt to fall to the floor in a heap of inextricable confusion.

Medicine.

THE FRIENDSHIP BETWEEN SURGERY AND MEDICINE.*

E. H. PRATT, M. D., CHICAGO.

Every doctor is or should be more or less of a surgeon, and every surgeon is or should be more or less of a doctor; and yet there are a great many doctors who shrink from surgical work, and there are surgeons who manifest small aptitude for prescribing. Those who are possessed of both medical and surgical accomplishments in their dealing with the sick may not take much interest in the present paper, for these do not recognize such a thing as rivalry between medicine and surgery. For them it does not exist, as they have a full appreciation of both. But ever since surgery walked out of the barber shop and sought friendship with medicine, those whose talents and tastes are

* Read at the Illinois State Homœopathic Association, May 8, 1900.

completely absorbed the drug action, have but small fellow-feeling for their more daring medical brother who is ambitious to cut out disease.

It may not be evident to all, but to my mind the surgical tendency of recent years is toward a recognition of the influence which poisons play in the production and in the cure of disease, and the most extreme champion of drug action as the sole remedy for human ills can well afford to smile to himself and give the surgeon ample scope for the completion of his investigations. The introduction of the germ theory of disease has been a great bone of contention, not so much among surgeons as between surgeons and doctors; nevertheless in this same germ theory and its development lies the hope of a grand professional reunion in which surgeons and doctors will fraternize as never before in the history of medicine. The ranks of the surgeons have been recruited in times past from the doubting Thomases in the practice of medicine. There is some leaning among doctors toward things of faith, religion and spiritual philosophy. But surgeons as a rule are inclined to be skeptical of the unseen and materialistic in their propensities. They have more faith in seeing than in perceiving, in demonstration than in intuition, in fact than in fancies. But this germ theory of disease has developed their philosophical tendencies, exercised their powers of perception, and is gradually leading them, in the peculiar manner in which it is the purpose of the present paper to call attention to, to become doctors as well as surgeons, realizing at last that mechanical measures are not quite adequate to the cure of disease. It is for this reason that doctors proper can well afford to let the good work of bacteriological study go on in the calm assurance that the final results will be the opening of the eyes of the blind so far as surgical skepticism is concerned, and the establishment of a full appreciation on the part of surgeons of the great and valuable labors of those who have been mere doctors in medicine. Surgeons have been very ignorant of many important things which they are just beginning to learn, and on the other hand doctors have been grossly ignorant as well as intolerant of many things which the surgeon is now able to teach them. The appreciation of these facts and the mutual recognition of each other's merits and accomplishments will soon lead to a good-fellowship between surgeons and doctors, which is so much to be desired.

The field of observation for the surgeon was at first very crude and inadequate, for his various senses by which his observations were made were unaided, and it left much for him to puzzle over and guess at. But the use of the microscope and the discovery of bacteria have given surgeons something to think about, and they are at it. They have not only cultivated their powers of observation, but their reasoning faculties as well, and they are arriving at conclusions now that ought to gladden every heart devoted to *Materia Medica pura*.

In the first place modern surgeons are inclined to credit the bacterial origin of disease. Of course there are dissenters from this position, but they are certainly in the minority at the present time, and even that minority is rapidly dwindling. The whole army of surgeons, however, who have taken a deep interest in bacteriological studies are honest truth seekers, and while they have much to learn and differ greatly among themselves on many phases of the subject which are still unsettled, there is much absolute knowledge now at their command, and the farther they go in their investigations the more room they make for their medical brother, and the more tolerant they become as to what he has to say about what he can do to aid in healing the sick. In other words, the more acquainted they become with the advanced studies in bacteriology the more they find themselves in need of the knowledge which has been the pride and mainstay of the medical man proper throughout the history of medicine. Doctors then can well afford to cease their antagonism to the germ theory of disease and watch with deep and trusting interest the evolution of the surgeon into the doctor, and at the same time perhaps be able to gather from the surgeons' investigations some additional knowledge of which they may be able to make use of.

The logical and philosophical propensities developed by the constant study of drug action will certainly be helpful to the surgeons in solving their problems; and the doctors may be able to interest themselves, and to their advantage, in the great questions which at the present time are so completely engaging the attention of the surgeon.

Passing by the experiments and demonstrations which are calculated to prove to every student and observer the association of certain bacteria with certain diseases in the relationship of cause to effect, consider for a moment if you will the following propo-

sition, which is held to be true by all students of bacteriology, and see if it does not contain ample ground, not only for thought and consideration, but for thorough satisfaction on the part of those whose hopes of curing disease are based on other measures than surgical practices.

This is the proposition: Bacteria require for their development certain well defined conditions, in the absence of any one of which their propagation becomes impossible. Indeed, if under favorable conditions bacteria become active, their activity will cease as soon as they are deprived of any one of these conditions, and will not again be resumed unless *all* of the conditions without exception are again favorable. Many forms of bacteria can be developed in culture mediums outside of the living body. The conditions which such bacteria require for their development are as follows:

- 1.—Pabulum.
- 2.—Moisture.
- 3.—Congenial temperature.
- 4.—The proper gaseous condition.
- 5.—The proper chemical condition.

1. Bacteria cannot exist without their appropriate pabulum, whatever that may be, differing of course with different bacteria, and at the same time presenting no great variety, the selection being commonly made between bouillion, agar agar and gelatin.

2. As large plants are unable to grow without a proper degree of moisture, so it is with these small forms of plant life, bacteria. Some degree of moisture is essential to their growth and propagation. Indeed, this is one of the reasons for efficacy of dry dressings to wounds. They remove one of the conditions for bacterial growth.

3. There are some plants that thrive best in the tropics, while others grow only upon mountain peaks close to the snow line. In the bacteriological world the several specimens of these species of very small plant life have each their own favorite temperature, without which they are unable to thrive.

4. There are aerobic and anærobic bacteria. That is, some require air for their development, while others are stifled by it. In either case they demand a congenial gaseous condition.

5. After the same manner some bacteria require an acid, while others demand an alkaline atmosphere, and each class is arbitrary in its demands.

But the propagation of bacteria among the living tissues is not so simple a study. While the living body may be considered as a medium for bacterial growth, we must remember that besides the chemical nature, temperature, gaseous state, proper moisture, etc., which its tissues afford, micro-organisms when they invade living tissues have also to reckon with that mysterious thing, life itself, with which all bodies are endowed. Therefore, in addition to the five conditions just enumerated as essential for the study of bacterial activity in the laboratory, at least two other conditions are essential to their successful propagation in man and other animals:

First. An avenue of entrance.

Second. Susceptibility on the part of the subject.

First. Avenue of entrance. The body inside and out is possessed of a complete armor of scales known as epithelium, which ward off bacteria as shingles, feathers and scales shed rain; so that wounds, abrasions or epithelial gaps from processes of ulceration in either skin or mucous membrane are necessary as avenues of entrance to the bodily tissues.

Second. Susceptibility on the part of the subject, Just think of it. Bacteria may have gained entrance into the tissues, may have encountered an agreeable temperature, a proper moisture, the required gaseous and chemical conditions, and yet their development be held in check and absolutely prevented by reason of an uncongeniality on the part of the individual to their existence. This immunity to the action of bacteria upon animals is sometimes racial, sometimes individual. Domestic animals never suffer from typhoid fever, cholera, or other infectious diseases. Man, the cow and the guinea pig are peculiarly susceptible to tuberculosis, which the cat, dog and horse resist. Man, sheep, cows, rabbits and white mice are susceptible to anthrax, while birds and reptiles are generally immune. Negroes are rarely affected by yellow fever. Scarlet fever is said to be unknown among the Japanese, etc. These are instances of racial immunity. Individual instances of immunity are constantly exhibited in every community. Epidemics of scarlet fever, measles, whooping cough, small pox and diphtheria, and all forms of pestilence must pick their victims, for it is true of every type of contagious disease that there are individual instances of immunity. In a family, some of the children may die of scarlet fever, while others escape its invasion. The diphtheria bacillus

may be found in the nostrils and throat, having lodged there by the inhalation of air laden with the germs, and yet finding no susceptibility on the part of the individual, remain as harmless as dust. The tubercular bacillus meets an untimely death in many a nostril, because a lack of susceptibility antagonizes it and prevents its propagation.

This question of susceptibility, then, which is one of the essential conditions for the development of bacteria of all kinds, is a ground sufficiently broad for all medical men to meet upon. Here is a chance for mechanical doctors, who believe that a good wholesome circulation of the blood is an ample defender for the body against bacterial invasion. Here is a chance for scientific dietetic study. Here is a chance for drug prophylaxis. Indeed, all branches of the healing art, in the realm of mind or that of matter, be it whatever force that may be found to influence body quality, can tug away at this condition of susceptibility buoyant with the hope that by securing healthy activity throughout the organism one of the conditions upon which bacteria depend for their development, namely, that of susceptibility, can be so guarded against as to hold the entire horde of minute vegetations that are seeking bodily tissues for their nesting places at bay indefinitely. This question of susceptibility is the universal camping ground for all forms of medical practice, and whatever force or agent is able to render the living body immune to bacterial invasion, has a right to a scientific and respectful audience on the part of the entire medical profession.

I have referred to bacteria as minute forms of plant life. And I wonder if this fact, universally conceded by all students of bacteriology, enjoys popular appreciation. Bacteria are frequently called animalcules, a term which, while it is sometimes applied to minute forms of plant life, at the same time is commonly used to designate small animals, not to mention that the name itself is misleading. Bacteria are also vulgarly and familiarly spoken of as "bugs," and from the fact that they are known to be capable of producing disease and death among human kind, the popular press is fond of picturing them as ferocious beasts of miniture type that simply lie in wait for human victims. It takes but a small stretch of the imagination to furnish them mouths with teeth, and feet with claws, and stings with poison. In all probability indeed, the common conception of bacteria is that of small animals which are possessed of motile

power and an innate thirst for human blood. There is still another term which is legitimately applied by bacteriologists themselves to bacteria which favors also this common mistake, and that is the term parasitic.

Bacteria are said to be of two kinds, parasitic and saprophytic. Parasitic bacteria are said to feed upon living tissues; saprophytic upon dead organic matter. Now, the word parasitic, as it is commonly employed, brings to mind some form of bug or worm that bites and crawls and digests what living tissues it can lay hold of. Of course we can remember that there are parasitic plants as well as animals, and parasitic bacteria are no less botanical in their make-up from the fact that they feed upon living tissues. At the same time the first meaning that comes to one's mind when the term parasitic is used, is of something that relates to animals rather than to plants. So if we would give bacteriological studies a proper appreciation, we must cease considering and referring to bacteria as bugs, and see to it that in all our thinking and speaking, bacteria are referred to in such a manner as to give them their proper place in the vegetable rather than in the animal kingdom. The great varieties of plants encountered in the study of botany are not to be compared with the multitudes of varieties exhibited in the miniature world to which bacteria belong. But as throughout the vegetable kingdom, there are but comparatively few plants which are inimical to human life, so in this realm of smaller vegetations known as bacteria, there are but comparatively few varieties that are hostile to life. All these probably have not been encountered, but those which have been observed are but very few in number compared with the multitudes which are so harmless that they can impregnate the air and water and food which we are constantly taking in for our sustenance without having in the slightest degree any harmful effect upon our bodily tissues or functions. But some of these bacteria are inimical to life, and the study of their organizations, characteristics and antidotes becomes a matter of vital interest, not only to medical men, but to the entire human race.

Now plants do not act upon bodily tissues by their leaves, their bark, their fruit, or flower, or roots, but by the juices which these various parts contain. Plant extracts that are used for medicines are entirely devoid of all formed matter, and simply stand for essences. Surgeons have found the same to be true with reference to the small plants which they are so carefully

studying, and which have been named bacteria. Bacteria themselves, according to all observations, are comparatively harmless, even when belonging to the groups considered dangerous to life. The mischief is accomplished by their emanations or extracts, which are now universally known as toxins.

It seems to me that the medical world ought not to be bewildered or confused or razzle-dazzled by the new name for an old meaning. This word toxin, which bears the stamp of modern thought in its outward dress, is nothing but a new name for the juice of small plants known as bacteria. When poisonous juices are extracted from larger plants, the whole world has been accustomed to recognize them under the name of poisonous extracts. Toxins are in no way different. They are nothing but the poisonous extracts of bacteria. Now, bacteria are nothing but small plants. So that when surgeons start out to study the action of toxins upon living tissues, they are doing identically the same thing that Hahnemann taught us all to do, namely, proving drugs. The surgeon's way of studying drug action, however, and the common methods are quite different, and one of the objects of the present paper is to compare the two methods for the purpose not merely of showing their difference, but to give expression to some of the momentous problems involved in the new surgical departure of drug provings and preparations. It seems to me a wonderful step forward when the surgeons, the men who are so anxious to gauge diseases by physical standards, who are anxious to demonstrate to the satisfaction of their physical sense everything connected with it and to rely upon some tangible physical measure for its extirpation, should have been brought at last by their own investigations to the conclusion that it is poisons which induce disease and take life, and that antidotal poisons must be sought as a remedy. In plain language, surgeons in their bacterial investigations are merely studying plants and their juices with reference to their relations with diseases and their cure. What is this but the same old study which materia medica men have been engaged in from time immemorial? The fact that they call the venomous products of their plants toxins and make use of other menstrua for their dilution than alcohol and water and *Sac. lac.* does not detract or unsettle the plain fact in the case, that while they are still cutting and bandaging and splinting and manipulating as heretofore, and as they will always do, their latest accomplishment is

an earnest pursuit of the study of *materia medica*. Their methods of investigation are quite different from what have heretofore prevailed; and in one respect contain an important lesson which can be employed to advantage by all students of *materia medica*, and that is that in preparing an antitoxin or juice of one of their microscopical plants for medical uses they select the identical specimen whose virulence has been tested. In this way they escape the disappointment of an inert drug. The moral of this example for the medical man is that every drug in his medical supplies should be identical with, or rather, the same drug with whose provings he is familiar. For illustration let us take the plant belladonna. Now some belladonna plants are more virulent than others, and each has peculiarities of its own. Indeed, a change of soil or other conditions may render the typical belladonna plant completely inert. Now to prescribe *Belladonna* successfully, for a belladonna picture as it has been painted by provings, a belladonna dilution should be selected from the extract of the same plant which supplied the medicine for the proving. In no other way can an inert belladonna drug and irregularities in belladonna action be avoided. And this illustration will serve for the entire *materia medica*.

Surgeons have found out that there is a great difference in the virulency of toxias of the same species, and what is true of these smaller plants known as bacteria is equally true of the large ones from which our ordinary drug supplies are obtained; so that the third attenuation of one preparation may in reality be stronger than the tincture of another preparation from the same plant variety, different individuals being selected. In consequence our attenuations are by no means accurate measurements of plant power, and there has been no practical test as yet with which to gauge the virulence of individual drugs as they are supplied by the market, except that of individual drug provings. To select a plant which by its petals and sepals and stamina and pistils and leaves and bark and root tells the plain story that it is a child of the belladonna family, make an extract of its appropriate parts, run up its various attenuations, and place it in the drug supply, is by no means a sufficient guarantee, no matter how honestly the work may be done, that when prescribed for the belladonna picture of disease, it will sustain its reputation. For it is not the plant whose provings have been recorded, and the changes of seasons and soils and other conditions may have so

modified its qualities as to render its action as a drug uncertain, and therefore unreliable.

Now the surgeon, in his sterilized test tube, corked with cotton and partly filled with agar-agar, bouillon, gelatine or other pabulum selected, obtains a pure culture of a plant known to be venomous. He filters its juices through unglazed porcelain, and calls the extract a toxin. With a sterilized hypodermic syringe he now proceeds to test its disease-producing power upon a well selected animal. After the animal is sufficiently recovered from the disturbance caused by the hypodermic injection, he is subjected to another and larger dose, and this process is repeated until the animal becomes practically immune to the drug. The blood-serum of this animal is then known as an antitoxin. A fatal dose of the original toxin is then injected into a guinea pig or other small animal, and either immediately before or afterward the animal also receives an injection of a specified amount of the antitoxin; In this manner can the poisonous power of the toxin and the antidoting power of the antitoxin be accurately measured, so that when the surgical pharmacist bottles his antitoxin and labels it, its strength is measured not by attenuations, as is the case with the ordinary drugs of the pharmacist, but by its vital force in immunizing units, much after the manner in which electricity is measured by volts. While the medical man therefore may have an inert drug, or a peculiar drug, and consequently a disappointing drug, being extracted from an individual plant whose qualities have never been tested, the surgeon is employing an extract whose power has not only been accurately tested, but which can be most thoroughly relied upon. The surgeon's method, however, is not without its unsettled problems. In preparing his attenuations, not with alcohol or water or *Sac. lac.*, but with the juices of living animals, he has left the field of exact inorganic chemistry, and is studying the action of drugs in the midst of organic chemistry. His observations now are made in the great crucible of life itself. In the big world about us the fluctuations of heat and cold and sun and rain so modify the manifestations of life in both plants and animals over the entire face of the earth as to establish the seasons, in some of which life is everywhere entering into some form of physical expression, and in others of which its sleep is so profound as to simulate death itself. In the individual life of every animal fluctuating states of thought and feeling, cause the vital

forces to wax and wane in equally varying conditions of activity. And through it all attractions and repulsions, likes and dislikes are working out the evolution of every living thing. Now the serum of an animal must take on the quality of the animal at the time of its extraction. And when surgeons discard the old well tried and reliable menstrua, such as alcohol, water and *Sac. lac.*, for the preparations of their toxins or extracts and make use of living streams of serum, they are plunging headlong into deep psychological problems which will be apt to puzzle their brains considerably before they are satisfactorily solved. Their immunizing units smack somewhat of scientific accomplishment, but they are by no means devoid of that uncertain element which goes to make up individuality in both animals and plants. And inorganic chemistry soon grows dizzy and loses its identity when it gets tangled up with the chemicals and affinities evolved by the life forces in man and animals. Nevertheless the germ theory of disease has done this much for the surgeons; it has forced them to the study of plant juices commonly known as extracts. The mere fact that they call them toxins, and that the plants which they are investigating are microscopical in character, and that they have eschewed the ordinary menstrua of the pharmacopeia, namely, alcohol, water and *Sac. lac.*, does not in the slightest degree alter the situation. The study in which they are most deeply interested at the present time is nothing more or less than the old time worn problem of *Materia Medica*. But the effect of this awakening, however, will be salutary in another respect. It will help them to appreciate the influence which forces exercise in the human economy. They will learn that with their knives and scissors and caustics they cannot destroy disease, but only brush away a few of its ash heaps, and that to cure it is necessary to prescribe. They have encountered the great problem of susceptibility, and in their own process of investigation. And, in the face of this great problem, they must lay by their scalpels and specula and other surgical instruments and in common with their medical brothers must think deep and long upon the unseen cause of things.

I wonder if this acknowledgment on the part of a surgeon who is no traitor to his brothers does not come as a glad message to the hearts of those of you who are purely medical men and render you more tolerant of the surgical tendencies of the times. You may never think well of the surgeon's pharmacopeia,

and may shrink from the conception of the hypodermic syringe as a common way of drug administration. But time and experience will settle this question as it does all others, and the final summing up will certainly tend to the good of the world, as all evolution is invariable in the direction of desirable achievements. In the meantime let us all watch and wait and study with mutual patience and forbearance.

A PLEA FOR WOMEN.*

W. M. JOHNSON, M. D., LOS ANGELES, CAL.

Nature's masterpiece—wonderful temple of beauty, at whose shrine men worship—preserve her health and she will be happy, and always beautiful.

Occasionally we find a healthy woman. When we do so, we are surprised and we wonder. The majority of women are not well; they have some ailment, something of which to complain; something wrong. This fact, in the light of the great advancement of medical science and surgical skill, is one of the greatest wonders of the latter days of the Nineteenth Century—an enigma unexplained and unremedied.

Why are women so prone to diseases "peculiar to her sex?" Why are not women as healthy as men? As a rule they are not so large, not so robust; not so firmly, heavily muscled as men are; but this is not a sufficient reason to account for the great difference in health. Woman in her sphere, should be as healthy as man. There is no valid reason why a man, because he is a man, should necessarily be healthier than a woman; nor that a woman, because she is a woman, should therefore be an invalid.

Physically, she may not have the strength of a man, but within the limits of her natural endowments, and in accordance with the laws of her being, she should be as well able to perform the duties incumbent upon her as the man is to perform his duties; and in the performance of her functions she should still preserve her health; she should not be broken down, she should not become an invalid. If this is not true, what a reflection it is upon human nature, and upon nature's laws. And yet, in view of all this, how can we account for the fact that in so many instances, and so soon after marriage, our young women, previously in the

* Read before the California Hahnemannian Association at San Francisco, May 8.

bloom of their young womanhood, begin to complain of some weakness; of backache, headache, all-tired-out feeling; break down, lose their health and become invalids. What has stolen the roses from her cheeks, the smile from her face, the cheerfulness from her voice? Why do we not now hear her merry ringing laugh, and her quick buoyant step in our homes? Why have the charms of youth so quickly faded? Why do our young women so soon begin to droop, to wither, and to grow old? There is a wrong some place, something radically wrong in our modes of living, in our habits, in our customs, in our education, in our civilization. Woman should be the peer of man, in health, if not in size and strength.

Diseases of women, however, have become so prevalent, are met with so frequently, that medical colleges have from one to three professors to teach how to cure or treat them. Indeed, the diseases peculiar to women constitute fully one-half of all the ailments for which the physician is called upon to prescribe.

—This is a startling fact, one for which the medical profession should account—a condition that should be remedied. Yet, notwithstanding the fact that, for the treatment of woman's disease, hospitals have been erected, special chairs in our medical colleges have been endowed, and many of our best physicians have prepared themselves and their offices especially for treating them, woman's health is not preserved nor are her ailments permanently cured.

What a comment upon our civilization is the condition of woman's health; the ineffectual efforts to cure her ailments, and the mutilation to which she is subjected in order to remove what science cannot cure!

They boast, and well they may, of the great advance of surgery; they can remove ovaries, tubes, or uterus, one or all—almost with perfect impunity. Nearly all will recover from the operation—but in the same ratio that *surgery* has advanced in the treatment of woman's diseases, in the removal of her sexual organs, in unsexing and destroying nature's greatest masterpiece—*woman*—in the same ratio has therapeutics been neglected; for, in removing any organ, or part, there is a tacit acknowledgment of the inability to cure; of ignorance on the part of the physicians of the supremacy of the surgeon, who may truly boast that, "*I can destroy what the physician cannot heal; can remove what he cannot cure; can unsex what he cannot preserve.*"

Physicians and surgeons should look these facts fairly in the face, and find a remedy, or blush with shame at the immensity of their ignorance.

What! Cannot woman's diseases be cured without unsexing her; without rendering her an object of pity, of commiseration, rather than one to be loved, adored and worshipped?

Put a man in her place—subject him to an operation that shall deprive him of his manhood—will *he* submit? No; he would rather choose death. To him his manhood is dearer than his life, and justly so and wisely chosen, for what would woman think of man unsexed? And without woman's respect and love, manhood gone, what happiness could he have or expect, or what excuse for living?

Then why should woman value her womanhood less than a man values his manhood? Can it be possible that a woman believes that a man will think more of a woman unsexed than a woman will think of an unsexed man?

Then why this great fad? Why are so many women rushing into our hospitals for these operations, in so many instances eminently unnecessary? Why will she even submit?

If women will firmly say, "Doctor, *I will not submit* to these *useless* operations; I will find some physician who can cure my disease without an operation, or I will die as I am—a woman!" When women take this firm stand, there will be found some *therapeutic* means for the cure of her diseases; some mode of preventing her peculiar ailments, and her health, her strength, her beauty and her womanhood will be preserved, and our women will not be tortured, mutilated and rendered invalids for life—for what is amputated, removed, cut off, cannot be cured, and lasting benefit seldom comes from these *useless* operations. The mode of cure is usually worse than the disease. Sometimes operations may be necessary. We do not refer to these; they may save or prolong life; they seldom or never cure.

He who shall trace to its source the bane of woman's health, and give to her the remedy that shall bring to her health, vivacity; that shall preserve the flush of youth upon her cheek and the elasticity of her step; that shall banish backache, headache, heartache, and the weary, wilting lassitude that robs her of pleasure and happiness in her home life; that shall prevent the ills that destroy her youth; that shall give back to her and preserve her young life with its wealth of grace and beauty—shall give to humanity its greatest boon, and deserve its greatest meed of praise.

Society Reports.

American Institute. Interest in the coming meeting increases as the time draws near for the participation in the long anticipated event; and a large crowd is sure to show by their presence that Homœopathy is a decidedly living issue. The program has not been received up to the present moment, but that will not influence anyone who is able to be present because there is a general desire to go this year, not only among the members but throughout the profession and this interest has extended beyond to the friends of Homœopathy. The nature of the exercises and the form of entertainment promised by a visit to Washington will prove interesting to all, so there should be a large addition to the membership of the Institute as well as "The Meissen."

An inquiry at the city office of one of the leading railroads disclosed the fact that the ticket to Philadelphia was one of the finest ever permitted by the Traffic Association, viz: A straight ticket to Philadelphia and return from June 14th to 18th, going with "stop over" privileges at Washington or Baltimore, to limit of the ticket, June 26th. There is no "red tape"—no signing of certificates or any other restriction—you ride as far as you wish—within the limit of the ticket—and no farther and the fare is only *one cent a mile to Philadelphia and return*. The ticket must be bought to Philadelphia, but you need go no farther than Washington. The Committee of the Institute was only able to secure a *fare and a third on the certificate plan*.

American Hahnemannian Association. This new society meets at the "Catskill Mountain House," Catskill, N. Y., June 28th and 29th. As formulated in their constitution, the aims of this society are two fold in character, viz: The *study* of the principles promulgated by Samuel Hahnemann and the *dissemination* of the same throughout the world. It becomes not only an *educational* institution, but is at the same time *missionary* in spirit. There is none of the intolerant, inquisitorial, "holier than thou" spirit manifest in the constitution or by-laws, but an earnest desire to formulate a platform upon which *all earnest students of Homœopathy* could stand and work with a purpose.

The ADVOCATE has urged this plan for years and welcomes the new organization, while it sounds the warning note that politics must be kept in the back-ground and suggests the distribution of labor as the best panacea for this evil. There is work enough for an army if wisely distributed and the reward for earnest, conscientious labor certainly is sufficient incentive. The efficiency of *this* organization depends upon the *unanimity* of its members as well as their *loyalty* to its principles and *zeal* in fostering, developing and spreading the same abroad. The coming meeting is virtually the first as the other meeting was purely of a business character and dealt with the organization, etc. It is desired that there be a large attendance, but of equal importance will be the endorsement of the purposes of the society by letter send to the Chairman of the Executive Board, Dr. Jos. A. Biegler, Rochester, New York. If you cannot be present let him carry your greetings to the new society.

The following constitutes the official roster of the A. H. A.

OFFICERS AND MEMBERS OF THE AMERICAN HAHNEMANNIAN ASSOCIATION.

Executive Board.

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 Dr. R. L. Thurston,
 Dr. S. A. Kimball,
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International Hahnemannian Association. The twenty-first annual session will be called to order at 11 o'clock on Tuesday, June 26th, at Hotel Cadillac, Detroit, Mich., by the president, Dr. G. H. Allen, of Chicago. The following members are chairmen of the different bureaus: H. C. Allen—Homœopathics; E. H. Wilsey—Materia Medica; E. J. Kendall—Clinical Medicine; Thomas M. Dillingham—Surgery; C. W. Butler—Obstetrics; Walter M. James—Necrology. The only way for securing reduced rates is to form a party of ten, or more, starting from any particular point, and let one member of the party buy the tickets for the crowd. We understand an interesting program has been provided for the coming session, and that a profitable meeting is assured.

Materia Medica Society of Chicago. The growth of this society required a more convenient meeting-place and the secretary has secured the use of the BALCONY CLUB ROOM located at the east end of the balcony overlooking the office of the Palmer House. An efficient stenographer has been employed and valuable work may be expected from this society in the future. Its object is the bringing together of the present data upon a particular remedy and seek by a careful analysis and a thorough discussion to bring about a better knowledge of the genus of our therapeutic agents. Membership in the society is open to any student of materia medica who is willing to work. The place of meeting has been given and the time is the second and fourth Thursday night of each month at 8:30 p. m. *Sulphur* will be the subject under discussion for the next two or three meetings. The profession are welcome to all the meetings of the society.

Editorial.

THE SULPHUR NUMBER.

We are planning a treat for the readers of the ADVOCATE for AUGUST. The subject will be *Sulphur* and will consist of an exhaustive study by the *Materia Medica Society of Chicago*, followed by valuable clinical experience from careful observers.

THE CALIFORNIA NUMBER.

The JULY issue of the ADVOCATE will consist largely of contributions from the members of the *California Hahnemannian Association* and will contain papers of great practical value. The most valuable article will be the translation of a paper by Dr. Dahlke, of Berlin, on *Constipation*. Another paper that will be read with interest comes from that veteran Homœopath, Dr. J. M. Selfridge, entitled *The Germ Theory of Disease*. Drs. A. McNeil and M. F. Underwood, have the honor of editing the number.

MISDIRECTED ENERGY.

"Your pronounced views are always getting you into trouble." * * * *

A man and woman were walking along the street and it was evident from the tone of the speaker that she was pressing home an unwelcome truth. It could not be determined whether the cause of the trouble was the "views" or his way of presenting them, but it was self evident that for some cause success was not following his efforts. It was a case of *misdirected energy*.

The secret of success lies in the ability to neutralize the power of all contending forces with the least possible expenditure of positive energy, so that every influence may be directed toward the accomplishment of the one grand purpose. Many a battle has been lost because of the misdirected energy of some commander.

The problems of life are solved by seeking the place offering the least resistance, and *quietly* following that course with the least expenditure of force possible. It is a frequent saying—

“how easy it is for Mr.— to accomplish his purposes, everyone seems eager to co-operate with him.” Such a leader must be master of himself and have each an intimate knowledge of human nature as to be able to recognize the part such one may *successfully* play in *his* projects and there will be no difficulty in securing their support.

At the Dawn of Civilization we find brute force supreme. Success or failure were only relative terms for locating the preponderance of force. Today, one man may put a thousand to flight, or if such be his purpose “draw all men to him.”

Make no show of force until you are *certain* that the opposition that may be aroused thereby will be less than under your own control. Aggitation may be a good thing, *provided* the agitator has right on his side and, in addition to that essential, *knows how* to *win* not *drive* others to the same conclusion.

Tact has been condemned by some as an evidence of weakness, a desire to compromise with the opposition; but we contend that opposition many times is but an other expression for *misdirected energy*. When a question is settled there is no opposition. When a Truth has been demonstrated, it will be accepted as soon as its demonstration has been made plain. The great difficulty lies in the fact that many times the demonstrator has only a faint idea of the nature of the problem and consequently adds to the confusion by his *misdirected energy*. It were much better in such a case to acknowledge ones ignorance and invite the co-operation of others in the solution of the problem, trusting that the combined efforts of others will help to reveal the nature of the Truth in all its purity—that is an expression of tact.

It is said that fully 85 per cent. of all the heat units of force employed to carry out the plans of man are absolutely wasted and perhaps this is not too high a proportion when applied to the vital energies of man himself. This would suggest the idea that there are abundant opportunities for the employment of superior energy, to prove an incentive for the most persistent struggle for knowledge. Practically what does all this mean? What does it suggest to the student of medicine? How may we apply these precepts to the promulgation of the principles underlying the Law of Cure?

It means that during the past fifty years too much energy has been misdirected in the agitation of the unsettled question of

similia similibus, and too little given to actual investigation. In too many cases, the agitator lacked in knowledge as well as tact and thereby furnished ammunition for the enemy.

It means that its exponents must be carefully selected and that every expression bear the imprint of the honest investigation and be *suggestive* of a truth, with the evidence for the same, instead of dogmatic and often illogical assertion supported by nothing.

It means that facilities for investigation with opportunities for the discussion of the same must be multiplied until everyone, who will, may learn.

It means that it is evidence of wisdom to keep silence in the presence of organized opposition, unless the question under discussion is capable of actual demonstration and the disputant is *able to make said demonstration*.

It means that our efforts should be directed along the lines of least opposition, that every believer in the Law of Similars should make it a part of his daily work to impress upon the minds of his patients the fact that his investigations are directed toward the development of a law, and that they can co-operate with him in the same.

It means that our efforts should be concentrated upon some plan, whereby we may have suitable material to put into the hands of the laity that will enable them to see for themselves the *reason why* superior results are to be expected from the employment of homœopathy, in its purity, than from all things else combined.

It means that greater success will crown our efforts if we let others do the agitating, while we attend strictly to the one thing for which our lives have been consecrated.

SHALL THE SPECIALIST DIVIDE THE FEE WITH THE GENERAL PRACTITIONER?

There has been a vigorous discussion of this question both *pro* and *con* by the profession, or more strictly speaking, by the specialist, for the general practitioner, as a rule, has been "sawing wood" and at the same time "sizing up" the disputants, knowing the whole discussion was for effect and that the righteous indignation of some was only "skin deep" and designed to avert suspicion.

There is an honorable and perfectly legitimate position upon

which all might be agreed and this has been so admirable expressed by Emory Lamphear, M. D., of St. Louis that we reproduce an extract from a recent paper read by him.

When an attorney in a county-seat has a client in danger of the penitentiary and hence in need of the very best counsel, it is customary for him to seek some eminent lawyer of a great city and request his aid. In so doing does he approach the distinguish gentleman and say: "I have a client accused of _____, who is able to pay \$3,000 for his acquittal; will you take the case with me for this sum, leaving me the gratification of having done my professional duty?" By no means! He plainly states: "My patron has \$3,000 to spend for his defense; are you willing to take \$2,000 of this to join me in securing justice for him?"

Arrangements of this kind are made daily in every large city. Does anyone ever suggest that the country attorney has been guilty of a dishonorable act in thus securing his city brother to do the major part of the work for \$2,000, he retaining \$1,000 for his services? Would a doctor, sued for \$100,000, regard such a transaction as disgraceful, unethical, objectionable, if thereby he were saved this sum?

But let the question be one of saving life instead of securing liberty or preventing a financial loss—and how different it is!

If a country practitioner has a patient affected with recurrent appendicitis (upon whom he *might* operate with success, but fears possible failure) with a prospective fee of \$600, must he—in order to be "ethical"—write to some city surgeon to come to his help, take all of the \$600, and leave him merely the satisfaction of a duty well performed or at best the little sum he may receive for a few visits at starvation rates? "Upon what meat doth this our Cesar feed that he hath grown so great?"

Why should not the country doctor plainly say to the specialist: "I have a patient with appendicitis who is able to pay \$600. Will you operate for \$400 and allow me \$200 for the preparation, after-treatment, etc.?" What would be wrong about this? Let Drs. Robt. T. Morris, of New York, and Burnside Foster, of St. Paul, who so vigorously maintain that division of the fee is unethical under any and all circumstances, point out what injustice would thereby be done to (a) the patient, (b) the attending physician or (c) the eminent surgeon. Why should we not learn a few things from the methods of our most noted lawyers, men who are above suspicion as to purity of motives? Have we not hitherto been unmindful of the financial interests of ourselves and our professional brothers?

I insist that the payment of a "commission" for all business simply "referred" to a specialist, or for mere consultations, is probably unethical—certainly demoralizing in tendency; but that division of the fee is perfectly honorable and right when the specialist and general practitioner jointly share the work and the responsibility.

SEASICKNESS AND WHAT TO DO WITH IT.

Much has been written upon the cause, prevention and cure of seasickness, and still there are people who succumb to the

varied conditions, incident to a voyage across the mighty deep.

The following extracts from a paper prepared by Herman Pratsch for the *Medical Record*, contains so much practical instruction upon this subject that we take pleasure in offering them to the readers of the *ADVOCATE*, with the hope that it may be the means directly or indirectly of removing the dread of an intimate association with Father Neptune, especially when supplemented with a case containing the following remedies with indications for their use: *Cocculus, Pulsatilla, Borax, Colchicum, Ipecac, Apomorphia, Sepia, Nux vomica* and *Sulphur*.

Make no other preparation calculated to avoid seasickness. Continue in your usual ways. A steamer chair will prove a desirable convenience if the voyage is to be long and the weather happens to be good.

Get on board a half-hour before sailing, get your cabin and small luggage arranged to suit you, and have nothing to do but take care of yourself after the ship starts.

Shoes should be warm, comfortable, and easily put off or on. Besides being comfortable, have all clothing as convenient as practicable for dressing.

Rooms amidship are preferable. Avoid the extreme ends of the ship. Good facilities for ventilation are very necessary.

Strive to have the air inside of the room about as good as outside, even when you are in it; do at least the best you can under the circumstances toward this end.

Weather and condition of health permitting, stay on deck much of the time, in a steamer chair, in a semi-recumbent position, comfortably covered and eyes closed.

Anywhere on ship, in berth or chair, keep the eyes closed during the daytime, with exceptions of short duration, until immunity from optical vertigo is acquired.

Whenever the slightest sensation of illness is felt, lie down at once and close the eyes. Use only one pillow, or if quite sick, or it seems likely that you will be, have head even below the level of the body, with no pillow for a while.

What is first disturbed in the animal mechanism is the vaso-nervous system, that which controls the circulation of the blood, and, as a result, the circulation itself must of course be disturbed. The first important result is a relaxation of the blood-vessels in the abdominal cavity; these vessels having much less outside support than those that traverse muscular tissue.

The second effect is the gravitation of blood into the relaxed vessels, thus permitting the occurrence of deficiency in the brain. One result of this deficiency in the brain is the sensation called nausea. This mechanical deficiency of blood in the brain, with its corresponding sensation (nausea), is to be avoided when observed to be approaching, and corrected when already present, by lying down with the head no higher than the body. If the patient does not promptly lie down, retching will take place. Retching is Nature's method of flooding the brain with blood, by squeezing the contents of the abdominal cavity in such a manner as to force upward some of the excess of blood contained in its relaxed vessels. The regurgitation of food or fluids from the stomach is

merely incidental, and not essential. The stomach has nothing to do with seasickness except to be incidentally and accidentally implicated.

By the time a patient has been seasick two or three days, and his forces have, regardless of his consent, been heavily drawn upon by many hours of retching, and having meanwhile, of course, not profited by anything swallowed, he will be suffering from poverty of blood. The sense of hunger will be obscured by the nausea.

Even while lying down, a susceptible passenger will not escape seasickness if his blood becomes impoverished in respect of nutritive material; and, having been seasick, he cannot recover while his blood remains so impoverished. To prevent seasickness one must keep his blood saturated with nutritive material. To recover from seasickness one must saturate his blood with nutritive material. For this purpose one must eat, and if unable to eat enough at a time, he must eat oftener. To eat seven times a day is about right; the three regular meals; ten to fifteen minutes before rising; half-way between meals and at bedtime.

Always eat and drink at least ten minutes before rising in the morning. It matters little what it is, provided only it is what you want.

Whatever is taken before rising must be so conveniently available as not to require the patient to raise his head.

When one is already seasick, those liquid foods are best which require least digestion, are most rapidly absorbed, and yield the quickest returns—beer, ale, porter, stout, broths, soups, meat extracts.

If you are able to be up and about and are regularly going to meals, then always lie down immediately after eating, about fifteen minutes at least. At table do not wait, but begin eating at once on something, or delay going to table until the rush is over, or stipulate with your waiter for immediate attention. When done, do not wait, but go directly to your berth or elsewhere and lie down.

Whenever there appears the slightest sensation of hunger, or nausea, or any indescribable sense of discomfort about the stomach, or in the head, eat and lie down.

The worst case of seasick retching will easily be made comparatively comfortable in thirty minutes or less, by lying down without a pillow, closing the eyes, and taking a pint of porter or stout in six doses at five-minute intervals.

Retching occurs in paroxysms at intervals more or less regular. The best time to take the malt beverage, or any other food, is just after a paroxysm of retching. Should it be taken before and thrown up, then take another dose immediately after the paroxysm.

If these directions are promptly, fully, and faithfully executed, the passenger will be able to endure a sea voyage of any length with not more than a tenth of the illness that he might otherwise suffer, and this minimum of discomfort can be without retching.

PERSONALS, NEWS ITEMS ETC.

Dr. Thos. W. Lewis is now located at 1888 Diversey Boulevard, Chicago.

Dr. E. H. Brooks has removed from Attica, Ind., to Bloomington, Wis.

Dr. E. Z. Bacon, has just returned to Chicago from a trip to lower Alabama.

Dr. W. S. White has removed his office to Suite 900, Marshall Field Building, Chicago.

Dr. Wesley M. Thomas has taken offices in the Venetian Building, Chicago. Suite 1201.

Dr. Charles E. Greer has changed location from Middletown, Ind., to Charleston, Ill.

Dr. J. W. Dowling, of New York City has changed his location to 116 W. 48th st.

Dr. W. Henry Wilson has been elected Professor of Bacteriology in Hahnemann Medical College, Chicago.

Dr. Leslie W. Beebe has succeeded to the practice of Dr. H. W. Bassett, of Oak Park, who goes to Richmond, Va.

Dr. Wilson A. Smith has been elected Associate Professor of Materia Medica in the Chicago Homœopathic Medical College.

Dr. Geo. F. Shears has been elected President of Hahnemann Medical College and Hospital by the Board of Trustees of that institution.

Dr. Sarah J. Millsop, of Bowling Green, Ky., is taking a much needed vacation. She will have no fixed habitation, but go where the spirit prompts.

Dr. T. H. Hudson has been compelled to give up his professional work and is now in the hands of his friends in Chicago. It is to be hoped that the change will prove beneficial.

The Mississippi Legislature imposes a special tax upon physicians. In towns of 3000 or more inhabitants they are to pay \$10 annually; in towns of less than 3000 inhabitants, \$5; and in the country, \$2.50

We are indebted to Dr. N. H. Harrison, of Houston, Texas, for a copy of the souvenir edition of the *Houston Times*; it contains a graphic description of South East Texas, showing the wonderful possibilities of this great state.

The following physicians were honored by election to offices in Iowa State Society: Dr. F. J. Newberry, President; Dr. W. R. Welch, 1st Vice President; Dr. E. F. Richardson, 2d V. President; Dr. E. R. Ames, Secretary; Dr. Geo. Royal, Treasurer.

Two special cars loaded for the American Institute were attached to regular trains leaving Chicago, Saturday afternoon, June 16th. About as many more left on the following days. The west did not get the fever as hard as those exposed to the direct influence of McClelland, Shelton and others.

Dr. William Pierson, Orange, N. J., died June 12, aged 70. He was one of a family of physicians, having succeeded his father and grandfather in the practice of his profession. In 1856 he was married to Isabel F. Adams, daughter of late Benjamin F. Adams, of Chicago, who with two daughters, survives him.

Dr. Grace Dowling, of Muskegon, Mich., died at her home June 11th of tuberculosis. The doctor spent the winter in Los Vegas, New Mexico, with the hope that the change of climate might postpone the fatal day, but it is questioned if it did not actually hasten the event by reason of the depression which followed separation from friends.

The Englewood Homœopathic Society, elected the following officers for the ensuing year: J. B. S. King, M. D., President; M. Belle Guerney, M. D., V. Pres.; D. M. MacMullen, M. D., Secretary and J. F. O'Niel, M. D., Treasurer. A regular place of meeting has been secured in the Abel building., cor. Stewart Boulevard and Sixty-third st. Program will be announced later.

The "Old Guard" a social organization limited to homœopathic physicians, who entered the medical profession more than thirty years ago, celebrated their annual meeting, Saturday, June 16, in the Club Room of the Palmer House. Dr. Adam Miller, 91 years old was made chairman by reason of his seniority. Between thirty or forty members are on the roll which was increased by the election of Dr. E. Lathrop of the class of '49.

Book Reviews.

Obstetrics, A Manuel by A. F. A. King, A. M., M. D. Eighth Edition, Revised and Enlarged. Lea Brothers & Co., Philadelphia.

The size of the book really takes it out of the class of manuals and makes it of value to the busy practitioner as well as the student. A somewhat extended investigation failed to bring out much original matter, but there has been a careful compilation from the best sources and given a very practical work of over 600 pages which have been made clearer by over 250 illustrations. The closing chapter on Medical Jurisprudence in Obstetrics is filled with valuable information in a very practical form.

Proceedings of the Massachusetts Homœopathic Medical Society for 1899. It is a smaller volume than usual, but is filled with interesting contributions to the current literature. Most if not all of the papers have already appeared in the magazines but the discussion of the papers are reserved for the "*Transactions.*"

Ten valuable members have departed this life and interesting mementoes are herein recorded of their lives. Especial mention being given to Drs. Talbot and Smith.

The general trend of thought is expressed in an oration by Dr. J. Herbert Moore, of Brookline, entitled "*Twentieth Century Homœopathy.*"

The American Monthly Review of Reviews for June is a well-illustrated number. The important news topics of the month are editorially treated in "The Progress of the World," the opening department. A character sketch of James J. Hill, a Builder of the Northwest," is contributed by Mrs. Mary Harri- man Severance, who outlines the remarkable career of the presi- dent of the Great Northern Railroad. Dr. Albert Shaw, the editor, writes from full knowledge on "Paris and the Exposition of 1900." Mr. Jacob A. Riis, author of "How the Other Half Lives," forecasts the work of the New York Tenement-House Commission recently appointed by Governor Roosevelt. Mr. Cleveland Moffett writes on "Automobiles for the Average Man." Mr. Charles A. Conant describes the operation of the refunding law passed by Congress last March. There are also illustrated articles on summer camps for boys, the Passion Play at Oberammergau, and new fiction for summer reading.

Miscellany.**NOT WORK, BUT WORRY.**

It is not the work, but the worry,
 That wrinkles the smooth, fair face,
 That blends gray hairs with the dusky,
 And robs the form of its grace;
 That dims the luster and sparkle
 Of eyes that were once so bright
 But now are heavy and troubled
 With a weary, despondent light.

It is not the work, but the worry,
 That drives all sleep away.
 As we toss and turn and wonder
 About the cares of the day.
 Do we think of the hands' harder labor,
 Or the steps of the tired feet?
 Ah! no, but we plan and ponder,
 How to make both ends meet.

It is not the work, but the worry,
 That makes us sober and sad,
 That makes us narrow and sordid,
 When we should be cheery and glad.
 There's a shadow before the sunlight,
 And ever a cloud in the blue,
 The scent of the rose is tainted,
 The notes of the song are untrue.

It is not the work, but the worry,
 That makes the world grow old,
 That numbers the years of its children,
 Ere half their story is told;
 That weakens their faith in heaven,
 And the wisdom of God's great plan,
 Ah! 'tis not the work, but the worry
 That breaks the heart of man.

—Somerville Journal.

Forceps in Mortua—Child Alive.—Neumann, (*Cent. fur Gyn.*, No. 6) reports the following case: A physician on arrival at the bedside found woman had died undelivered. Sending for his forceps, which arrived ten minutes after apparent death, he delivered the child, which was only slightly asphyxiated, soon cried and remained healthy and well.

Causation of Tubal Pregnancy.—Dr. L. S. Alexander, of St. Augustine, Fla., ascribes the causation of tubal pregnancy to attempted abor-

tion by means of drugs, a favorite combination in the South being that of cotton root and ergot. His theory is that the use of these remedies, on the first non-appearance of the menstrual flow, promotes contraction of the circular muscular fibres and so prevents descent of the impregnated ovum.

Pension Surgeons Criticised.—The *American Eagle*, a department newspaper published in Washington, D. C., criticises the official doctors connected with the Pension Bureau. The writer says:

“The medical men connected with the Pension Bureau have no professional standing outside the office. They are mere clerks without skill or experience as physicians, yet the medical men of the country submit to their dictum without protest.”

Non-Persistence of Gonococcus Infection.—Dr. Belfield, of Chicago, in the fourth volume of Hare's *Progressive Medicine*, says: “The researches of these last few years have proven the impossibility of identifying the gonococcus by its morphological and tinctorial qualities alone, and by consequence they disclose the uncertainty of the conclusions drawn from all such work. Næggerath's doctrine as to the persistence of gonococcus infection is being strongly disproved by Gall and others, who claim that the microbe persists in only a small per cent of cases. The current notions of the large percentage of sterility following gonorrhoea are also shown to be greatly exaggerated.” This latter conclusion would appear to be borne out by the observation of many practitioners.

To Enforce License Law.—A circular, signed by several physicians of different schools, has been sent to doctors of the state, appointing a meeting to be held in Milwaukee, June 22, for the purpose of forming an association of licensed physicians. The movement is similar, in the main, to that proposed at the recent Homoeopathic State Society, when a resolution was passed that steps be taken to procure a joint meeting of the different medical associations.

The object of the meeting will be to secure the enforcement of the license law and to take other steps for the benefit of the medical profession in general. The physicians who signed the call are: Drs. E. B. Perkins, Ashland; J. V. Stevens, Jefferson; R. K. Paine, Manitowoc; G. R. Hill, Kendall and H. Washington and J. Shimonek, Milwaukee. The sessions will be held at the Plankinton house, Milwaukee, and will last two days.

Obstinate Hiccough.—Dr. F. R. Millard writes: “It may be widely, but I do not think it is universally known that pure ground mustard is a valuable remedy with which to combat this condition. Put a tablespoonful of ground mustard in a teacup and gradually fill the cup with boiling water, stirring it until it is cold. Strain or let it settle and give one or two tablespoonful every ten or fifteen minutes.

“During the twenty or more years that I have used it, it has seldom been necessary to prepare the second cupful for the same attack, and never the third, unless after having been absent some time the hiccough returns. So far as known this prescription was first given to one of another race, by the “wise woman” belonging to a band of Spanish Gypsies.

Take a Long Breath.—When chilled by exposure to cold, take a long breath with the mouth firmly shut. Repeat this several times until you begin to feel the heat returning. It requires a very short time to do this. The long breath quickens the pulse, and thus causes the blood to circulate faster. The blood flows into all parts of the veins and arteries and gives out a great deal of heat. It is stated that this method of deep breathing prevents colds and a great many other ailments if begun in time.

Mark Twain on Christian Science.—I believe it might be shown that all the "mind" sects except Christian Science have lucid intervals; intervals in which they betray some diffidence, and in effect confess that they are not equals of the Deity; but if the Christian Scientist even stops at being merely the equal of the Deity it is not clearly provable by his Christian Science Amended Bible. In the usual Bible the Deity recognizes pain, disease and death as facts, but the Christian Scientist knows better. Know better, and is not diffident about saying so.—*Amer. Journ. of Med.*

Attention to Little Things.—People who do great things are always those who have paid attention to the small ones. There are great societies that would never have been formed, great congregations of women that would never have been brought together but for the possession by some woman of the habit and facility in writing and correspondence. These things are not put on, and cannot be acquired all at once—they must be a part of the habit of one's life. Attended to as a duty, they are a most important element in success—indeed, it is doubtful if a genuine success in life can be achieved without attention to little things, for neglect of them gives the impression of unreliability—a reputation fatal to any kind of achievement. "Want of time" is a modern fiction glibly employed by those who rarely put any portion of their sixteen waking hours to any useful purpose.

The Evolution of Health Boards.—Doctor Cooper, in his journal, the *Medical Gleaner*, says:

"Health Boards are a logical outcome of medical legislation." He further says: "Because nothing else is so sacred as health the board is invested with plenary power. Thus we create an official body and endow it with despotic possibilities. Human nature is the same as it was when Nero gave tyranny a lurid immortality. *Furnish the opportunity and there are always men to fit it.* A health board is an autocrat. It is continually doing undemocratic things, and violating the spirit and traditions of this nation. It is a centre of dangerous fermentation. Its principle danger depends upon its irrepressible greed for more law—more *special legislation.* The health board method of thought generates medical martinetism, and is opposed to the clinical modes of nature's physicians. Its strict local exactions works hardships on the older practitioners. Their methods tend to replace experienced physicians with fresh graduates and closet students. Not one doctor in fifty who had practiced ten years could pass their examinations. Add to these facts that they utterly fail to even lessen, much less suppress quackery, and it can be readily understood why the popularity of health boards is waning.

Since health boards and special medical laws do not suppress quackery, and do increase our tasks and troubles what is the use of them?"

Depends on the Point of View.—"I have always looked upon dentistry," the surgeon was saying, "as a higher branch of the mechanic arts, but it isn't a profession. What does a dentist do? He works in teeth. He is merely a skilled mechanic."

"I never could see," observed the dentist, "why surgery is considered a profession. What does a surgeon do? He works simply in flesh—and bones. He's a thirty-third degree butcher."

Whereupon a physician joined them and both agreed in saying he was nothing more than a glorified hospital nurse.

The Food Value of Red and White Meats.—The rather general impression that red meats are richer in nitrogenous elements, or muscle-giving power, than the so-called white meats seems to be disapproved by the studies of two noted German chemists. They made a series of investigations to determine the amount of nitrogen and extractives in various kinds of meats, from fish, fowl, cattle, both fresh and smoked, and the comparative results were so variable as to be without practical utility. With the exception of fish and deer, which always contain the smallest amount of nitrogenous matters, there appears to be no difference in the relative value of red and white meats. —*Philadelphia Record.*

Terrible Plagues in Europe.—Italy once had a plague that killed 10,000 persons daily. Five hundred a day died in Rome. In one year 200,000 citizens of Constantinople died. The epidemic of 1847-'49 was the worst ever visited on man; in Asia 28,000,000 perished by it, and in Europe 25,000,000. In London 200 persons were buried daily in the Charterhouse yards. It was called "Black Death." The plague in England in 1471 destroyed more people than the continental wars for the fifteen preceding years.

"Sweating sickness," prevailing in England for three years, killed half the population of the capital towns and depopulated Oxford. It is mortal in three hours. The great plague of London in 1664 carried off 100,000 people. A transport with soldiers on board, from Sardinia to Naples, brought a plague that destroyed 400,000. An epidemic started in Marseilles by a ship from the Levant killed over 60,000.

The Prevention of Consumption.—Dr. B. W. Richardson affirmed that the following rules would benefit those predisposed to pulmonary tuberculosis:

Rule 1.—Pure air for breathing is the first rule for the prevention of consumption.

Rule 2.—Active exercise, out door as much as possible, is also essential.

Rule 3.—Uniform climate is also important.

Rule 4.—The dress should sustain uniform warmth.

Rule 5.—The hours of rest should be carefully regulated.

Rule 6.—Outdoor occupation is preventive.

Rule 7.—Amusements should favor muscular development and sustain healthy respiration.

Rule 8.—Cleanliness in the broadest sense is of special moment.

Rule 9.—Every precaution should be taken to avoid colds.

Rule 10.—The diet of consumptive people should be ample, with full proportion of the respiratory foods.

Medicine in New York in 1800.—Dr. Sidney H. Carney Jr., in a paper which he read at the last meeting of the New York Historical Society, stated that in 1800 there were ninety-four physicians in New York City. They “all used that staff of medical propriety, a gold-headed cane. Small clothes were rapidly disappearing and pantaloons were covering a multitude of shins.” There were in 1800 five medical schools in the United States, viz: at Columbia College, at Philadelphia, Cambridge, Dartmouth and Lexington, Ky. In 1798 sixteen doctors lost their lives in trying to mitigate the sufferings caused by the plague. The pay of doctors at Bellevue was then twenty shillings a day. This hospital was three miles out of town. For a visit the fee charged was \$1; for a visit and a dose, \$1.25. Pills were 12 cents. Doctors got \$1 a mile for going out of town. It cost \$3 to get to Brooklyn and \$10 to have one visit Staten Island. For bleeding, a charge of from \$1 to \$5 was made.

Aphorisms.—Each one sees what he carries in his heart.—*Goethe.*

Mammon is the largest slave holder in the world.—*Saunders.*

Obedience is the mother of success and is wedded to safety.—*Aeschylus.*

Opportunity is rare, and a wise man will never let it go by him—*B. Taylor.*

If a man be endued with a generous mind, this is the best kind of nobility.—*Plato.*

Negligence is the rust of the soul, that corrodes through all her best resolves.—*Feltham.*

Those who never retract their opinions love themselves more than they love truth.—*Joubert.*

Nature has made occupation a necessity to us; society makes it a duty; habit may make it a pleasure.—*Capelle.*

To know how to grow old is the master-work of wisdom, and one of the most difficult chapters is the great art of living—*Amiel.*

Too Much Quiet is Injurious.—There is such a thing as injurious quietness. When a person is taken sick nearly all the family invariably tip-toe around the house and talk in whispers or a hushed tone of voice. This is especially noticeable in the sick room, and this display of silence is most annoying to the patient. The running about and shouting of children through the house and loud talk by the older folk is not beneficial to the patient, but the household life should run on as usual, and especially when talking with the patient, a firm, clear, but gently modulated tone should be used. Most annoying of all is the loud whisper, which is worse than a loud tone of voice. In speaking to a person sick in bed sit where he or she can see you; don't get the behind them and talk over their head. Avoid the common habit of following doctor out of the room and holding a whispered conversation just outside the door of which the patient can only hear the hissing sounds of the whisper, which has about the same effect on his nerves as filing a saw. If there is a piano in the house and the family or any one of its members is in the habit of singing, and the patient does not actually object to it, let the music be continued as usual, only do not let it be noisy, for its discontinuance will injuriously affect the patient and its continuance will be favorable, since music is no mean therapeutic agent.

A Medical Cure for Jealousy.—Dr. De Fleury, a French physician of some eminence, claims to have discovered that the passion of jealousy

is dependent on the bodily condition of its victim, and can be controlled or even eradicated by a course of judicious medical treatment. Dr. De Fleury's methods appear to be purely rational. The jealous man, he assures us, has always a brain that is insufficiently nourished, whence arise hallucinations that render him morbidly suspicious to the last degree. Jealousy is never the result of knowledge, but always of doubt; therefore this suspicious weak state of mind is the very thing to foster jealousy. In most cases the malady is caused by temporary conditions—the patient is over-tired, he has been weakened by a long illness, or he has been on an exhausting spree. Dr. De Fleury points out that defective brain nourishment can be met by stimulants and nutritives. Take a man who is unreasonably jealous and irritable early in the morning, and give him a good breakfast or a cup of coffee, and ten to one he will sit down and talk the matter over sensibly with you. According to Dr. De Fleury, all jealous persons have lucid intervals, the malady being intermittent, like chills and fever. The treatment must include everything that can be done to give strength and self-confidence to the jealous wretch; in short, to make a man of him. Evidently, mere drugging cannot be relied upon to effect the object in this or any other similar case.

A Week in Four Seconds.—Psychologists affirm that a dream which carries the sleeper from New York to San Francisco and through all the incidents and scenes of the trip is not longer than a second in duration. This seems to be corroborated by the experience of a man who was under the influence of laughing gas four seconds. Here is what he says: "One day years ago, shortly after laughing gas was introduced as an anæsthetic, I got a case of rip-roaring toothache, and went to a dentist to have the molar snatched out. I remember leaning back in a chair and taking a few whiffs of something that tasted sweet, and then, in the twinkling of an eye, I found myself on the quarter-deck of a man-of-war. There was no middle period of drowsiness or confusion; the thing happened in a flash, and, strange to say, it seemed perfectly natural. I understood, without the slightest bewilderment, that the civil war was in progress; that I was an ensign on a Federal cruiser, and that we were in search of the Alabama. I had been in the navy and the routine of the ship was as familiar as my own name, I seemed well acquainted with everybody on this particular vessel, and as I paced to and fro I chatted with my fellow officers about the weather, the war, the chances of the chase and many other topics of the time. The day wore on, evening fell, and I went to mess, where I had a long debate with the doctor on certain operations for wounds.

"After my watch that night I turned in dog-tired and slept till dawn, and, not to fatigue you with my story, a week rolled by, filled with all the innumerable incidents, details and duties of life aboard ship. We told stories, sang songs, lounged for long hours under the stars, and speculated on the probabilities of a fight. One afternoon, to come to the point, we sighted the Alabama, and, after a chase about which I could write a volume, over-hauled her and the battle began. It was no long-range contest, but a duel to the death at pistol-shot, and at last, riddled, torn and littered with dead, both ships closed in and the order rang out to clear for boarders. I was one of the first men over the side, and as I landed on the blood-soaked deck an enormous negro suddenly loomed above me with an upraised club. To this moment I can recall my rage

and horror at that uncouth assault. I tried to dodge, but too late; the bludgeon struck me squarely on the jaw and with a force that seemed to rend my very skull in twain. I could feel my bones crack like egg shells. The whole side of face was driven in. I knew I was killed. Then I opened my eyes and saw the dentist holding out my tooth. I had been unconscious exactly four seconds."

The First Year of Married Life.—One of the problems that develop out of that trying first year of married existence is the equal adjustment of the amusement question. To the average man, worn out with the work and worry of the day, tired of the babble of voices and confusion in which he has toiled, and weary of trying to make himself agreeable to those he must please for business purposes, there seems nothing else on earth so desirable as the quiet and ease of his home. He doesn't want to talk or be talked to. He doesn't want to have to force himself to smile or to think, and least of all does he want to forsake his slippers. The woman, on the other hand, has been shut up all day in the house, going through the deadly dull round of domestic duties without the distraction of seeing a fresh face. She has toiled in her own way as hard as her husband, and when night comes, she, too, feels the need of a change to rest and refresh herself. She would like to put on her best dress and go to the theater, or even call on the people next door. To even suggest such a thing to her husband, however, is to bring on a glowing diatribe on woman's gadding, and the matter ends there, or bursts forth into a wordy quarrel.

Abnormal Self-Consciousness in Children.—When the child's appetite is good and his temperature normal, most physicians are apt to think him safe in his mother's care and no longer dependent upon medical advice. Yet, if we counsel correct habits of diet, exercise, and sleep, we ought not to be considered as transgressing very far the legitimate bonds of medical practice if we essay occasionally a warning word about so bad a mental habit as self-consciousness. Such advice, when given to a reasonable mother may be in the best sense prophylactic. Few parents can be got to believe, for example, that "forwardness," disobedience, and rude conduct in a young child are sometimes a grave sign of mental deficiency. Gowers has noted them as one of the earliest indications of abnormal cerebral function. Instead of the youngster being prompted to rudeness and impertinence and laughed at for his supposed precocity, and performances should be viewed with anxiety, and should be gently and promptly suppressed. That small children should be "seen and not heard" is a maxim based on an enlightened psychology. The abnormal self-consciousness that prompts such outbreaks may easily develop into an incurable egomania, the growing brain tissue is, as Horace so well said long ago, *cereus in victium flecti*. Even where it is not congenital, a morbid feeling of self can be awakened and nourished with alarming ease and speed.

"No child should be encouraged to repeat poetry before his mother's guests, or praised for his 'pretty curls,' or even have his first trousers made too much of. The less he thinks of himself the better. He may be judiciously commended for good conduct or for diligence in study, but never flattered for his cleverness or good looks, or for anything which he has not come by through self-forgetting endeavor. Both boys and girls should be taught to endure; to neglect trifling aches and pains, and to seek for a remedy rather than to cry over the trouble. Self-command and self-control are the noblest things a man can strive for, and he will never gain them unless he begins learning in infancy to fix his thoughts and will upon objects outside of himself. If such principles of education were more closely followed, hysteria and the 'artistic temperament' might gradually disappear and the hosts of insane people now walking at large, because their disorders of consciousness are not directly menacing to society, might be much diminished."—*Pediatrics*.

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Materia Medica.

LEARNING OUR REMEDIES.*

M. F. UNDERWOOD, M. D., SAN FRANCISCO.

Much has been written on the subject of "How to Learn Materia Medica," and all that has been written is good. Each of us no doubt see the subject at a little different angle from any one else.

The keynote to the subject seems not to have been clearly struck. If my opinion is worth anything I will give it for what it may be worth. I say the correct way to "learn" Materia Medica is the way in which we learn everything else; and it is all expressed in one single word.

The great Agassiz, at a convocation of learned teachers, over forty years ago, when asked to give his opinion on the best method of *teaching*, piled up all the books before him on the subject, pushed them aside with the exclamation, "COMPARISON," and from that hour the methods of teaching and learning have been revolutionized. Everything in our best schools is now taught more or less on the comparative plan and the best text books are written from that standpoint. Why did Agassiz make such a wonderful impression with that one word? Because he was a profound student of nature and had found her heart.

We can learn nothing but by comparison. Have you ever thought of that? When a babe first finds the light of day every-

*Read before the California Hahnemannian Association.

thing within its range of vision seemed the same distance from its eyes, but by comparison it soon learns that certain objects are within its grasp, while others are not. And so unconsciously it continues while it grows, to carry on a sort of comparative investigation, and as the world grows larger to it the same process goes on; comparison, *comparison*, COMPARISON, and only ceases when those eyes finally close in their last sleep.

All the systems for measuring weight, distance, volume, time and space are only so many inventions for man's own convenience, arranged on the comparative plan. No one can learn anything without a comparison of some sort in some way.

The Chinese teacher stands a child up with its back to him and it is required to repeat abstractly the names of characters the meaning of which is not given to the child, and you will certainly agree with me that such a child *learns* nothing at all. Contrast such children with our American school-children and something may be seen of the effects of different methods of teaching.

I know a family where there are five grown sisters who resemble each other so closely that when any *one* of them is seen it is quite puzzling to know which of the five she is, but when they are all seen together, each is readily recognized from all the others. There are two of these sisters who can never agree in anything and are always "at outs" with each other. Another pair of these sisters are almost constantly found together and the closest companions, with never a disagreement, while at the same time not resembling each other so closely as the quarrelsome pair. Many of our remedies seem to be found in such family groups, and unless their pictures are placed together, their similarities and differences closely compared a true acquaintance with none of them is readily gained.

While attending medical lectures I remember that when the class would discuss a lecture on *Materia Medica* there would always be heard the remark, "Wer'nt those comparisons splendid?" that phase of the lecture being the only part distinctly remembered.

About the first lecture I heard on *Materia Medica* was on *Sulphur*. That lecture sticks to me to this day and *Sulphur* comes up always first when thinking out the remedy for a patient. It seemed from that lecture that *Sulphur* had certainly sufficient curative properties to wipe out all the ailments of the whole hu-

man race. That lecture, while grand and true to the remedy, has seemed to in some way warp my perception of *Materia Medica* as a whole, and has made it difficult to learn other remedies. This effect was, I believe, about the same with the whole class, and while it was not the fault of the lecturer nor the remedy, it *was* the fault of the *method in which it was taught*. Had several equally prominent and related drugs been carefully *compared* with it, the lecturer would have left the class with the idea that *Sulphur* was a drug among many of its equal, and not *the* drug. First impressions are very difficult to change and should be as nearly correct as possible.

If I were to endow a chair in a medical college it would be a "CHAIR OF COMPARATIVE MATERIA MEDICA," and I would stipulate that the course of this chair should cover two years and that all students be required to attend.

Our colleges give good didactic and clinical instructions already, but the college that adopts the comparative method will turn out graduates that will surprise the world by their ability to prescribe.

HOW SHALL I STUDY MATERIA MEDICA?*

W. M. JOHNSON, M. D., LOS ANGELES, CAL.

I wonder if there is a Homœopathic physician who has not seriously asked himself this question, "How shall I study *Materia Medica*?" We have all studied *Materia Medica*, however, some one way, some another, and many of us would no doubt like to know a better way, and we all would like to know the best way, if we could only know which way were best.

This is a subject in which every Homœopathist is interested, the theme of many writers, the subject of many lectures by some of our ablest teachers. Many articles and serial books have been written by men who have made their mark in the Homœopathic profession, and still the question returns with all its interest, proving conclusively that it has not yet been satisfactorily answered, and hinting that possibly the question may never be fully and satisfactorily answered.

The subject must necessarily interest every one who desires any knowledge of our Homœopathic *Materia Medica*, from a mere smattering of a few characteristics to a thorough under-

*Read before the California Hahnemannian Association, May 3.

standing or acquaintance with the individual remedies that compose it, and no doubt all would be glad to join an easy way—a short cut, if possible, “across lots”—but I fear the royal road has not yet been found.

I think as a rule our students get fully as much *Materia Medica* at our colleges as might reasonably be expected considering the time devoted to its study and the methods employed, and the students are generally very well satisfied if during their course of study they have been able to master the keynotes or characteristics of a few of our more prominent remedies, and have thus been enabled to pass a satisfactory, if not a very creditable examination. And some may have said, “Of course we do not expect to get a thorough or very extensive knowledge of *Materia Medica* at a college; there are too many things to learn; experience will perfect the knowledge of *Materia Medica*, for which we have laid a solid foundation in college.”

But experience during practice cannot be called study; at least it is not properly studying *Materia Medica* or the remedies, and all the time and labor expended in this manner cannot give complete mastery of one single remedy.

Nor can we trust to the experience of others for our knowledge of remedies. Because others have used certain remedies in certain conditions or for certain diseases, will not be a sufficient reason for us to use them. Nor will their experience in using remedies give us the thorough knowledge we require to enable us to properly and satisfactorily use the Homœopathic *Materia Medica*. Our keynotes or characteristics, as they are called, may frequently help us in choosing a remedy, but they cannot, as they are generally used, lead us to an intimate acquaintance with the remedies.

To commit the whole *Materia Medica* to memory would be almost an impossibility, and if it were possible would probably not be desirable. As well might we attempt to acquire the English language by committing to memory our unabridged dictionary.

The “*how to study*” depends very much upon “*what*” we really want to know. If it is keynotes that we really want to know, then to commit them to memory is probably the best, if not the only way. What we really want to know, however, is not keynotes so much or special characteristics only, but how shall I know a remedy when I see it? Or, to make it plainer,

when we know the symptoms of a sick man, how shall we know to what single remedy they properly guide? For the totality of the symptoms is the only guide to the proper remedy.

We are at once met by this peculiar fact, "There is probably no one symptom that belongs exclusively to one particular remedy." And even many combinations may equally belong to the provings of several different remedies, and sometimes we find them so very nearly alike that it is with difficulty that we are enabled to distinguish one remedy from the other.

Our *Materia Medica* is very voluminous. There are a great many remedies, and each remedy, well proven, has a great many symptoms. Some of the remedies in their provings are very much alike, but all differ. I know of no one remedy that stands out alone and in every symptom differing from every other remedy. I know of no *one* remedy, however, that does not stand alone and in "*some one respect*" differ from every other remedy.

This "*one respect*" in which every remedy differs from every other remedy, this differing, this quality, that we may know and see in any remedy, if properly proved, this that makes it stand alone, as it were, that differentiates it from all other remedies, this *essential difference*, is what we want mostly to know. This essential difference seldom, if ever, lies in a single symptom, or in a combination of single or independent symptoms, but there is a *something* running through the combinations of symptoms like a red thread, as it were, stringing together what we call single symptoms into a whole that *in itself* reflects the *image* of the totality of the *combinations* and giving a *peculiar* coloring or value to every single symptom in the proving of the remedy.

Let me illustrate, so that if possible I may make my meaning perfectly clear, for instance, you pick up a feather, small, brownish, with darker brown markings, curved somewhat, about three-fourths of an inch long, and about a half-inch broad, and you say as soon as you look at it, "It's a quail's feather." Why? How do you know? Is it because it is brown? Oh, no. There may be a great many brown feathers that are not quail feathers. Is it because of its brown markings? No, no; not that. Is it because of its size or its peculiar curve? No; but there is something in that feather that *in itself* reflects the *image* of the whole, and with my mind's eye I can see the bird or any part of the bird.

There are many kinds of birds; some sorts are very much

alike, but all kinds differ. I know of none that stand out alone, differing in every particular from every other kind, and yet every kind of bird must stand alone and in some peculiar manner differ essentially from every other kind of bird. But why did you so soon, so easily, so certainly recognize the feather you chanced to pick up? Was it not because you knew the bird? Which were the better way, to study the whole bird or a few feathers? I think this illustration will assist very materially in making a very difficult subject quite plain.

This law apparently runs through the entire Homœopathic *Materia Medica*. "*No two remedies are alike.*" There is "*that*" in everything that makes it differ from every other thing. Chemically we know what any kind of matter is by its own peculiar mode of behavior, and in no other way can we detect its presence.

Thus we are to know our remedies, by their peculiar modes of behavior, and we find out their peculiarities by testing them upon the *healthy* human organism. We sometimes call this proving. We might just as well call it trying, or testing them. When we try, test, or prove them upon the healthy (not sick) human organism, we *know* what they will do by their peculiar behavior; by what they do. We study them one at a time and note their effects; in no other way can we possibly *know* them as remedies. These effects upon the human organism we call symptoms, and these symptoms are their peculiar manifestations. There are no two remedies or drugs that will affect the organism in the same manner or produce the same symptoms. Outside or beyond the symptoms they produce we can know nothing of them as remedies. The symptoms they produce upon or within the *healthy* human organism are all valuable, and every symptom produced is a *fact* that cannot be disputed.

What are the symptoms produced upon the *healthy* (not diseased) human organism by a remedy or drug? This is the *essential question* asked by every real student of our Homœopathic *Materia Medica*, unconsciously perhaps it may be, and strangely as it may appear to some this is the *only* question that can be properly answered from the *Materia Medica Pura*.

These symptoms are the facts that we want to know, to know them as a whole; to know them in their entirety, and these facts in a great measure determines "*How we may best study Materia Medica.*"

Every remedy or drug that produces a change of any kind upon the *healthy* human organism produces a symptom, and to that extent changes the *healthy* condition and produces sickness, so that the study of symptoms is necessarily a study of sickness, and *vice versa*; the study of sickness is necessarily a study of symptoms, so that sickness or sick people are really, and in fact *our only study*.

If, when we read a proving, which is really the record of symptoms produced by a drug upon the *healthy* organism, if then, we can read in the record the symptoms, and at the same time in our *mind's eye*, as it were, see the sick man or the sick woman, as the effects are produced upon them, we will get an *image* that cannot be effaced from our memory, a picture that cannot be described in words, a totality that will reflect the peculiarity of that particular remedy, and from the provings recorded in the *Materia Medica Pura* we will learn each remedy as a whole, and knowing the remedy as a whole we shall be able to know any of its parts and to what particular remedy any part belongs.

To successfully study *Materia Medica*, study single remedies in their effects upon the *healthy* human organism, and not upon sick people; to study remedies, study symptoms; to successfully study symptoms, study sickness; to study sickness, study sick people.

This is the only method that has proved a never failing success. It made Hahnemann, Boenninghausen, Jahr, Dunham, Hering, Kent and every other very prominent Homœopath wonderfully successful in the "True Art of Healing."

THE MATERIAL CAUSE OF DISEASE.*

W. E. ALLUMBAUGH, M. D., WALSONVILLE, CAL.

The search for the material cause of disease is as old as the history of medicine, and many material causes have been suggested and believed in, and those who believe in material causes of disease also believe in material curative agents; and the more massive and powerful the supposed curative agent the more confident are they of effecting a cure, and the more complicated the disease, and the more obscure the cause, the more the necessity for giving compound doses of crude drugs, the effects of the

*Read before the California Hahnemannian Association.

component parts of which compound is little known, and the combined effect of which it is impossible to know.

The excess or lack in the system of some of the so-called tissue elements such as *Iron, Lime, Potash, Magnesia*, etc., has long been considered a cause of disease, and doctors and chemists have labored in vain to try to so prepare the salts of these elements as to feed the wasted tissues, or to so balance their action in the system as to restore to the normal the disturbed functions of organs and thus cure the sick. And of this theory was born the biochemic or so-called Schuessler system. That monstrosity, conceived in error and brought forth in ignorance, yet honored with the name of a system of medicine. Not that I condemn the so-called Schuessler remedies, for they are all valuable remedies when Homœopathically indicated and most of them were used by Homœopaths long before Schuesslerism was thought of.

The healthy infant finds in its mother's milk, and the adult in his variety of food, all the elements necessary for the nourishment of bone, muscle, nerve, hair, nails, and every tissue of the body, enough and more than enough for the excess of the salts of these elements is found in the urine and other excrements of the healthy.

The blood takes up these elements out of the food and carries them into the different tissues of the body. Each tissue selects and appropriates what it requires and the excess is excreted.

But if there be some derangement of the vital force and the patient is therefore ill, and not able to assimilate these elements when prepared in Nature's laboratory, it is absurd for the chemist to try to prepare them in a way that they can be forced into the tissues of the sick patient with curative results. I have seen rachitic children fed on lime water till they passed from the bowels lumps of lime as large as chestnuts, and still they were poorly nourished. Is it any wonder they were sick?

The latest discovered disease entity is the all pervading microbe, and the latest scientific treatment is the serum therapy. This has wonderfully simplified matters pertaining to medicine, and completely revolutionized therapeutics, and all books on practice should hereafter start out under the head lines: *The practice of medicine made easy*, for all we have to do now is to ascertain the name of the disease from which the patient is suffering, obtain a quantity of the ptomaines of the particular microbe which causes the disease, inject it into the circulation of

the patient and go on our way rejoicing, knowing that no harm can come to the immune.

Now, I know there are some Homœopaths, old moss-backs, who still read the Organon, and who possibly believe the earth is flat, who will not readily accept of this theory till it brings some of truth's credentials in its hand, and who still go on giving the single remedy—even the potentized remedy—and who will be constantly throwing obstructions on the track where the wheels of science and progress should run smoothly, by propounding such foolish questions as some of the following:

Why is it that if these pathogenic bacteria be inhaled, absorbed, ingested, or get into the system by some hocus pocus method known only to themselves, they produce very serious or even fatal results? But if injected into the circulation with an hypodermic syringe, the patient, if ill, is immediately made well, or if well, is at once rendered forever immune?

But the germ theory with its serum therapy is accepted and called Homœopathy by many of these up-to-date scientific Homœopaths, who regard Hahnemann as a back number, and the potentized drug as a delusion and a fraud, who, like some of the Christians of whom Paul wrote to Timothy: "Having a form of godliness, but denying the power thereof." They use antiseptics and microbe killers, and they tell us some of these pathogenic germs are so tenacious of life that after being immersed in absolute alcohol for five months they come out alive and refreshed; (as Muldoon said) "they are so very hard to kill."

Then the back-number Homœopath asks: "How is it that we can cure patients, kill the microbe or drive him out of the system with a few doses of a high potency of a single remedy, and *that*, after your crude drug, compound tablet and antiseptic methods have utterly failed?" And we get this answer: "It was suggestion that cured your patient, and not your potency."

To such I would say, why don't you suggest something when you give your crude drug or compound tablets? Perhaps you would succeed better.

Or perhaps we get this answer:

"A high potency is nothing and cures nothing. Your supposed cure was only a coincidence. It so happened that about the time you gave the M or CM potency the vital force asserted itself and nature made the cure."

In answer to the above I will report some cases, but will say in advance, that I do not expect any but Homœopaths to believe in such cures as I report, for none but Homœopaths ever make such cures. Perhaps a majority will doubt; I do not blame them. I once doubted the curative power of the high potency, and I know that most of my readers, as well as myself, got but very little Homœopathy in the medical colleges. In both colleges which I attended I was taught to give cathartics and opiates, and inject ergot for puerperal hemorrhage. I learned my Homœopathy from Hahnemann, Dunham, Guernsey, Kent, Hawkes, and from our own Dr. J. M. Selfridge.

Mrs. T—, aged 35 years. Blonde, tall, slender, sanguine, nervous temperament. Married, had four children, all living. She had a fetid discharge from the ears. The auricles were covered with a scaly eruption which extended back over the mastoid process and up into the hair. Some patches were raw and poured out a honey-like fluid, which formed into yellow scabs. She had had this eruption for twenty years, and had suffered many things from many physicians. She also had a distressing cough with a sensation of constriction across the upper part of the chest. When the ears were worse the cough was relieved. Her three oldest children had the same fetid discharge from the ears, but only one of them had the eruption on the auricle. I gave each of these four patients three powders of *Graphites*, one thousandeth potency, with directions to take one every two hours.

The next day the woman sent for me to see her ears. The discharge from the internal ear was very profuse and very offensive, the auricles were greatly swollen and raw and the exudate was so profuse that she had to use cloths to protect her clothing as she went about her work.

This is the first and only aggravation I ever saw from a Homœopathic prescription. I was sure I had found the right remedy, and I gave *Sac. lac.* for a month. By this time the swelling had gone out of the ears, the discharge was somewhat diminished, and the cough was entirely relieved, but the ears were still worse than at the beginning of treatment.

I then gave her three powders of *Graphites*^{cm}, one every two hours. Improvement at once began and continued, till in one month all morbid symptoms had disappeared. The three children were cured by the same prescription of *Graphites*¹⁰⁰⁰.

Was this a cure, or was it only a coincidence? Such a coincidence would be more remarkable than a cure.

MASTITIS COMPLICATED WITH PUERPERAL MANIA.*

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

I was called December 23, 1899, to see Mrs. A. She is a slight, brunette of about 20. She had her first child two weeks ago. She has been under the treatment of a Polypath. When her nipples first gave her trouble he cauterized them *across the crown*. The day I was called she was taking two drugs, the day before, three. Just before I saw her the nurse had taken her temperature, 104 degrees; the pulse 140 and the respiration 40. The left mamma was enormously swollen, purple, hard and excruciatingly painful. The breast, strange to say, had not been lanced. Probably the physician was waiting for fluctuation. I gave her *Phytolacca*^{cc} one dose.

December 24th, better in every way. The improvement continued till after midnight of December 26th, when I was recalled. The febrile and local symptoms remained better, but she was wildly delirious. From a gentle, well bred lady, she had become rude, violent, profane and exposing herself. *Hyoscyamus*^{cc} one dose.

Improvement followed rapidly for two or three days, when the pain, swelling, etc., of her breast increased, while the mind was nearly normal. I considered this the main symptom and therefore did not change the medicine, allowing the one dose of *Hyoscyamus* to act,

January 8, 1900, the breast suppurated. And on January 11, I gave her *Sepia* in the same way I had the other medicine.

As on January 15 no improvement was perceived, I gave *Silicia*. At this time the mental condition was normal.

January 19th the stitching character of the pain called for *Kali carb.*, which I gave in the 200th one dose.

This controlled and cured the suppuration. No more medicine being given until February 3d, when she received *Pulsatilla*^{cc}, one dose.

On February 11th *Sulphur*^{cc}, and in three days *Bryonia*^{cc} for a cold with stinging pains, which were < by movement.

In the early part of March her menses returned, with violent pains in the right ovary extending down the corresponding leg. Some days these were < from movement, and when *Bryonia* was administered changed to > from it, with but little effect on the

*Read before the California Hahnemannian Association.

pain. It was the same with *Rhus*, no real benefit following its use.

Then a disgust for food, the sight and smell of which nauseated. I gave *Sepia*, still no improvement.

April 5th these pains continued with $>$ from movement, so that she walked the floor the most of the night for relief. In the daytime she was comparatively comfortable by being active. The sight and smell of food nauseated; I gave *Colchicum*^{ee}.

An improvement followed immediately and has continued. She received no further medicine and is well. The next menstrual period was normal.

The left breast remains sound, the color natural, no pain in it, but it is atrophied. Whether or not another pregnancy will cause it to develop I must leave to the future. In my opinion, if the caustic applied by my predecessor did not occlude the orifice of the nipple it will.

There has been much said lately in opposition to prescribing on characteristics, much of which will not bear investigation.

A Homœopathic physician in his warfare against disease is much like a general carrying on a war of arms, who must at times build parallels, dig trenches, mount siege guns and press forward foot by foot till he takes the fortress. That corresponds to working out a case with repertory and checking list. Then again, the commander has to draw up his infantry, cavalry and artillery and attack all along the line. That is like our finding out every symptom with its location, modalities and concomitants, and then give *the* remedy. Another time the soldier must make a daring dash at some weak, vital point of the enemies' line, and when he has captured it he has his antagonist at such a disadvantage that he must retreat. That is what we do when we prescribe on a keynote. A general who can fight in all of these ways is superior of him who can only use one or two of them.

I maintain that we should, like the soldier, endeavor to educate ourselves to face Death and wrest his prey from him in the way which is best for the case in point.

Now, I leave my readers to decide whether or not I cured. Every successful prescription I made was on keynotes. First, *Phytolacca* on the hardness, pain and burning of the mammary gland; then when the mania set in with exposing her person, *Hyoscyamus* soon restored her reason; then, when the suppuration continued in the breast I gave remedies carefully worked

out with the repertory, which failed, then *Kali carb.*, with its stitching pains, soon cured the suppuration. And then the baffled disease skulked to the ovary and rendered life a burden to my patient, when *Colchicum* completely routed the enemy and he fled. But this is only one of the modes of finding the curative Homœopathic remedy.

TALKS ON CONSTIPATION.*

DR. DAHLKE, BERLIN.

B. Do you think an accurate choice of medicine will enable us to dispense with cathartics?

A. This is difficult to answer with a simple "yes" or "no." What is true of morphia is also true of laxatives; the better you know how to handle your *Materia Medica* the easier it will be for you to dispense with such help. Now, a case may occur where you may say in advance, "In this case I will not use Homœopathic treatment," and prefer to give castor oil; but you must be sure that this resolution is based on the situation, and not on a deficient knowledge of *Materia Medica*.

The old Griesslich expressed himself in the first volume of the "Hygiea," the place and exact words have escaped me, but in about the following manner: "In spite of Homœopathy, no man shall prevent me from giving a spoonful of castor oil when I have ascertained that the intestines are full of old fecal masses." That, indeed, is a tangible view. But notwithstanding this we are not only justified, but in duty bound to always return to our specific remedies. And I again reiterate, the better our command of *Materia Medica*, so much the easier will we be able to dispense with all such make-shifts. For instances, if you had a case which Griesslich thinks should be treated not with castor oil, but with a drop of potentized *Opium*, and if we further grant that in his case the castor oil had no evil results, and that the cure had proceeded as smoothly and perfectly as in the other, yet the cure by *Opium* is to be preferred to that of castor oil. Why? *Because we are Homœopaths!* and because of our principles. The more completely we stand within the boundaries of our own territory, and the more we suppress the inclinations to

*Translated for the California Hahnemannian Association from *The Zeitschrift des Homeopatischen Aerzte*, by Dr. A. McNeill, San Francisco, assisted by Dr. M. F. Underwood.

pass these boundaries, so much the better; and so much richer resources will we discover in our system of therapeutics.

B. I concede you are right in what you claim in *chronic* cases, but will not the necessity frequently occur to Homœopaths, that *acute* constipation must be relieved by a cathartic?

A. That is a preconceived opinion, which, however, is not at all justified. I, at least, cannot see why our remedies should act more promptly, for example, in acute diarrhœa than in acute constipation. As you have often cured a diarrhœa that had lasted for several days with a single dose of *Phosphorus*, *Arsenicum*, or some other remedy, so may you not expect to do as well in acute constipation, if you take the trouble to seek out the indicated remedy?

B. Which are really our chief remedies in constipation?

A. In such a changeable symptom-picture in a complaint that appears as a concomitant of such a great number of disorders, of course the remedy must also vary. If we place ourselves on a strict point of view, there is no remedy in our *Materia Medica* that may not be indicated in constipation. And the rarest remedy may, in a case suitable to it, become the one indispensable.

B. That may be, but I speak only of the remedies which, according to experience, are most frequently indicated. I mean such as *Nux*, for example.

A. But *Nux* must not always head the program! Certainly it is one of the chief remedies, but by no means the most important. Because you mentioned it we will briefly describe it.

Above all, the *Nux* constipation is accompanied with *urging*, mostly *ineffectual*. The stools are *large*, *hard*, difficult to discharge. *Hemorrhoids* blind or bleeding *seldom* are *absent*. Therefore the stools are frequently mucus and bloody, and also the painful symptoms of *burning*, *stinging* and *soreness* at the anus. More characteristic still is the sensation, "as if the anus was *too narrow*, or *constricted*." These are the strictly local symptoms. But if we look further we will find that the "urging to stool" often produces the same symptoms in the bladder; a sort of cutting on micturition. Moreover, we meet a pain in the loins, as if bruised. Careless turning in bed produces violent stitching, consequently when the patient wishes to change position in bed he first sits up and then turns; also a peculiar chronic condition, known as a disposition to "crick in the back."

Some of the best known gastric symptoms you will also find to generally accompany constipation. If the pains are absent, the fullness and discomfort about one or two hours after eating will be present, which compels the patient to loosen his clothing, partly from the general sensitiveness of the region and partly from the accumulation of flatulence. If there are pains, there will frequently be that heavy pressure, as from "a stone" in the stomach, or that burning, cramping pain, beginning about two hours after eating, radiating to the back and often exciting the above mentioned "ineffectual urging to stool." The *Nux* pain in the stomach is often relieved by warm drinks. Bitter, or sour, eructations, waterbrash, vomiting or retching in the morning, are symptoms which you may naturally expect in every case of *Nux*. In constipation, you will likewise find congestion to the head as well as its specific state of mind in the truest form. The patient is easily irritable, fiery, oversensitive to everything, easily offended and in a bad humor, so that it is difficult to get along with him.

In conclusion, some statements of a more general sort. As you already know the *Nux* patient is a dark and emaciated man, of active disposition, notwithstanding the fact that he is sleepy very early in the evening. He is sedentary, either from disposition or because his business necessitates it. So much the more injurious therefore is his desire for "high living." He is more inclined to all the enjoyments of this world than is proper. He is also anxious to retain as far as possible his enjoyment of these luxuries. Therefore most liable to fall a victim to the "quack," as well as the skillful physician. No one so frequently takes all medical advice and drops them so quickly. In the gastric disorders of pregnancy *Nux* is also one of our chief remedies.

Which of the above mentioned local symptoms do you consider of most importance?

B. The ineffectual urging to stool.

A. Without question. In this symptom the peculiarities of *Nux* culminate. The others, the large hard stool, the hæmorrhoids, the pains, etc., are all things that may be present or absent. But ineffectual spasmodic action of the sphincter, as well as the sensation as if the anus were too narrow or constricted, are all genuine *Nux* symptoms.

B. Do you lay no value on the pains?

A. When pain in the anus is the ruling symptom you must not expect too much from *Nux*. In such cases you must decide whether it is a pain from first, fissure, or second, from excessive sensibility of protruding hæmorrhoidal knots, or, third, from an acrid corrosive secretion. In the first case think of remedies such as *Graphites*, *Causticum*, *Nitric acid*, *Thuja*, *Petroleum*, etc. In the second case such as *Muriatic acid*, *Lachesis*, *Sulphuric acid*, *Belladonna*, *Aesculus*, *Collinsonia*, *Graphites*, *Aloes*, etc. In the third case, *Sulphur*, *Carbo veg.*, *Arsenicum*, *Lilium tig.*, *Natrum mur.* However, I will acknowledge that this sort of differentiation, particularly between the second and third, is arbitrary.

Later we will speak of some of these "pain remedies," and now of that *Nux* symptom, the "ineffectual urging to stool." Do you know other remedies that have this symptom also?

B. *Sulphur* and *Lycopodium*; while *Opium* and *Bryonia* have constipation with no desire to stool.

A. Quite right. These remedies are usually contrasted, yet also consider in constipation with urging, the following remedies: *Aesculus*, *Anacardium*, *Carbo veg.*, *Causticum*, *Collinsonia*, *Conium*, *Ignatia*, *Iodine*, *Lachesis*, *Mercurius*, *Platina* and *Staphisagria*. This series might be considerably enlarged, but we would thereby lose in clearness. I hope we will afterwards briefly characterize these remedies individually.

Now, we will pass to that sensation of *Nux*, of "narrowing or constriction of the anus." The following remedies may be grouped with *Nux* here. In the feeling of constriction we may compare *Belladonna*, *Calcarea carb.*, *Cocculus*, *Graphites*, *Ignatia*, *Kali bich.*, *Lachesis*, *Lycopodium*, *Mezerium*, *Natrum mur.*, *Plumbum*. In the *Nux* symptom anus "as if too narrow," we may compare *Anacardium*, *Apocynum* and *Kali bich.*; all three have the sensation "as if the anus was closed by a plug."

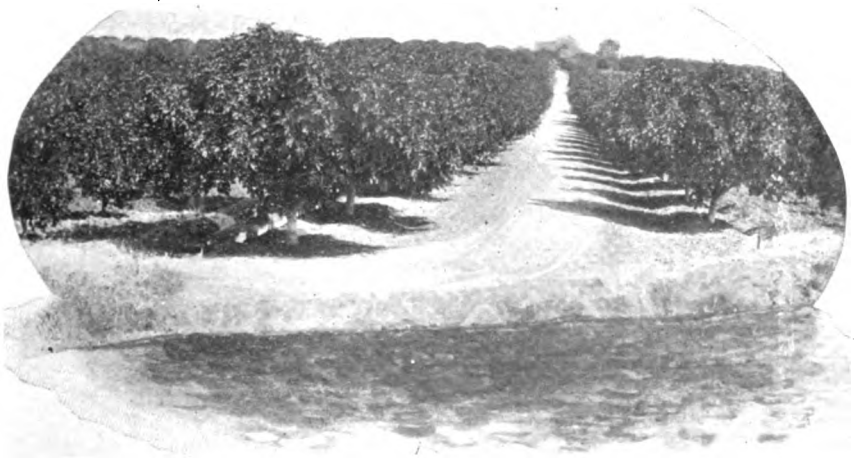
Apis has the sensation as if the anus was stuffed full. *Can. ind.*, as that of a hard, round body in the rectum. *Sanguinaria* a full feeling; *Calcarea*, *Lilium tig.*, and above all *Sepia*, the sensation as of a weight or lump in the anus.

I have mentioned here the rarely indicated remedies, for the rule prevails that, "The more striking, the more inviting a symptom is, the more thoroughly we must endeavor to compare all that are alike or similiar."

In the symptom, "urging to stool produces a desire to urin-



Mt. Hamilton and Lick Observatory.— Elevation 5,000 ft.



A California Orchard.

ate," we may compare *Cantharis*, *Capsicum*, *Carbo veg.*, *Lilium tig.*, *Nux*, *Sarsaparilla*, *Septia* and *Staphisagria*.

In relation to the *Nux* case in which there are pains in the back, we may compare *Aesculus*, *Belladonna*, *Capsicum*, *Hamelis*, *Kali carb.*, *Phosphorus*, *Sabadilla*, *Staphisagria*, *Sulphur*.

We also had in our *Nux* picture the symptom mentioned, "stools large, hard, difficult to discharge," which also belongs to *Veratrum alb.* "Bloody mucous stools" reminds us also of *Graphites*. And "burning, stinging, soreness in the anus," *Muriatic acid* and *Aesculus*.

Now, we will consider more closely some of the remedies that resemble *Nux*. For example, *SULPHUR*. It has the constipation with urging to stool, hæmorrhoids, pain in the back, hard, lumpy, also mucous stools, stitching, burning pains in the anus, all the same as with *Nux*. Wherein shall we differentiate them? We will begin with their nearest symptoms. Sulphur has not only the stitching and burning, but also violent itching, which, as is always the case with it, is worse when warm in bed. Either in consequence of much rubbing or from moisture secreted by the hæmorrhoidal knots, or from acridity of the stool, the parts become sore and, as we often see, particularly in children, the anus becomes intensely red. All the secretions of the Sulphur patient have this specific corrosiveness. There will also often appear in the Sulphur patient, in alternation with the constipation, the well known morning diarrhœa, which drives him out of bed. And he will complain much of the odor of the stool which clings to him. The lumbar pain is different from that of *Nux*. With Sulphur this pain compels the patient, perhaps because of a weakness in the region, to walk bent forward.

Now we go to the periphery, where we have a number of important indications. Sulphur has indeed the congestion to the head, but it is manifested in the well known "heat on the vertex," frequently with cold feet; or there are symptoms as in the climaxis; that is, by every slight exertion and every movement there is an ebullition rising upward, ending in the breaking out of sweat. Also we have the sensations of faintness, and weakness, particularly in the forenoon about eleven o'clock, which compels him to eat something. In Sulphur, the liver is drawn into sympathy as with *Nux*. It may also meet the results of the abuse of alcohol as well as *Nux*. But this "time of aggravation at 11 a. m." is an important indication for Sulphur. The Sul-

phur patient also has aversion to milk, (*Nux*, *Carbo veg.*) and farinaceous food. Do you know other remedies that cannot endure farinaceous food? There are particularly *Natrum mur.*, *Natrum carb.* and *Magnesia carb.*, also *Alumina* with its aggravation from potatoes. Frequently Sulphur is indicated in patients whose diseased state is more advanced or is deeper seated. The entire organism is in a certain sense undermined, either by long continued bad habits, or by a suppressed disease, or from an inherited morbid condition. Therefore Sulphur usually follows *Nux*. We have two trios of remedies which follow each other admirably. One is *Nux*, *Sulphur* and *Lycopodium*. The other, *Nux*, *Sulphur* and *Calcarea*.

B. Does not the Sulphur patient look quite different from the *Nux* one?

A. In both, the face is usually emaciated. With Sulphur, either pale, sickly, or with that redness of cheeks which *Nux* also has. But with *Nux*, we have the redness shining through a yellow or jaundice-like color of the face, which is also characteristic of *Lachesis*. Yet, if I do not err, you meant not so much this color, as the bright redness of the mucous membrane which is specific of Sulphur. Now you must not in constipation lay too much stress on this symptom, because we seldom meet with it. But I will now give you the following case: A child of ten or twelve years had suffered for months with a cough, for the cure of which the mother had used in vain all the domestic remedies. It had enlarged cervical glands, face pale and earthy with the exception of the *lips which were surprisingly red*. If further search had been made, many other Sulphur symptoms would have been found, but the one above mentioned sufficed for the choice of Sulphur. This is the stage on which the symptom "*bright redness of the mucus membrane*" plays its role.

Now we turn to *LYCOPodium*. It has like *Nux*, constipation with ineffectual urging to stool, constriction of the anus, hard difficult stools, painful hæmorrhoids, affections of the liver, fulness and discomfort after meals, and sensitiveness about the waist, much the same as *Nux*. Above all, *Lycopodium* has the feeling after stool as if much or the most part of the fæces remained. Its hæmorrhoids often discharge a strikingly large amount of blood. It has much rumbling and gurgling in the abdomen. It has canine hunger before eating, but immediately after taking the first morsel he feels full to the throat, from the

gases that develop; while with *Nux*, the fulness occurs two or three hours after eating. The *Lycopodium* dyspepsia is described by the word "sour." The food tastes sour, the belching and eructations are sour. The keynote of *Nux*, on the contrary, is "heartburn." *Lycopodium* has by preference the brick dust sediment in the urine. Instead of the morning aggravation of *Nux*, it has the aggravation from four to eight p. m. Instead of the evening sleepiness of *Nux*, it has the irresistible sleepiness after meals. Also the familiar symptom, "one foot hot, the other cold." The disposition has, indeed the irritability and tendency to anger of *Nux* and also melancholy and the fear of being alone appear more in the foreground. Besides this the *Lycopodium* patient has a peculiar egotistical trait, which it is difficult to describe. He considers his sufferings the most important; that about which all other things must revolve. The violence of *Nux* in which the patient forgets himself and his disease are absent in *Lycopodium*. We may find something similar to this intellectual peculiarity of *Lycopodium* in *Platina* and *Arsenicum*. It is a general characteristic of *Lycopodium* that the body is weak while the mind is acute and well developed, except the memory.

B. Has *Lycopodium* not an emaciation of the upper part of the body?

A. Quite right! At least the upper part of the body stands at a sort of contrast to the lower. The face looks thin, has an expression of suffering, (*Berb.*) and looks more unlike that of the *Nux* patient than of the *Sulphur* one. The entire body is thin and has but little power of resistance. There is a disposition to stagnation in the lower half of the body, consequently the legs are bloated. (If you look closely you will discover a resemblance to *Kali carb.*). Varices develop a peculiarity which differentiates *Lycopodium*, *Sulphur* and *Carbo veg.* from *Nux*. In the varices of pregnancy, *Lycopodium* is our chief remedy, especially if they are located on the genitals.

I will further mention that *Nux* symptom, "better after sufficient sleep" which you must carefully differentiate from the morning aggravation in the *Lycopodium* symptom, "the child is intolerably irritable and obstinate after sleep" which is opposite to *Nux*.

In conclusion, remember that *Nux* belongs with those remedies with which we prefer to begin treatment, especially when it

is a patient who has been much drugged. *Lycopodium* on the other hand belongs to our class of deep-acting, slow-working remedies, and it has been said that we should not begin a chronic case with it. But you must not forget that above all other things the "law of similars" must be observed.

Now we will consider CARBO VEG. It, like Nux, has constipation with ineffectual urging, the difficult hard stools, painful hæmorrhoids, and like it the weakened digestion from abuse of alcohol, the fulness about the waist and dysuria; but as in the *Lycopodium* dyspepsia, the symptom "acid" rules, while in the *Carbo veg.* dyspepsia, foulness and puridity. The *Carbo veg.* eructations are rancid, offensive, flatus very stinking, as also are the stools, particularly, when as with Sulphur, "hard stools alternate with diarrhœa." These loose stools show in a special way a second peculiarity of *Carbo veg.* in which it resembles Sulphur and differs from Nux. I mean the "acridity." The stools burn and corrode, particularly the sensitive hæmorrhoidal knots, which often secrete an acrid burning moisture, and further, these piles are larger than of the four remedies just mentioned. They project as large blue knots and are more distressing after every "drinking bout," when they appear to burn and bear down.

The accumulation of flatulence with *Carbo veg.* is far greater than with Nux, and is also more abundant than with *Lycopodium*. It is so great that it affects the respiration producing what is sometimes called "flatulent asthma." The *Carbo veg.* patient above all can endure no fat food, especially if it be roasted. His gastric pains are of a burning character, and this burning may extend far into the chest and abdomen. There is also a heavy feeling in the stomach and abdomen, which however is more diffused than with Nux, which has circumscribed pressure as from a "stone in the stomach." This feeling of weight shows tolerably prominent in the *Carbo veg.* picture, extending to the entire body and even to the mental sphere where it appears as that "heaviness" or "torpidity" which places it in such decided contrast to the three others, Nux, Sulphur and *Lycopodium*.

B. This heaviness, this drawing down in the abomen reminds me of Aloes.

A. Very good! Certainly this feeling brings these remedies close together. They resemble each other in the form of their hæmorrhoids, for no other piles look so similar to those of *Carbo veg.* as the piles of Aloe, which are blue and project like

bunches of grapes, with an intolerable pressing and burning. But one thing separates these two drugs widely; with *Carbo veg.* the action on the rectum is entirely absent, while the action of Aloe on the rectum is characteristic and wonderful, placing it far above other remedies in this field. The Aloe stool is attended by that extremely characteristic feeling of "uncertainty of the anal sphincter," so that the patient is always fearful of passing fæces involuntarily. With *Carbo veg.*, the abdomen may be distended with flatulence and yet during stool no flatus may pass, while with Aloe a great volume of flatus bursts out. Finally Aloe has mucus stools resembling jelly or albumen.

B. I am surprised that you compare *Carbo veg.* with Aloe, when it is usually considered that Aloe stands near to Sulphur;

A. That prevails more in their deeper relations. But locally *Carbo veg.* and Aloe have very close resemblances to which I must call your attention. For example: both have a heaviness in the head; but with Aloe this is more on the vertex and above the eyes, resembling Phosphoric ac., while with *Carbo veg.* it is in the occiput as a feeling of weight similar to that of Muriatic ac.

B. But Nux also has a pain in the occiput.

A. Certainly! And here we must differentiate, particularly, because both have on this point morning aggravation. But *Carbo veg.* has the dull heaviness, while Nux has the intense pain only. *Carbo veg.* as we before remarked, forms varices like *Lycopodium*. Both remedies have intolerance of warmth. Do you know wherein they differ?

B. *Carbo veg.* has the burning pains.

A. That is one point. Besides *Carbo veg.* has amelioration of its complaints by elevating the legs.

B. I wish to ask something else about Aloe. I had thought that this remedy was useful only in diarrhœes.

A. Not necessarily. Certainly the Aloe case is most usually presented under the picture of diarrhœa. But that peculiar remarkable "urging to stool," that feeling of "insecurity" which depends on a weakness of the anal sphincter, is the most prominent. And the flatulence bursting out with the stool as next in prominence, are the factors of the Aloe case.

To a group of remedies more intimately related to Nux by having this "ineffectual urging to stool" and "cramp-like constriction" as guiding symptoms, there may be added also *Anacardium*, *Ignatia*, *Lachesis*, *Conium*, *Platina* and *Plumbum*.

While we are not giving a monograph, yet we will characterize these remedies in a few words.

Anacardium: Sensation of a plug-in the anus. Frequent ineffectual urging, but on account of the inactivity of the rectum the stool cannot be expelled even when it is soft. We will later return to this part of the *Anacardium* picture. The hæmorrhoids discharge large quantities of blood. (*Lycopodium*, *Nitric ac.*, *Millefolium*, *Hamamelis*). The general symptoms of this remedy are that sensation of a plug in other parts, and the highly characteristic sensation of a band around some part of the body (*Alumina*). In the mental sphere there is violence, increasing to cursing, and extreme forgetfulness, weakness of all the senses also belongs to this remedy. Perhaps the most characteristic, however, is the amelioration from eating. The patient feels well as long as he is eating and for some hours after.

B. Has not *Nux* the symptom, "pain in the stomach ameliorated by warm drinks?"

A. Very true! with *Anacardium*, the taking of nourishment suffices to ameliorate for some time, regardless of the kind of food taken. *Nux* is ameliorated by warm drinks in which it agrees with *Lycopodium* which has a like symptom. Around *Anacardium* are grouped *Phosphorus*, *Iodine*, *Chelidonium*, *Ignatia*, *Graphites* and *Petroleum*. But on account of want of time we cannot differentiate them.

Conium: Extreme general weakness, especially of the mind after stool (*Phosphorus*), general want of power of resistance. Sudden failure of strength (*Phosphorus*). Induration of the glands, intermittent micturition, hypochondriacal disposition, aversion to company. It is indicated especially in old and debilitated people. The morbid symptoms develop very slowly (*Lycopodium*, *Fluoric ac.*). In one point, *Conium* and *Nux* are closely related. I refer to the results of sexual excesses and unnatural sexual excitement. The resemblance is however only apparent. As you perceive from what I have mentioned, the *Conium* picture is radically different from *Nux*. It resembles much more closely *Phosphoric ac.* and *Staphisagria*.

Ignatia: After stools there are stitches up the rectum, inclination to prolapsus ani, weak empty feeling in the pit of the stomach (*Hydrastis*, *Sepia*, *Staphisagria*, *Stannum*, *Cocculus*). Pain in the stomach ameliorated by eating, spasmodic yawning, grinding of the teeth at night; changeable, sad, sensitive, intro-

spective frame of mind. More suitable to children and hysterical women, who have a great tendency to convulsions; results of grief, disappointments in love, and effects of fright.

Lachesis: Prolapsed and strangulated hæmorrhoids that are sensitive to the slightest touch and extremely sensitive to the slightest jar. Beating in the anus as from little hammers (*Apis, Capsicum, Causticum*). All the stools are horribly offensive. Warm applications aggravate the complaints (reverse in piles, *Apis*), hæmorrhages always give relief. Sensitiveness about the waist without distension, depending on hyperæsthesia of the cutaneous nerves. Likewise the neck cannot tolerate even an ordinary easy fitting collar. Ebullitions of blood (*Sepia*), head hot with cold feet (*Sulphur*). Face red with the shining of the capillaries through the yellow skin (*Nux*). All complaints are worse on the left side, from warmth, and after sleep. Better when the secretions are active. Is particularly suitable to the complaints of the climacteric and the ailments of drunkards. *Lachesis* is our chief remedy in redness of the nose in drunkards, and is generally suitable to the ailments of "old toppers." As you remember we have already mentioned for these alcoholic complaints, *Nux, Sulphur, Carbo veg.*, and we may now add *Lachesis, Arsenicum, Kali bich., Sulphuric ac., Opium* and especially *Ran. bulb*; so you now have all the remedies together which have the greatest reputation in these troubles.

Platina: Frequent ineffectual attempts to stool; fæces adhere to the anus like putty. Colic-like pains ameliorated by pressure. Suitable to hysterical women suffering from abdominal complaints, and liable to metrorrhagias (dark clotted), disposed to convulsion (*Ignatia*), and to neuralgias with sensation of coldness and numbness. Genitals extremely sensitive. Persistent sleeplessness. *Platina* has with other remedies a reputation for the colic and constipation of lead poisoning.

B. Does not *Platina* act specifically on the constipation of travelers?

A. Yes! so it is said in the books. But what must we really understand from this! If the *Platina* picture is present, then the remedy is indicated whether at home or abroad. But if its true picture is not there, then you cannot expect benefit either at home or on a journey. The indications arising from the ætiology often violently contradict those arising from "similia." We must always endeavor to reconcile the two.

Now we have had the group of the Nux-like remedies, that is those in which the "ineffectual urging to stool and spasmodic action of the sphincter ani" are the essential points. We now turn to that group which we may call the "hæmorrhoidal" drugs; that is, the drugs in which this spasmodic action of the sphincter takes a secondary place to the complaints produced by the piles themselves.

To this group in the widest sense belong naturally all the remedies of which we have already spoken so far as they are indicated in hæmorrhoids, but particularly Aloe. It seems to me that Calcareo stands between these groups as it is a decidedly hæmorrhoidal remedy, and also excites much irritation in the anus. In a closer relation are *Aesculus*, *Capsicum*, *Collinsonia*, *Pulsatilla*, *Rhus*, *Sepia*, *Kali carb.*, *Ammonium carb.*, *Ferrum*, *Fluoric acid* and the other acids, but above all *Sulphuric* and *Nitric*. Hypericum so warmly recommended by Dr. Rœhrig I have had no experience with in my own practice.

B. Is *Millifolium* not an important hæmorrhoidal remedy?

A. *Millifolium* has really no effect on hæmorrhoids. It acts only on the hæmorrhages and influences the piles only so far as it effects the bleeding. These two actions must be differentiated. Hamamelis has even a greater action in this regard. We will briefly characterize a few of these remedies.

Aesculus: Dryness, heat and burning in the anus, and above all a sensation as if a splinter was sticking in the mucus membrane (*Nitric acid*). The hæmorrhoids protrude and are dark red. Pulsating deep in the abdomen and constant dull pain in the back. In piles with this pain in the back, Aesculus is one of our chief remedies and rivals Nux, *Sulphur* and *Hamamelis*.

Collinsonia: Sensation of weight (*Sepia*) and of sharp grains of sand in the rectum. The stools are hard, knotty, and light colored (*Aesculus*). Displacements of the uterus and pueritis vulvæ complicate the case (*Sepia*, *Hydrastis*).

Pulsatilla as well as *Rhus* has few characteristic local symptoms and must be selected from the general ones. The pains which shoot down the legs during stool, indicate *Rhus*.

Sepia: That above mentioned sensation of heaviness or of a ball in the rectum. Inactivity of the rectum with a soft stool. Otherwise the local symptoms have nothing characteristic. The general ones must decide.

Kali carb: Large stools of great diameter discharged with

difficulty on account of the inactivity of the rectum. Large hæmorrhoidal knots also protrude from pressing to urinate, and they burn like fire. After the stool, the anus burns and pains as if torn. Even for hours before stool the patient feels anxious and uncomfortable. The general picture of the drug is tolerably well known to you. I will only remind you of the symptom "thin fluid food aggravates the most."

Muriatic ac.: Decidedly first in rank, not only among the acids but in the entire group. The hæmorrhoids are prominent, bluish red, burn and pain intensely and do not bear the slightest touch. The patient is in constant pain whether standing, sitting or walking. All the symptoms are naturally much worse after discharge of a difficult, dry, hard stool. When you have a case of constipation with intense suffering caused by swollen and protruding piles, where you cannot find another remedy you may confidently give Muriatic ac.

B. In what form do you give this remedy?

A. I must confess that I have fallen into a sort of routinism, in always giving the low dilutions, the third or fourth decimal; but without doubt the high potencies act quite as well.

Sulphuric ac.: Has perhaps still larger knots than Muriatic. They are also very painful and very sensitive to touch, and secrete an acrid, burning moisture. This differentiates it from *Muriatic ac.* Further you must remember that the patient's nervous system is in a very much depressed condition. This is best represented by what we may call an "irritable weakness." A feeling of coldness as well as a relaxed, heavy, hanging down sensation of the stomach. The constipation alternates with a watery, stinking diarrhœa. Frequently the patient is a drunkard in an advanced stage, whose stomach repels everything taken. You will thereby perceive that *Sulphuric ac.* in its character is more nearly related to such remedies as *Lachesis*, *Carbo veg.* and *Arsenicum* than to Muriatic ac.

We now pass to the small but well defined group of the SODIUM COMPOUNDS: *Ammonium mur.*, *Magnesium mur.* and *Natrum mur.* All three are characterized by the hard, dry stool, which crumbles as it passes the anus, and leaves a torn, burning sensation there for hours. This burning is caused mechanically by the specific condition of the fæces, and not by the hæmorrhoids; at least this is the rule. Of these three remedies, *Natrum mur.* has the greatest spasmodic contraction of the anus. These three

drugs are indicated in the complaints of the abdominal or female sexual organs. The specific relation of *Magnesia mur.*, to the liver and of all three to the abdomen are well known to you.

From this group we will now go to the real "pain remedies;" that is to say, those in which neither the hæmorrhoids nor the hard tearing stools, explains the violence of the pains. They are the drugs in which the constipation is complicated with fissure of the anus. The most important of these are *Agnus c.*, *Berberis*, *Causticum*, *Graphites*, *Nitric acid*, *Petroleum*, *Ratanhia*, *Silicea* and *Thuja*. Indeed in all these remedies hæmorrhoids may occur in a very severe form. In some of them there is also the spasmodic action of the sphincter, particularly *Causticum* and *Nitric ac.* But the most definite cause of pain in these remedies is the fissures or rhagades.

Nitric ac.: Much ineffectual urging to stool, sharp cutting pains continuing for hours after stool; piles protrude; much bright red blood, or mucus; stinking urine; fissures. Pains as from splinters in the anus. Nervous, emaciated, debilitated persons of violent temper (*Aesculus*). Frequently indicated after the abuse of *Mercury*.

Causticum: Stools hard, dry, covered with slime; much ineffectual urging to stool. Large protruberent, very sensitive (*Lachesis*, *Muriatic ac.*) hæmorrhoids which burn, sting and hinder the discharge of stool. Inactivity of the rectum. Stool passes better when standing. Fissures; anus painful long after the stool. Disposition to local paralyses (vocal chords, bladder, extremities); emaciated, sallow persons.

Berberis: Hard stool, violent urging and burning in the anus; sharp, stinging, burning pains, radiating from the region of the kidneys to the loins and pelvis. Urine cloudy with mucus, mealy, or red sediment. Liver involved. General weakness. Pale, suffering countenance.

Graphites: Without doubt the chief remedy of this group. In fissures of the anus, there is no remedy so frequently indicated. Particularly in children in which there are no other complaints it works almost specifically. They withhold the stool from fear of the extraordinarily violent pains. There may be spasm of the anus after stool or not. Graphites in this field is a many-sided remedy. It has a well defined hæmorrhoidal condition; large protruding, violently painful piles. In this hæmorrhoidal condition, more rarely with the fissures, there appears the very

characteristic stool of this drug, large, hard, knotty stools, covered with slime and connected by shreds of mucus. *Graphites*, is our chief remedy when constipation and secretion of this slime go together. That you may be not thereby misled I mention other remedies having the same symptom. We have already spoken of Causticum and Nitric acid and now we must mention Hydrastis, which in its place is an important drug, and like Nux is frequently indicated after the abuse of cathartics. But in contradistinction to Nux it has an empty miserable feeling in the stomach and abdomen. It also has the hard lumpy slime-covered stool. Furthermore in stools covered with mucus we have *Borax*, *Capsicum*, *Carbo veg.*, *Kali carb.*, *Nux* and *Sepia*. Now *Magnesia mur.* and *Ammonium mur.* often have a transparent albuminous mucus on the fæces. *Graphites* has a third constipated condition and I may almost assert that in practice this is the most important. You will frequently have women to treat who have in the most general sense a sluggishness of the bowels.

B. Excuse me! Do you lay stress on the patient being a woman?

A. Decidedly! *Graphites* acts in general and especially in this field much more frequently on women than on men. Some one has called *Graphites*, the Sulphur for women, and he said something decidedly good.

But further! Such women have suffered for many years, often from childhood, from constipation; urging to stool and also hæmorrhoids may be present or absent, but neither is sharply enough defined to stamp a peculiar character on the picture. Of the form of the stools nothing can be said because they occur only after cathartics. Briefly, such cases occur very frequently in practice. In such cases, *Graphites* offers us the most powerful aid. There is perhaps no remedy in our materia medica in which the general idea of sluggishness of the intestines is so intimately associated as with *Graphites*. I may assert that in constipation this remedy is our most important agent. As I have said above we refer more particularly to women. A *Graphites*, patient usually looks pale, is inclined to corpulence, and the complexion has an unclean tinge. She is disposed to itching eruptions in the bends of the limbs and behind the ears. If these eruptions have a secretion, it is watery and sticky (like honey). The skin is predisposed to the formation of rhagades;

the fingers, palms, canthi, corners of the nose and mouth, behind the ears, and the nipples, crack open, often to bleeding and are very painful. These skin symptoms are more specific in the Graphites child. The woman has an anxious, sad, frame of mind. She is constantly cold and chilly. A patient whom I cured with Graphites said to me, "formerly I must put on ever so much clothing and still I was cold. Now I go about in a light blouse and am comfortable." This chilliness exists not only physically but also in the disposition. There is an absence of the usual liveliness of the sex. A profuse leucorrhœa, often coming in gushes weakens her very much, and stomach complaints of different kinds give the patient no comfort. They are either burning, cramping pains relieved by eating, or a sudden distention which oppresses the respiration, driving the blood of the anxious patient into her face.

B. Is not this tympanites similar to that of Carbo veg. and Lycopodium ?

A. Yes similar, but Lycopodium has sour eructations, while in *Graphites* they are rancid. From Carbo veg. on the other hand it is differentiated by the ebullitions. The *Graphites* and Carbo veg. patients look plump and coarse, but the *Graphites* patient is in fact an irritable, nervous creature who has much in common with the *Ferrum* and *Ignatia* women.

B. How do you give *Graphites* ?

A. The most brilliant cures, I have made with a single dose of a high dilution, I have also gone down to the 6th and even the 3d trituration. But in my experience, one thing is indisputable; you must not give the doses in rapid succession, once, twice or three times daily spoils the result. If you cannot bring yourself to rely on a single dose, do not give oftener than once a week, whether it be the 30th or the 3d.

We have mentioned above that *Anacardium*, *Kali carb.* and *Causticum* are useful in activity of the intestines. Thereby we come to a new group in which this "inactivity" is the central point. This consists principally of *Bryonia*, *Opium* and *Veratrum alb.* These are the remedies that have constipation without urging.

Bryonia: Large, hard, dry stools looking as if burnt. Tongue dry and coated. Much thirst. Sensation of a load or weight in the stomach, which is sensitive to pressure. Stitching pain in the region of the liver. Irritable disposition. Red face. Head-

aches as if it would burst. All complaints are worse from motion. Generally worse in summer.

We might make a number of comparisons here, before all with *Nux* and *Kali carb.* Then also with *Chelidonium* and *Lachesis* but time fails us.

Opium: Stools consist of hard dark balls like bullets. The intestinal activity is entirely dormant. The gases which develop, produce tympanites. Often after abuse of cathartics or suppressed diarrhœas and after effects of emotion. Among the remedies which have these stools like marbles are *Berberis*, *Chelidonium*, *Collinsonia*, (light colored), *Plumbum*, *Sepia* and *Veratrum alb.*

B. Do not the sodium combinations of which you speak belong here?

A. In my opinion, No! The remedies which I have here mentioned have the sheep-dung stools, the small rounded balls; while *Ammonium mur.*, *Magnesia mur.*, *Natrum mur.*, have the crumbling and to a certain extent broken stools. I do not agree with Bœnninghausen that these three remedies should be in the largest type in the rubric "stools like sheep-dung."

Veratrum alb.: Very large, hard or lumpy stools; after the stool he is miserable (*Phosphorus*, *Conium*) with cold sweat on the forehead. Is particularly indicated in nursing babies. (*Causticum*, *Alumina*, *Silicea*). *Veratrum alb.* is that remedy having the largest fœces, often of surprising diameter. *Bryonia*, *Graphites* and *Kali carb.* resemble it in this.

The seldom administered *Selenium* has the same sort of constipation as *Bryonia*, *Opium* and *Veratrum alb.* We must also mention *Plumbum* here. It has paralysis of the intestines like *Opium*, but also a violent constricting pain in the anus which is spasmodic, but not a real urging. Besides to differentiate it from *Opium* it has the retracted abdomen and frightful colic pains relieved by pressure.

Now we have a modification to mention. That is the *Alumina* constipation. There is an urging, but the rectum is so relaxed that even a soft stool can be expelled only with great effort. *Alumina* with its disposition to local paralysis stands nearest to *Causticum*. This symptom "even soft stools expelled only with great effort," occurs also with *Anacardium*, *China*, *Hepar*, *Natrum sulph.*, *Nux mos.*, *Sepia* and *Stannum*. *Phosphorus* has the peculiarity; "the long slender stools are expelled

only with difficulty." With Silicea, the half expelled stool slips back, because the muscular power of the rectum is too soon exhausted.

Now, we will stop for the evening.

B. This is a great field!

A. It is one of the greatest, and we have been able to review it only superficially. As you have seen, we have analyzed it from the subjective standpoint; from the sensations of the patient, felt in the anus and rectum. This plan appears to me the most thoroughly homœopathic. You may also treat the subject from the objective side. That is from the condition of the stool, according to color, odor, and substances mixed with it. Briefly, according to what you may learn by your five senses. This also is proper and thereby homœopathic.

If you treated the subject so that you might say "with this remedy the constipation arises in the small intestines and that in the large bowel in another from the retroflexed uterus," you would thereby offer something very scientific but also very un-homœopathic.

A TALE.

Respectfully dedicated to members of the Society of Homœopaths and of the American Hahnemannian Association.

(Not original.)

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

A gentleman met an old Scotchman whom he knew as an ultra orthodox presbyterian and inquired as to how his church was prospering. "No weel! no weel! at a'! We had a kirk a' four hunder members, but they were na' soun i' the faith, an' we withdrew from them, an' they were na' soun ather; an' we again withdrew twa or three times on account o' their herisy and noo there's only me an Davit, and whyles, I hae me doots about Davit."

A CASE OF ECZEMA CAPITIS.

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

March 10, 1900. Mrs. O. brought her baby who is five months old to me. He has eczema capitis for four months. He is breast nursed—well nourished. His scalp is covered with a white ointment (Zinc). One of her other children had the same disease which had been treated with this preparation.

The eruption has crusts scattered over his scalp. He scratches especially when warm in bed, which is followed by bleeding. He sweats on the head; salivation; cough accompanied by wheezing. Chafed in the axillæ and groins. Of course I ordered the immediate removal of the ointment and no more to be put on. *Mercurius*³⁰ one dose.

March 16. Is improving and continued to do so, till April 4, when there being a preceptable, increase of the itching with the same modalities. I gave *Mercurius*⁵⁰⁰ one dose.

April 16. Is not improving and the itching is still aggravated by the warmth of the bed. I gave *Sulphur*²⁰⁰ one dose.

April 25. Much improved so that it was unnecessary to bring him back after this.

May 31. His mother brought him as he has whooping cough. His scalp is perfectly clean; no itching and his hair has grown uniformly over it.

Why was *Sulphur* given after *Mercurius*? The latter had done all it was capable of doing. It had benefitted but not cured. There still remained the eruption on the scalp, the itching < by the warmth of the bed and *Sulphur* is a remedy for children. The symptoms had lost in intensity and the salivation was gone. That the new remedy must have a close resemblance to the old one is clear. Here is where the "Relations" of Bœnninghausen's Pocket Book come in play. Let us turn to page 422, under the rubric skin. There are the names of 28 drugs of different ranks. I have ascertained that if the case were worked out on a checking list *Sulphur* would stand near to *Mercurius*. But the former stands in highest rank in the rubric I mentioned, and as a result with the four of *Sulphur* added to the checking list, it becomes the highest, that it was *the* remedy is shown by the result.

A question arises here, should other rubrics of the relationships be consulted? In my case only "skin" was used, but those of "localities," "sensations" and "aggravations" might have been employed. I know of no authority on this point. It seems to me that they should be. I would like to hear the opinions of those whose knowledge of Bœnninghausen is the most intimate. If several of these rubrics may be used it gives such a preponderance of weight to the relationships that it will be the rule for these to decide what drug should follow another in a case like mine. I have endeavored to explain the use of

Bœnninghausen's "Relationships" which are to many a sealed book.

Bœnninghausen wrote an article on the Relationships which is to be found in the Transactions of the International Hahnemannian Association for 1893, page 200, which gives invaluable information on this point.

WHO IS AN ASTRONOMER ?

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

An astronomer is one who has applied to astrological knowledge a special knowledge of astronomy. All that belongs to the entire field of astrological knowledge belongs to him by tradition, inheritance and right.*

I offer this definition of an astronomer to the astronomical societies of the United States, Great Britain and the continent of Europe who have (not) been in labor for years to find out who is entitled to the honor of being called an astronomer.

In this article I wish it to be distinctly understood that I speak of allopathic therapeutics only; not of the other branches of medical science.

And when these learned bodies rise up and call me blessed, I will modestly point to the American Institute of Homœopathy (?) as their benefactors and not my modest self, as I only slightly paraphrased this definition.

It would be amusing if it were not so nauseating to hear a man in one breath claim the superiority of homœopathy over allopathy, and in the next the right to use opiates, cathartics, antiperiodics and all that sort of stuff.

It is entirely unnecessary to quote to you the great lights of allopathy to show that their treatment is worse than none. I might also quote Dietl's experiments in the treatment of pneumonia. But I hear some one squeak that allopathy is not what it was, that it has improved. I assert that barring better hygienic surroundings, it has no better therapeutic results than formerly, except when borrowing from homœopathy. I can show by their recent works that in so demonstrable a case as in the treatment of pneumonia, their figures are worse than with the lancet and calomel.

Antipyrine and its related coal tar drugs are more deadly than the former, and yet that is the treatment that is ours by in-

*Not having seen this in English I found it in a German journal and if not verbally correct, this is the view.



The Fallen Monarch.



A Mariposa Big Tree.

heritance etc. I heard my friend H. C. Barnabee say in the opera of Rob Roy when it was claimed for that hero that he only robbed the rich. "Of course he didn't steal from the poor, as they didn't have anything to steal!" But the American Institute sues the estate of allopathy for its inheritance after it has claimed and still claims that the estate is bankrupt. That is consistency with a vengeance.

MALARIA, QUININE AND NATRUM MURIATICUM.*

M. F. UNDERWOOD, M. D., SAN FRANCISCO, CAL.

It has been said by some of the masters that in masked or obscure cases of psoric nature, that *Sulphur* would develop the case, while in syphilitic cases, *Mercury*, and in sycotic cases, *Thuja* would bring about the same results.

There is another class of masked cases that often tries the prescriber's skill to the utmost. I refer to chronic malarial cases complicated with or suppressed by quinine. It is well known among physicians that quinine is the staple medicine for "chills and fever" in all malarious districts inhabited by the Caucassian race; in some localities, this drug is constantly kept on the dining table and all members of the household take it as regularly as their coffee or butter on their bread.

No drug—not even *Mercury*—has caused more lasting and distressing conditions of ill-health, than quinine; and when this drug and malaria unite in a friendly alliance they leave a track strewn with sicknesses of the most horrible description. It seems to me that homœopaths have not given this matter the attention due such an enormous health destroyer; such a large percentage of our chronic patients have at some time been under the influence of this two-fold fiend that it should give us great concern and stir us to a more vigorous search for the successful means of completely and quickly gaining the victory for our patients.

This double-headed monster works in such insidious ways that the laity seldom suspect the true nature of their malady till it is brought to their attention by a homœopathic physician. Of course, any one of ordinary intelligence knows the nature of acute malaria; but this little paper is meant to deal only with the chronic or suppressed malaria. To successfully treat it in its

* Read before the California Hahnemannian Association.

chronic and latent forms, often puts the prescribers skill to the severest tests; and yet like everything else it is "easy if one knows how."

It is said that in homœopathy there are no "short routes" to the knowledge of correct prescribing, and it is true in a general sense; still there are certain great truths that if known will often bring us to the desired remedy very quickly, such as a knowledge of the epidemic remedy etc. A peculiar symptom, mentioned by a patient often brings us quickly to the remedy covering his whole case; so will the knowledge of a certain general condition often do the same for us; it is the central point of this paper to bring to prominence one such general condition and show some of the advantages the knowledge of the same has given to the writer.

My friend, Dr. McNeil, in a conversation once made the remark that "he almost invariably began with *Natrum mur.* in cases having a chronic history of malaria, or malaria and quinine, as that remedy would always clear up such cases." I rather doubted the correctness of this sweeping generalism, having been taught that a remedy to be curative must cover the symptoms of the patient. But putting doubts aside, I put the point to the test in many cases and have proven its truthfulness beyond all doubt, and without attempting to tell *why it is so* only give what experience has confirmed in the matter.

Now quinine, in heavy doses, does tough up a case of malaria wonderfully. It seems to set the whole case into a jumble of all sorts of discords of every tone from grave to gay. It often masks a case so thoroughly that it seems impossible to get at the true key to the patient's malady. There is however in *Natrum mur.* a sovereign aid in these cases; it will (when no remedy is indicated) unravel the tangled thread in such a way as to make the work of prescribing thereafter comparatively easy. It will bring order out of chaos.

Sepia generally comes in after *Natrum mur.* has cleared up the picture and often goes far toward completing the cure, especially in females. These two sister remedies—both children of the sea—are as close companions as *Sulphur*, *Calcareo*, *Mercurius* and *Nitric ac.*, or *Rhus* and *Bryonia*. They go hand in hand, laden with blessings of health to suffering humanity.

Let me give a few cases to illustrate more fully just what is meant in regard to this developing power of *Natrum mur.* I

will give only an epitome of each case as the many pages of symptoms would be wearisome to you.

Case 1.—Mrs. I., formerly of Toronto, Canada. She had suffered for thirty years with indistinct disorders altogether functional, and had suffered from all sorts of medical treatment. She came to me almost a total nervous wreck and yet looking fairly well. Everything in the way of symptoms was so very undecided that it was impossible to prescribe until the fact was elicited that she had suffered long with the “chills” in Canada over thirty years before, and had taken “loads” of quinine. *Natrum mur^{45m}* was given and on the first day a message came over the telephone that Mrs. I. was dying and for me to “come in a hurry.” I found her in a very severe chill; the first thing she said was, “Oh, Doctor, I have the same old chills I had in Canada!” and sure enough she had; she was chilling so as to shake the whole house; the whole family was frightened but the writer stood by smiling as pleased as could be. Of course, plenty of *Placebo* in water was left to be given every ten minutes and she was soon feeling better. Suffice it to say that the case went on to a grand recovery. The one paroxysm was the first and last, *Sepia* and *Sulphur* completed the cure in six months.

Case 2.—Mr. A., came to consult about a gleet of many years standing. This case was also of the masked variety. Nothing was clear to prescribe on. At the second visit, I learned that several years before, while living in Bakersfield, this state, he had suffered with malaria and had taken much quinine which “broke up the chill” and he had not been troubled with them since. *Natrum mur^{cm}* was given, which cleared up the case with no return of the chills. *Sepia* came into the case next and cured all his complaints, together with the gleet. He said the discharge, after the *Natrum mur* was given, became first like it was when he had gonorrhœa.

Case 3.—Mr. G., was under my care for some time without relief. His case was one of that generally “mixed up” kind which we all dread to deal with. After learning of a long malarial sickness, suppressed by quinine, several years previous, since when he had never felt well, *Natrum mur³⁰* was prescribed with little or no aggravation, and was repeated twice at intervals of six weeks. The improvement was general and gradual, until *Sepia* came in to complete the cure.

Case 4.—Mrs. C. A. L., mother of three children. At last

confinement, two years ago, was taken on the third day with puerperal mania which was unsuccessfully treated by a homœopath, that he had to give bromide to enable her to go camping for a year, which he advised as the only means of cure. She came under my care in March, of this year, seven months pregnant. The husband rushed into the office for something for his wife. I learned from him, that the old puerperal symptoms had returned in great violence. She had beaten the children severely, was cursing and swearing like a sailor, with threats of killing herself and the family; her face would bloat up, turn dark red, with drunken look and in an hour or so after an attack would fall into a deep sleep. *Opium*³⁰ was sent with a request to report the results on the following day.

The next day he came in shaking his head saying, he guessed it was "all up" with his wife, that she was no better and he had come to the city to arrange for her to be committed to an asylum. On further questioning him, I found that his wife had grown up in Arkansaw where they eat quinine as regularly as molasses on their bread, and that she had taken her share of it for the "chills." I asked him to give me three days more to save his wife. He agreed, I sent *Natrum mur*³⁰ with a request that a report be made at the end of three days. On the fourth day he came to the office smiling with the report that after taking the medicine his wife was much more violent for several hours, but had since that steadily improved till she was now "herself again." Four weeks later, came a return of the mania which *Natrum mur*^{1m} set right in a few hours. She has since been happier and better than since she can remember. Her confinement took place ten days ago, which was normal and she is now up and around with no signs of the mania.

This I consider one of the finest cures homœopathy has made in my hands; *Natrum mur.* will often save a patient when marked by malaria and quinine, no matter how many years has intervened.

In one of this class of cases only has *Natrum mur.* failed me and that was a syphilitic who has since wonderfully improved under *X Ray*³⁰ (F.) which I hope to report soon as a cure by this new and wonderful remedy.

Malaria, plus quinine, seems to often overpower the miasms making a cure so difficult a task to the physician.

FUNGUS HÆMATODES, REMOVED BY SILICEA.*

W. E. LEDYARD, M. D., SAN FRANCISCO, CAL.

April 14th, 1889. Mrs. H. H., about 60 years of age, presented herself for treatment. She had on the palmar surface of the metacarpal phalanx of the left middle finger—a small, *purplish venous tumor* occasionally discharging black blood, which kept welling up, saturating the bandage which she wrapped around the finger. *Pressure* produced a *pricking* sensation.

There was *falling out of the hair*, after pneumonia. *Scalp sore to the touch*; weak feeling, with aching and *drawing* in left groin when walking.

Finger-nails, thin brittle, furrowed; occasional sharp pain through left chest; brick-dust, adherent sediment in urine.

April 15th.

Weary; constant *cold, chilly*, uncomfortable feeling across chest; tumor has not bled since yesterday, but is sorer.

June 3d.

Has had several doses of Silicea²⁰⁰ since the 15th of April, and the *fungus tumor has not bled for over a week*.

Under the rubric:

Nails furrowed, we have: *Arsenicum, Fluoric ac., Sabadilla* and Silicea, the last occupying first rank.

Under:

Nails brittle, Silicea takes second rank, with *Sulphur* and *Graphites*, and takes precedence of seven other brittle-nail makers and unmakers.

Under the heading:

Fungus hæmatodes, we find Silicea taking the lead, with *Arsenicum, Carbo an.* and *Phosphorus*; while fifteen more remedies assert their power, *cætris paribus* to remove a bleeding fungus tumor.

June 4th.

Silicea⁶⁰⁰ one dose, dry.

July 4th.

Our patient went East, on a visit, and reported as follows: (Letter from Lexington, Mass., dated June 27th). *Fungus hæmatodes bright red, as though it would bleed if uncovered*; no soreness; no crawling. Slight pain in left chest while traveling. Silicea^{40m} dose, dry, sent by mail.

*Read before the International Hahnemannian Association.

July 14th.

Boston—The tumor has not bled since, but is *much swollen and very red*; obliged to keep a bandage on the finger; have had some pain in the left chest; weather very warm.

July 25th.

Sent another dose of Silicea^{40m} which we learned later she did not take, on account of other symptoms.

July 30th.

(Newbury, Vermont). Fungus hæmatodes *not so swollen*; now there are three purplish swellings; hasn't bled since leaving home, complains of painful diarrhœa, stiffness in small of back, &c.

August 3d.

(Newbury, Vermont), Tumor decidedly smaller.

August 11th.

(Newbury, Vermont. *Now there is only one bright red spot.*

Late in the autumn of the same year, our patient returned to California, but long before her arrival at home, she states, the bloody fungus tumor had completely disappeared.

Thus there were taken several doses of the above remedy. Silicea, in the 200th potency; one in the 500th, and one or two (I never heard whether she took the second dose) of the 40^m.

Many years ago, our patient tells us she had a *similar tumor* on the thumb, *which was cut out*, leaving a *contraction and an unsightly scar*. Which treatment do you prefer? Which is the scientific treatment?

A SEPIA CASE WITH COMPARISONS.*

W. E. LEDYARD, M. D., SAN FRANCISCO, CAL.

Mrs. K., aged about 40, *tall and slim* (not the graceful slenderness of *Phosphorus*, but the straight up and down slimness of *Sepia*) dating at least one, hitherto, intractable symptom, from her last *labor* nineteen years previously (thus reminding one again in a general way, of *Sepia*) came from her residence in the interior of the state, to visit friends living near this city, who persuaded her to try *Homœopathy*. Accordingly, early in February last, she presented herself, as a patient, giving the following history of her case.

She stated that, about ten months before, while *running* with the *right arm uplifted*, and *having in the hand a kettle full of*

*Read before the International Hahnemannian Association.

water, she struck with great force against the unyielding point of an iron towel-rack, on the inner side of the right breast, about four inches above the right nipple. Pain, intense, severe and incessant followed immediately, and in three days, the arm began to swell, the side and arm becoming cold and blue.

Electricity was applied with only temporary relief.

Osteopathy was resorted to for a period of six weeks, apparently with great benefit.

Rubbing and poulticing were brought into requisition, also with seeming good effect.

None of these measures, however did more than palliate, and absolutely failed to give hopes of a cure; therefore, she came to San Francisco, for the benefit of the cool sea-breeze, and to take warm sea-baths which always gave great relief.

On coming to the city, she was suffering with pain in the injured breast, going clear through the chest to the back. The pain was almost constant, aching, with frequent darting, and soreness to touch and throbbing internally.

The pain extended upwards, involving the shoulder, and downwards to the center of the hand, with tingling in the center of the fingers.

There was a sensation as if a bullet had gone clear through the chest (from the seat of injury to the back) leaving a hole in its track. The symptoms could hardly have been more severe if the iron rod of the towel-rack had actually gone through the body. The sensation of a hole, again calls to mind the empty, gone sensation of Sepia, usually referred to chest or abdomen.

Lying on the back, also lying on the painful side, increased the pain. On considering these apparently two aggravations, they resolve themselves into one, for the back was also the painful side.

Considering the nature of the injury, and the great strain to the right arm, after investigating the case one week, as the symptoms were then greatly lessened in severity, we gave one dose of *Rhus tox*²⁰⁰ dry, at 7 p. m.

"During the first week, before taking the *Rhus*, she had an attack of diarrhoea, after eating veal. Of course she attributed it to my "medicine," the usual innocuous pellets given in all such cases—I learned subsequently that this diarrhoea was "an old stager" of nineteen years duration, first appearing after the last labor, and accompanied by hæmorrhoids, protruding, very sore,

burning and aching. Thus Nature was from time to time, opening a great safety valve to relieve the constitutional dyscrasia within.

There was a great *aggravation from riding in a railway carriage*, while returning to her home, presumably from jarring of the painfully sensitive parts. (*Sepia*, in common with 28 remedies has this symptom, but it is more pronounced in only one of the 28 i. e., *Cocculus*).

Fatigue, and "sensitiveness," which I learned, by dint of persevering questions, to mean *sleeplessness and restlessness* rounded out the aggravation.

She thus described the condition:

"Sleeplessness is *an old symptom*. It first came on several years ago, while superintending a responsible business, attended with great *anxiety*, and drinking a great deal of *coffee*. I *awake easily* (from any slight noise, for instance. (In aggravation from noise, *Sepia* stands second). I usually *wake at three or four a. m.*, and *can't get to sleep again*. (Sleeplessness after 3 a. m. *Sepia* divided the honors with 23 other remedies). I *feel as though I must jump up and scream* (*Sepia* and thirteen remedies have this symptom. (I *get up and walk about, trying to calm myself*. (Sleeplessness, with agitation of body and mind, *Coffea*.) Possibly the coffee drinking 'had a finger in the pie.'

She continues: "I take a drink of water; lie in another bed (*Arsenicum*); do anything to get sleep. Sleeplessness is *worse in the spring* (*Sepia* with 18 others), and is always *attended with a dry, morning cough*, after the condition has continued sometime. I *dream of what has happened during the day*." (*Sepia* enters the arena here with 21 other stalwarts).

There is pain in breast, back and arm *from writing or sewing*. This is equivalent to *aggravation from physical exertion*. *Sepia* has both amelioration and aggravation from physical exertion.

Farrington well says: "Among the conditions which modify the *Sepia* case, none is so important as the effect of motion. Two or three provers experienced decided relief of the symptoms (one prover excepting horseback riding) from violent exercise. But many symptoms are made worse from exertion; how, then, are we to discriminate? Since many of the symptoms arise from lax tissues, with torpidity, and, above all, with surcharged veins; exercise, by favoring the return of blood to the heart, relieves.

The aggravation from horseback riding or from the motion of

a ship (and we might add, riding in a wagon or railway carriage, as in the case before us) since it jars the sensitive parts, and even tends to increase venous fulness, necessarily augments the troubles. But the headache, faint, *exhausted condition* (as in our patient), the sacro-lumbar pains, and often, too, the prolapsus uteri, are naturally intensified by walking."

Returning to our case, as *Rhus* seemed to relieve, I repeated it, in single doses, at long intervals, and each in a higher potency, until on the 20th of April, I sent the CM (F.).

On the 26th of April, she wrote me: "There is *no change in the back; pain in the back*, opposite the seat of injury, *pain in the back from sitting, riding, walking and physical exertion*."

Then I thought of *Sepia*, and how *all the pains of Sepia run to the back or center in the back*.

Furthermore, the *North wind* added not a little to her discomfort. (*Sepia* in this aggravation stands second only to *Spongia*, vying with *Asarum, Causticum, Hepar, and Nux.*)

A coccyx, injured years ago, by colliding with sharp corner of bedstead, failed to improve the general health, especially as she was just, so she says, recovering from an attack of *metritis* and *prolapsus uteri*, all symptoms agreeing, *Sepia* is *grandly curative*.)

Her *susceptibility to cold is very great*. In this respect *Sepia* occupies a place second only to such remedies as *Aconite, Nux, Silicea* and many others.

She has a fight on hand with nearly every known food, and each of these kicks back or "comes back."

She writes: "My stomach rebels;" however that was with an exceptionally severe attack of diarrhoea.

There was aggravations in the morning; on waking, and from lifting.

Aggravation from touch was quite pronounced. She was unable to sit in a chair, with the painful side touching the latter, as it greatly intensified the pain. (The "*noli me tangere*" remedies are *Belladonna, Hepar, Nux* and a great army of other un-touchables.)

Memory weak.

Aversion to company (*Sepia* is quite a leader as a misanthrope), and *anxiety* about the future; or, as the patient herself expressed it: "All nervous impatience for something to happen, I know not what."

On April 28th, seeing any number of *Sepia* symptoms, we sent

Sepia^{cm} (F). one dose, to be taken dry, in the morning on waking.

As you may imagine, we waited a reply with eager expectancy and were not disappointed, when the following letter written on the 4th of May, consequently four days after taking the single powder, arrived; it ran thus:

"The powders sent on the 28th of April *seemed to do me much good*, and I am pleased to say again, *I am feeling much better*. The right arm and shoulder-joint pain less, and the *back is better*." After again alluding to the *sensation of a hole through the chest*, she continues: "The medicine you sent last is also quite a *tonic*, for I can feel it as one takes a stimulant; it seems to go through the nerves and strengthen them for a time. I do not mean quite as I would take a glass of wine, as it surges through the veins with force to strengthen them, but a *quiet strengthening*."

As before stated, *riding in a wagon or in a railway carriage had greatly aggravated the pain*, and therefore it was very cheering to learn from a letter written on the 10th of May, that, *although she had taken quite a long ride on the train, the pain had not been nearly so severe as it was the last trip she took*.

On the 18th, she wrote that *the back continues to improve*.

On the 24th I received word that *the side* (the injured breast) *and the back were much better*. However, as she complained much of the *hot weather*, and of *hives, weakness, "nervousness" (restlessness) and sleeplessness*, as before described, we sent a dose of *Sepia*^{cm} (F) to be taken dry in the morning on rising. Thus there was an interval of nearly a month between the first and second doses.

On the 5th of this month she wrote: "I have been *sleeping much better* the past four nights." In the same letter she writes: "I had a feeling as if I had taken something to make me sleep." She then alluded to *a return of the chronic diarrhoea*. (*The reappearance of old symptoms*, in a chronic case, we know is a *good sign*, and surely heralds the coming cure.) The diarrhoea continued all night, and then passed off. On the 13th she wrote: "The bowels and stomach have been troubling me greatly."

She had quite an obstinate and severe attack of diarrhoea, stools being lienteric, and occurring *after food or drink*, in even the smallest quantities. She continues: "I took *flour and water*, which always checks it." However, this effort to thwart Nature,

was, as ever, at the expense of the patient, for she then had "cramps" which were so severe as to extent to the back. (Here we again see *Sepia* tendency to fly to the back). These pains recurred every time she ate or drank, even after the medicine. (The usual potentiation given to allow remedy to act.) She winds up the epistle with words which bring great relief to the physician. Here they are: "The bowels are not nearly so bad now, and I continue to sleep better."

We of course took the hint as it were, and following the good advice to "Let sleeping lions lie," sent a "way up" potency of the usual stand-by, "known only to the profession," at least to our part of it.

In, *involuntary weeping*, *Sepia* must be differentiated from *Natrum mur.*, *Pulsatilla*, *Rhus* and many other *lachrymose* drugs. The *vehemence* of its anger, and the marked *indifference* to one's family, at once set it far apart from the *mild, gentle, yielding, clinging Pulsatilla*, who is so emotional as to *weep while telling symptoms, desiring consolation*, to which the sterner sister has an undisguised *objection*. In this latter aggravation, *Natrum mur.* and *Silicea* resemble *Sepia*.

Lycopodium is much inclined to be *tearful especially between 4 and 8 p. m.*, when most of its symptoms are aggravated; like *Sepia* in its *aversion to company*, and approaching *Platina* in its *imperiousness*, and yet this remedy (*Lycopodium*) is of such a sensitive nature that she cries even when thanked. This sensitiveness is attended with irritability; on waking, she is peevish and cross, easily angered; the slightest opposition is intolerable and she is beside herself with rage. Although she answers questions rapidly, anxiously and tremulously, yet she is imperious as a queen, and assumes a commanding tone of voice.

In *Sepia*, venous obstruction and uterine congestion are prominent factors. Here emotional excitement tends to produce a stimulation of the circulation, thus giving rise to a flushing or surging of blood to the upper parts of the body, particularly to the head and chest. Hence, we have heat of face and sweating.

In *Natrum mur.*, however, the same cause eventuates in headache with tension or great depression of spirits, and constipation. *Natrum mur.* is complementary to *Sepia*, and manifests the indifference of despair and languor, and is thus differentiated from the *Sepia* indifference to one's kith and kin.

Causticum has more timidity and fear in the evening than *Sepia*,

and more thoughts of a sorrowful nature at night.

In *Sepia*, *sleeplessness* is more apt to occur after 3 a. m., while *Pulsatilla* has as a characteristic, *wakefulness at bed-time and before midnight*.

Ignatia, though like *Sepia* easily angered, stands aloof from the latter by being *angry with herself*.

Like *Sepia* she desires to be alone, but, unlike any but herself, she *sighs* and sobs and refuses comfort.

Her tears are not outwardly manifested, being the pain and penalty of unrequited love.

Hepar rather dwells on past unpleasantness, and is so "touchy" that the least provocation starts a *violent outburst*, thus being separated from the vehemence of *Sepia*, and the taciturnity of *Ignatia*.

Lilium tigrinum resembles *Sepia* in venous congestion, with bearing down in the uterine region, begetting an irritability of a nervous character, with a manner hurried and compelling to be busy, although she can accomplish little, however, her mind is occupied and, in consequence, relief follows—the *Sepia* patient finding improvement in the same class of symptoms, by physical exertion, rather violent than otherwise.

Platina has great *indifference*, but her *haughtiness* separates her from *Sepia* and allies herself with *Lycopodium*. She looks down on people and things; things are *too small*, even her own children; things are *too narrow*, with weeping on this account; weeps after being mildly reproached. In her case, *weeping is ameliorated in the open air*.

June 16, 1900. I have just received an *informative answer* in reply to the question as to whether she had ever had "*chills and fever*," and had taken *Quinine*.

Probably this is the secret of being so *tired and weak*, with afternoon *flush and heat*.

It looks as though the "*chills and fever*" are gradually coming back.

Will, in the future, report progress, and hope to make a fine cure—if the case is not "spoiled."

[The manner in which this case has been "written up," illustrates the value of the comparative study of our remedies, and the author is to be commended for the care with which he has "worked out" the differentiation which gives unmistakable indications for *Sepia*. One report presented in this form is worth a dozen without any comments. It is more than probable the complement of *Sepia*—*Natrum mur.*—will follow in the treatment of this case.—ED]

Medicine.

THE GERM THEORY OF DISEASE.*

J. M. SELFRIDGE, M. D., OAKLAND, CAL.

The history of germs is sufficiently well understood not to be mentioned here, further than to say that germs of the larger dimensions were first observed in the latter part of the seventeenth century; but no attempt was made to classify them scientifically until about a century later, and even then erroneous ideas prevailed as to their true character. Little, if any, progress was made in this direction until Ehrenberg, in 1838, described four genera of filamentous bacteria. After this, experiments were made by many scientists, the most noted of whom, in later years, were Pasteur of France, and Koch of Germany.

In 1882, Koch announced his discovery of the *tubercle bacillus*, and soon after this he proclaimed the theory that germs are the cause of all diseases.

This was a theoretical announcement. To a certain extent, it was a plunge in the dark; for the reason that sufficient observations had not been made to justify such a sweeping conclusion. Search, however, has been made, and is still being made, to establish the fact that every disease has its peculiar germ. But, although the theory has been almost universally accepted by the profession, there are many gaps in the chain of evidence which remain to be filled.

That there are germs by the millions, of various sizes and shapes cannot be denied. So numerous and diffused are they, as to be almost omnipresent. But whence come they?

I have a theory to propose which, I think, fully answers this very interesting and all important question.

Fifteen years ago, after carefully studying the theory advanced by Koch, I wrote a paper on this subject, in which I ventured to suggest the idea that germs are the result of decomposition. As might have been expected, the cry of heterogenesis was raised. But, as I thought then, and do now think, the point was not well taken.

Before proceeding to elucidate my theory, it may be well to inquire what germs really are.

*Read before the California Homœopathic Society.

It is now a well established fact that the germs, which are said to produce diseases, are very small vegetable cells which contain a peculiar form of protoplasm. There is a kind of protoplasm which is composed of many atoms of carbon, hydrogen, oxygen and nitrogen, with a small number of atoms of sulphur and phosphorus. From this kind of protoplasm, all living things, including plants and animals, are formed. Hence, it might with propriety be called *constructive* protoplasm.

But, whence comes this substance which is so essential to the animal and vegetable kingdoms? Evidently, its origin and purposes, as we shall see, are widely different from that contained in the *so-called* disease-producing germs.

If we make a section of a grain of wheat, and examine it with a microscope, we will observe that it contains cells too numerous to mention, which cells contain a substance that is intended to nourish the real germ, which is the image of the future head of wheat, in embryo.

Within the cells of this germ is wrapped an energy, which, although of vital importance to the future plant, is invisible, even when sought by the most powerful lenses. So necessary is this energy, that if by any accident, it be separated from the material with which it is normally connected, the germ becomes a mass of inert matter, with no power to develop, even though placed in the most favorable surroundings. But, if this vital principle, or energy, be not disturbed in its relations to its normal materials, but is placed in suitable soil, with sufficient warmth and moisture, the seed will soon manifest signs of life by sending its rootlets and spongioles into mother earth, from whose lifeless material they will absorb those elements which are transformed, in the laboratory of the plant, into that wonderful substance—protoplasm—enclosed in cell walls, all of which is so essential to the growth of the plant and the maturing of the grain in the ear.

In animal organisms, the process, although similar, differs in this: The protoplasm and containing cells are not formed from lifeless material, as is the case with vegetables, but, being organisms of a higher order, more refined nourishment is required. That is to say, the animal requires protoplasm that has been already prepared in the laboratory of Nature, which, when taken into the stomach and placed, as it is, under the intelligent supervision of the ganglionic nerve centers, is transferred into cells, or blood disks, not only, but into other cells of equal or greater

importance, the white corpuscles, the leucocytes; which contain a substance that is absolutely essential to growth and repair of the organism. It is the protoplasm from which bone, muscle, brain, nerves, and in fact, every tissue of the body is constructed.

When we stop to think of it, what a wonderfully intricate, what a marvelous process it is! The inability to absorb certain elements from the earth, and, step by step, transform them into living tissues, not only, but into intelligent thought is, to say the least an exceedingly interesting problem. And yet this process goes on from day to day, and from year to year, provided normal conditions remain unchanged, until in the course of time, the machinery for the supply of normal protoplasm is worn out, and the various organs, having finished their work, their activities cease, and the individual dies. Note the contrast in which my theory is briefly stated.

Death is the antithesis of life; and as might be expected, its processes, while somewhat similar are the reverse of life. The forces by which the organism has been builded, are, so to speak, turned the other way, and as a result, the departing energy transforms the dying tissues into unicellular organisms—the germs—which contain protoplasm; but its molecules must be differently arranged from those we find in the white corpuscles or leucocytes of the blood, which we know are the repairers and builders of tissues; while the unicellular organisms—the germs—which are the subject of this paper, instead of being protoplasmic builders, are disintegrators; they are ferments, whose office is to destroy.

When an organized body dies, the material elements, we know remain. But what becomes of the energy that propelled the living machine? Is it lost? By no means. It still clings to matter, but under new forms—the germs.

There are two things in this Universe that never can be destroyed or lost. Those two things are matter and energy.

That germs should be the product of the final effort of energy in the process of decomposition, is a wonderful provision of Nature. It is evidently one of those wheels within the wheels of Nature, by which provision was made for the change of form and the disintegration of organized bodies until they finally return to mother earth, thus fulfilling the decree, "dust thou art, and to dust shalt thou return." Wonderful though this be, it is no more wonderful than what we see every day, viz: the transformation of inert elements into living tissues, as is done in the vegetable.

When germs are once formed, it is well understood that suitable soil must be prepared beforehand, or they will not multiply. This is admitted by Koch in the following words. He says:

"I have on many occasions examined blood and normal tissues by means which prevent the possibility of overlooking bacteria or of confounding them with granular masses of equal size, and I never, in a single instance, found organisms. *I have, therefore, come to the conclusion that bacteria do not occur in healthy blood, nor in the tissues of the healthy living body, either of man or of the lower animals.**

Sternberg also says: "If we inject a small quantity of culture fluid containing the bacteria of putrefaction in to the circulation of a living animal, not only does no increase and no putrefactive change occur, but the bacteria introduced quickly disappear, and at the end of an hour or two the most careful microscopical examination will not reveal a single bacterium."*

It is equally true that when taken into the stomach, they are not productive of harm. Hallier says, "that in epidemics, the cholera fungi pass through the healthy intestinal canal en masse without injury."*

It is a matter of history that Klein, who was at the head of the English Commission which was sent, some years ago, with similar commissions from Germany and France, to determine the cause of cholera in India, had so little faith in the discovery of Koch that he swallowed a quantity of the comma bacillus without unpleasant results. Professor Gibbs, of the University of Michigan, is reported to have done the same thing with negative results.

It is a matter of observation, that where there is the greatest quantity of decomposition, there will be found the greatest number of germs; and it makes no difference whether the decomposition be on the surface of the body, or deep in the tissues. We know that pus aspirated from deep cold abscesses, is swarming with micrococci. Abscesses have been found in the middle of the thigh, between the periosteum and bone, the pus of which, evacuated, contained millions of the bacteria of putrefaction in every drop of it.

How did they get there, is an interesting question.

Their presence in such deep abscesses can be accounted for in but one of two ways. They are conveyed there either by the

*Sternberg's Edition of Magnin.



Lilies and Palms in Santa Monica.—New Years.

blood or they are there as a product of the local decomposition. But, as we have already learned, germs cannot exist in healthy blood or healthy tissues. They could not be conveyed through the absorbents, for in every gland through which they passed, we would find a putrefactive abscess. We are, therefore, forced to the conclusion that they are evolved during the process of the local decomposition.

An egg, if kept sufficiently long, will undergo decomposition, during which process sulphuretted hydrogen will be formed; the molecules of which are infinitely smaller than the smallest germ, and yet they are not able to escape from the shell and its lining membrane. According to the germ theory, the cause of such decomposition is due to the presence of germs. Now, granting that every drop contained in a rotten egg is swarming with putrefactive bacteria, the question again recurs, How did they get there? This is easily answered—they do not get in there from the outside.

It is a question of no moment, therefore, as to where an organ is located, or what is its physiological function, if decomposition be present, germs will be formed, either benign or pathogenic, according to that upon which they feed.

As a rule, germs are found in the greatest numbers where there is the most decomposition. This was demonstrated by Pasteur. He found them "more thickly spread in towns than the country." To prove this he took sixty tubes containing putrescible substances, previously sterilized. Of these, he opened twenty in the country, eight of which he afterwards found contained organized products. Of twenty opened on the Jura, five only were altered. Of twenty opened on Montanvert, during a strong wind blowing from Mer de Glace, one alone was altered.

Darwin, in his work on "The Origin of Species," claims, and has demonstrated by experiment, that environment, change of food, etc., produces changes in the form and habits of birds and animals sufficient to warrant him in proclaiming it to be a law of Nature that species are evolved by this means.

That germs are amenable to this law, has also been proven by the experiments of scientists.

Hallier and Trecul, by this means, observed "the transformation of bacteria into *levures* (yeast fungi), and these into *Penicillium*." H. C. Schneider remarks that "they can, like the *Penicillium Glaucum* (blue mold) thrive upon varyings oil, but the

form of their vegetation is changed thereby so extraordinarily that, for this very reason, the various forms were described as different species, each of them requiring a different maternal soil." (Sternberg's Edition of Magnin.)

More recently, in the "American Monthly Microscopical Journal," page 135 of the April number (A. D. 1899), under the heading "Faulty Rum," the editor says: "The micro-organism *Coleothrix Methystes* has such a lust for sugar that it braves the untoward environment of a liquid containing 70 per cent of alcohol. It transforms coccus to rod, coccus to filament, and filament to coccus, rendering its identity still open to research." This is a verification of the observations of H. C. Schneider, made twenty years ago.

Again: "The experimental transformation of the harmless hay-bacillus (*S. Subtilis*) into the deadly bacillus *Anthraxis*, has been claimed by Buchner and Nageli. Professor Greenfield claims to have transformed, by a series of culture experiments, the Anthrax-bacillus into a harmless form *not* distinguishable from the hay-bacillus."*

These results have never been disproven. Koch, however, instead of proving the truth or falsity of these statements by actual experiments, merely says "they are a distinct species;" while Sternberg's statement is corroborative. He says, "beyond question, the Anthrax-bacillus may undergo a remarkable modification as regards virulence."

The same thing is proven by the experiments of Pasteur, in the preparation of his attenuated virus.

Such evidence ought to convince the most skeptical that environment and culture not only changes the form of germs, but modifies their pathogenetic condition.

It is well known that in the process of decomposition, poisonous substances are formed, which fact was first discovered by Selmi, an Italian scientist, who called them ptomaines.

Now, if what has been previously stated to be true, viz: that germs are a product of decomposition, it follows that if ptomaines be injected into living animals, decomposition and the formation of germs would be a logical result. That this *does* take place has been proven by experiments.

In 1884, "the discovery was made in the Pathological Institute of Professor Semmer, in Dorpat, France, that the bacilli

*Sternberg's Edition of Magnin.

and microcci of Anthrax are the product of septical Anthrax virus."

Rosenberger, of Germany, "already had shown that, by inoculation with boiled septic blood *free from micro-organisms*, the symptom-complex of septicæmia was produced, and in the animals experimented on, after perishing, the *same micro-organism* had been found as in animals which had perished after injection of *unboiled* septic blood." "Animals inoculated with *boiled* Anthrax blood, which perished in from three to six days, had Anthrax bacillus in a quarter of the cases, and in *all*, the first grades of development of the bacilli."*

These facts have never been controverted. But, Sternberg, while not questioning the ability of Rosenberger, says: "We cannot help believing that Rosenberger has unwittingly introduced living bacilli, with his cooked septic blood and serum, notwithstanding the precautions which he claims to have taken."*

In passing, I will say that the experiments of Rosenberger demonstrate the unreliability of the tuberculin test in cattle. (See Note.)

These experiments prove conclusively that a diseased condition must precede the presence of germs or they will not multiply. They prove that germs are the scavengers of Nature; that they live and thrive only on filth, on the products of decomposition, and that where these do not exist, the possibility of contagion is *nil*. In other words, there must be present a condition of depressed vitality which constitutes that state of health we call susceptibility; and such a condition we know is always present where we find chronic psora, syphilis or sycosis. Fatigue from want of sleep, overwork, exposure, want of proper nourishment, etc. may induce such a condition.

*Sternberg's Edition of Magnin.

NOTE: On page 849 of the American Microscopical Journal, under "Biological Notes," is the following: "Dr. H. L. Russells (Bull. 78, Wisconsin Agricultural Experiment Station) gives some interesting facts concerning the history of a herd of tuberculous cows which was under his observation for several years. Calves from tuberculous mothers, as well as progeny from non-reacting animals, have been allowed to suckle several of the reacting animals; also healthy young cattle have been in contact with the affected herd in a stable and pasture to see if they would acquire the disease by ingestion or inhalation. In no case was the disease contracted. Frequent microscopic examinations were made of the milk, and in not a single case could tubercle bacilli be found. The bacilli were always found in milk where small quantities of tuberclose

There are cases, however, where disease is in active progress and yet there are no germs present. Some years ago, Gautier, an eminent French chemist, discovered a condition which pertains in the process of healthy disassimilation, whereby certain normal poisons are eliminated, which, if retained within the organism, will induce disease. When such results follow, he gives them the name of auto-infection.

His observations have been confirmed by Professor Bouchard, of Paris, who, quite recently, has published a work on auto-infection, in which he conclusively demonstrates that there are several poisons evolved in the process of disassimilation which are capable of producing disease without the presence of germs.

In a clinical lecture delivered quite recently* at the Pennsylvania Hospital in Philadelphia, Professor Arthur D. Meigs, stated that "Niemeyer, in about 1870, claimed there were two kinds or two sources of phthisis, one form tubercular in its character, the other being a form of chronic inflammation, non-tubercular in character." This statement of Niemeyer is confirmed by the following: "In 1892 Sir Andrew Clark published a series of papers in which he contended that while the majority of cases were undoubtedly microbic in origin, there still existed a non-bacillus form of phthisis. To support his contention, he presented to the dissenting experts a number of cases of unquestioned consumption, in which the most careful examination failed to reveal the presence of the bacillus."*

Dr. Gibbs, who for more than ten years was Professor of Pathology in the University of Michigan, says, "I have conducted hundreds of autopsies on consumptives, without finding a trace of the *bacillus tuberculosis*."

Prof. Meigs very properly says, "It seems to me that the existence of one case of non-bacilliary phthisis would break down Koch's theory, so far as he claims that the bacillus is the invariable and only etiological factor."

The germ theory discards the doctrine of hereditary disease. Quite recently Professor Rudolph Virchow gave a lecture before the Tuberculosis Congress in Berlin, in which he took occasion to denounce the doctrine of hereditary phthisis as erroneous, for sputum had been added to the milk. Milk from the animal is not a frequent source of danger though from a precautionary standpoint to public health, it should be Pasteurized."

*Dunglison's College Clinics, January, 1899.

the reason that, in his pathological researches, he had not been able to detect, with the microscope, evidences of tubercle in the lungs of the unborn or newly born infants, but he thought they might contract it soon after birth. He, therefore, declares in favor of the contagiousness of the disease. Prof. Virchow and those who agree with him, forget that there is "a potentiality" in Nature that creates susceptibility, or heredity, and that that potentiality cannot be seen by the aid of lenses, no matter how powerful they may be.

Who when examining for the first time the *macula-germinativa* of an egg, would be able to tell whether the product of the incubation would be a chicken or an alligator?

It is useless to attempt to set aside that great law which was proclaimed at the dawn of creation—"Each after its kind."

Were the germ theory true, the practice of medicine would be very easy. All we would have to do would be to kill the germs. This was tried some years ago, but had to be abandoned, for the reason that the remedies used, killed the patients before the germs could be destroyed.

Experience has taught us that the only scientific method of treating diseases, where germs are present, is to make the tissues so *healthy* that the germs *cannot exist*. This is done by administering the most similar remedy, and has frequently been accomplished with infinitesimal doses of that remedy.

The evidence given in this paper is sufficient to demonstrate the unsoundness of the germ theory, and therefore, warrants us in stating that its pretensions to being a scientific system are untenable. But the theory is still being taught in the schools, and is so interwoven with medical literature that, even if the truths presented in this paper were spread broadcast, it would take a hundred years to eliminate the errors of the theory from the minds of the profession. The theory, however, has not been without its useful lessons. It has been a boon to surgery and sanitary science. It has demonstrated to the surgeon and sanitary engineer that sepsis, as Henry Ward Beecher once said of yellow fever, "is God's estimate of filth."

A decade ago, as you are aware, it was thought that potent poisons were absolutely necessary in all surgical operations. But we *now* know that they are not only unnecessary, but positively injurious.

Germs, as has already been said, are almost omnipresent. So

nearly is this so, that no matter how carefully we may build our surgical amphitheatres, it will be found to be almost, if not quite, impossible to exclude them. For the surgeon and his assistants cannot help carrying them into the room; for they inhabit their eyes, nose, ears, mouth, and the air they breathe. But, as we have already seen, germs cannot exist in "healthy blood and healthy tissues," and since pathogenic germs (which are so because of the ptomaines they have absorbed) are few when compared with non-pathogenic germs, we have but little to fear if we heed the great lesson taught us during the last decade, which is *cleanliness*. Not that kind of cleanliness which, at one time, was supposed to result from the use of potent poisons; but an aseptic condition—which during the last few years, has given the best results, viz: that cleanliness which is obtained by the abundant use of *good soap* and *hot water*.

RESUME.

1. Germs are so numerous as to be well nigh omnipresent.
2. Germs are vegetable cells of microscopical dimensions.
3. Germs are disintegrators—they are ferments.
4. In the process of decomposition, protoplasm is changed into germs by the vital energy.
5. Bacteria do not occur in *healthy* blood or *healthy* tissues.
6. When germs are injected into the circulation, they quickly disappear.
7. When germs are taken into the stomach, they cause no injury.
8. The presence of germs in deep abscesses, demonstrate that they are the result of local decomposition.
9. Environment changes the form and species of bacteria.
10. Germs are pathogenic only when they absorb ptomaines.
11. In animals inoculated with ptomaines free from germs, micro-organisms will be found after their death.
12. Diseases are frequently the result of auto-infection.
13. The bacillus tuberculosis is not always present in patients who have died of consumption.
14. The demonstration that cleanliness is a necessity has been a boon to surgery.
15. Koch's theory, so far as he claims that the bacillus is the invariable and only etiological factor, is a failure.

Editorial.

THE BUBONIC PLAGUE FARCE.

The word went forth early in this year that San Francisco was a plague infected port; and a quarantine was placed by many foreign ports against vessels, merchandise and passengers arriving from California. Fortunately these quarantine regulations were enforced quite moderately; but San Francisco and the State will suffer for at least a year from the scare—for scare it was and scare only! *There has not been a single case of genuine bubonic plague in California, and not even a dozen suspects!*

The Board of Health held all autopsies with closed doors; not even the physicians employed by the suspects and their friends were allowed admittance to the autopsies or allowed to examine sections of the tissues of the suspects.

If one will read up the history of the plague and note the rapidity with which it depopulates infected districts and the violence of its progress, he may satisfy himself that the plague has not appeared on this coast, or we would have our cemeteries more crowded, with such lax quarantine methods as were enforced in the suspected district—Chinatown.

No one in San Francisco ever thought of the matter other than as a huge joke or a blind mistake in diagnosis, or a scheme for bleeding the city's treasury.

The quarantine against both Chinatown in San Francisco, and the state has been raised by the decisions of the Supreme Court and it is expected that many frauds will come to light before the matter is cleared up; the Chinese residents may bring heavy damage suits against our government for this unwarranted discrimination against them.

A lively tussle with the genuine plague would do our city less harm than our yellow journalism and the villainous political rottenness at the heart of our city government.

If your friends intend coming to California they may rest assured that the *bubonic plague has not been in this city or state.*

M. F. UNDERWOOD.

SOME CALIFORNIA CLIMATE.

Within the boundaries of this state may be found all kinds of climate, from perpetual bloom to perpetual snow; altitudes from 135 feet below sea level to several thousand feet above.

California is the greatest health resort in the world, and furnishes everything in the way of climate to be found in the world, except the extreme arctic and equatorial. For consumptives, the warm and dry districts are best; altitudes from 1,000 to 2,500 feet high and localities out of the range of the trade winds that blow from the Pacific the year round. There are many places having a world-wide reputation as resorts for consumptives, such as Pasadena and several other points in the southern part of the state, while the mountain regions immediately north of San Francisco in Napa and Lake Counties, are far-famed for their wonderful climate. Howell Mountain in Napa County has been pronounced by the State Board of Health to be the best locality, in the world, for consumptives, having every possible quality of altitude, air, water, and temperature, that can be desired for the benefit of that class of patients.

The western slopes of the Sierra Nevadas and the eastern slopes of the Coast range, each, furnish a thousand miles of this quality of climate. The great valleys of the Sacramento and San Joaquin rivers are very hot owing to the long rainless summers of seven months and the absence of the trade winds. But sun-stroke is never known; and that with the thermometer at 100 degrees to 120 (F.) day and night for weeks at a time. With this great temperature there is little discomfort owing to the great dryness and purity of the atmosphere. All the coast regions are cool and delightful with about the same temperature the year round. On account of the moisture due to sea winds, the coast is not good for consumptives or rheumatics.

The city of San Francisco has such an even temperature, the year round, that one scarcely thinks of such a thing as change of seasons, except for the rain in winter, (the last winter, there was not even a frost) July and January are about alike. San Francisco is the paradise for neurasthenics. The fresh cool trade winds, laden with ozone, keep the energy keyed up to a splendid pitch, and if one comes here with nervous prostration or brain-fag he is rapidly recuperated. Consumptives, rheumatics and asthmatics should avoid San Francisco and seek a higher, dryer climate somewhat inland from the coast.

Oakland, Alameda, Berkeley and other points on the great Bay of San Francisco are warmer than San Francisco by about 15 degrees, while only a few miles distant and are favorite residence locations for those engaged in business in that city.

Santa Cruz, Monterey, Pacific Grove, Santa Barbara and San Diego are great summer resorts and all have fine coast climates, with the finest bathing surfs in the world.

The Sonoma and Santa Clara Valleys are midway between the coast and the great valleys, both in location and climate; they are both free from malaria which is quite prevalent in the large valleys, especially in the regions of the swamps and in irrigated districts or where much sluice mining is being carried on.

And how about the children! well, California is truly the "childrens' paradise" and especially along the coast. Children find here almost entire freedom from those two diseases which in other climates destroy such great numbers of them. I refer to *membranous croup* and *cholera infantum*. Last year, not a single death from either of these diseases was recorded in San Francisco, a city of nearly half a million! Certainly the world cannot furnish another such a record. This one thing often induces people of means to bring their children to this climate to spend the first two or three years of their childhood, and it pays. California furnishes the most perfect types of childhood, manhood and womanhood, the very pictures of health, strength and beauty.

Roses climb and bloom the whole year round, while flowers of every known variety are one perpetual display of color and perfume, from season to season, and from year to year. If suggestion can in any way induce the return of health, then certainly these "eternal flower fields" should be a panacea to those invalids who are "passionately fond of flowers."

There are but few Homœopaths in this state who "show their faith by their works," and there are many good locations for Hahnemannians, none other need apply. All the Hahnemannians in the state are taking the cream of the practice wherever located.

M. F. UNDERWOOD.

HUMAN NATURE.

The physician needs to utilize every means that will give him reliable data concerning the character, disposition and temperaments of mankind in general, and those with whom he comes in contact in particular. Many times it is his advice that determines not only the life but the career of the children intrusted to his care.

There is so much theory, so much speculation, and so many mistakes made by those who have but a superficial knowledge of the significance of the outward signs and signals that the observing physician (and there should be none other) should count himself fortunate, if circumstances make it possible for him to come in touch with those who make a close, systematic study of Human Nature. It is a self-evident fact that no two people are constituted exactly alike, and still who can satisfactorily analyze the faculties of the mind so as to tell why this is true, or, what is of greater significance to the physician, tell how to recognize latent tendencies so as to correct the same before the disease has become manifest?

For the past few weeks it has been our privilege to attend the evening sessions of the School of Human Nature located in the Masonic Temple, and have there caught a glimpse of the method or rule, to be followed in the analysis of Human Nature. It is a combination of Phrenology, Psychology, Physiology and Anatomy that seems to supply the "missing link" to previous psychological investigations. This study is supplemented by a "Human Nature Club" composed of the members of the school who meet every two weeks in the Inter Ocean building for the purpose of discussing various problems bearing upon the subject. It is our purpose to give from time to time extracts from the lectures delivered, but they come short of the knowledge gained from witnessing the practical demonstrations upon the living subject. We omitted the statement that the lectures are given every Tuesday evening and that the admission is fifty cents.

H. W. PIERSON.

CALIFORNIA.

It seems a characteristic of the climate for the Californian to stop at no obstacle and to be content with nothing but the best. There is a spirit of enterprise and push that shows a kindred re-

lationship to the Chicago idea. The stranger of yesterday has become acclimated in a day and is working hand in hand with the most enthusiastic citizen. There must be a common brotherhood, a sort of fraternity which welcomes every congenial spirit and finds a place in which he may exercise his gifts. In this particular it differs from Chicago where every man is for himself in a superlative degree.

This number of the *ADVOCATE* speaks for itself and shows what a few earnest men can accomplish. Every article carries a message or suggests a line of investigation that must make the one who heeds its suggestions better for having read it.

The first article contains the *key* to the proper studying of *Materia Medica*. *Comparison* is Nature's method for acquiring knowledge in other fields of investigation and would be employed exclusively in *Materia Medica* were it not for the fact that unnatural teachers have tried to force "keynotes" and other "short cuts" upon a long suffering, because ignorant, class of students. Dr. Johnson presents the same idea but in a somewhat different style. To Dr. Ledyard's article on "*A Sepia Case with Comparisons*," do we call your particular attention because his analysis illustrates one of the most profitable method of studying a case and at the same time shows the *reason why* *Sepia* was selected. We have been especially interested in these articles because the recent accessions to the faculty of DUNHAM MEDICAL COLLEGE make it possible for them to create a new chair—COMPARATIVE MATERIA MEDICA—and place the same under our control.

Without any deliberate intent, the co-editors, Drs. McNeil and Underwood have given a most valuable illustration of the great merit of this method of study, in their translation of Dr. Dahlke's "*Talks on Constipation*." It is almost a complete monograph on the subject of Constipation, while the manner of presenting it will help the reader to assimilate the same.

That fearless, old warrior in the cause of Homœopathy, Dr. J. M. Selfridge, strikes one of his blows against the generally accepted view of the office of the "germ" as a causative factor in the phenomenon of disease. He robs it of all its objectionable features and shows why the infinitesimally small dose of the homœopathically selected remedy is capable of triumphing over its deadliest attacks.

Papers of just this character are needed by the followers of

Hahnemann, because in their rejection of the illogical claims of the extremists among the "laboratory cult," they are apt to lose sight of the universal fact that "germs" have a legitimate office to perform and will be recognized whether we will or no.

We print extracts from the editorial in the *Pacific Coast Journal*, because it has an intimate bearing upon the subject of the editorial by Dr. Underwood and was written by a careful observer of the climatology of Southern California. At the same time it contains some valuable suggestions that need to become properly understood.

H. W. PIERSON.

SOUTHERN CALIFORNIA CLIMATE.

At the very start, it must be admitted that neither Los Angeles nor Southern California, as a whole, meets the demands of every case sent there; and while making this admission it is perfectly safe to affirm that the same may be said of every "resort" on earth. It is also well to recognize the fact that the boomers of real estate in Southern California imitate and surpass the methods of boomers of real estate elsewhere, and if medical men obtain their knowledge of the climatic advantages of Southern California, including Los Angeles, from this kind of literature, their conclusions are liable to be as far removed from the actual truth as they are when their faith is pinned to the report of a half-sick medical man who spends a few weeks roaming in the far-west, or when they accept as final the fretful utterances of a disgruntled patient. But the real estate boomer in his most extravagant mood is in reality much nearer the truth than the visitor who affirms that "Los Angeles is one of the worst places for sick people and that the fogs are terrible and come on every night." The truth lies between the two statements and is of itself of sufficient importance to all who deal with the sick—be they patients, nurses, friends or physicians—to demand much more intelligent and patient study of the question of "climatic advantages" in Southern California than very many Eastern physicians are willing to give to it.

No person of ordinary common sense can live for a period of five or ten years in Southern California, including Los Angeles, without realizing that the entire country—and it is vast in ex-

tent—is a sanitarium on a gigantic scale, affording magnificent opportunities to regain lost health by living in the open, ozone-laden air nearly the entire year, and for a vast majority of cases, in spots, entirely suited to the special demands of each particular case, economizing the vital forces, replenishing the exhausted stock of vitality, and not infrequently allaying for long years organic disease which seemed hopeless and immediately threatening. That all the sick coming here make a complete or partial recovery no sane man affirms; but it is perfectly within reason and justice to assert that the percentage of cases who derive no benefit from a prolonged visit to Southern California would be very much smaller than it is, could our Eastern colleagues be made to understand their own duty in the premises.

Many sick coming to Southern California, actually die because they are kept at home until nothing short of a miracle can do them any good. People are often sent across the continent, so near death's door from pulmonary or other disease, that they cannot travel without an attendant and, often, should not be allowed to travel under any circumstance. Death within a week or a fortnight after arrival on the coast is not very unusual. Is it Southern California that killed them or does the blame lie with the home physician who did not insist upon the change when there was still a fighting chance for the patient? One cannot practice medicine in Southern California without being appalled at the frequency with which just such cases occur; and is the California physician to blame when he concludes that the Eastern colleague was either ignorant of the gravity of the case or was tempted to allow unwarrantable delay by selfish, mercenary motives?

Other invalids, coming to Los Angeles and other parts of Southern California, die, when they might have lived, largely through the short-sightedness of their home physician, who, instead of simply and at once transferring the responsibility of advising these cases to a California physician, on the ground, attempt to manage them from a distance of several thousand miles, either because they foolishly consider themselves better and safer physicians or because they do not want to lose the fees involved. Could our Eastern colleagues realize the peculiarities of Southern California from a climatic standpoint, the infinite and perplexing variety of climatic conditions existing here, the necessity for adapting the place of residence to the needs of each individ-

ual case, the hopelessness of making this selection save as one by long residence and personal observation has become familiar with all the south of this State—could they actually realize this, they never would send a patient West with the simple direction to go to Southern California, but would, first of all, refer them to a California practitioner for the selection of a proper place of residence, giving strict injunction to abide by the choice made. This simple precaution alone would annually save hundreds of lives. The climatic differences between Los Angeles, Pasadena, San Diego, Redlands, Catalina, Riverside, Santa Barbara, Colton and scores of other places, are great and all-important, and it requires skilled judgment to select from them the point most suitable. Our Eastern colleagues need not fear that their patients will be put into some hole where “the fogs are terrible and come on every night;” such a dismal place does not exist in all Southern California!

Patients coming to Southern California to derive any benefit *must* accept certain conditions. They must be under intelligent medical advice, and their physician must be within reach; they must rid themselves of the foolish notion that the climate, if it is good for anything, must be able, unaided, to accomplish everything; they must not expect to get well in a few weeks or in a few months; they must not undertake to travel all over the State, exhausting their small supply of energy and facing sufficient exposure to test the endurance of a well man; they must not fancy that a damp, cheerless room on this coast is as good for them as a bright comfortable room in the East; they must not demand all the comforts of home from a two-dollars a week rooming-house and a fifteen-cent restaurant; they must not neglect their underwear just because it is sunny in California and refuse to use an overcoat merely because it strikes them that in the land of “perpetual sunshine” overcoats *ought* to be superfluous; they must not insist upon living near the seashore when they should be in the foothills, nor attempt to climb mountain peaks when what they need is rest in a low altitude; they must not exhaust every bit of strength they have, tramping about the streets, because they would like to see all there is to be seen in this strange country; they must not forget that California and her people are not to blame for the distance which separates them from home faces and home comforts; they must not forget that even Southern California does occasionally want a rainstorm or a cloudy

day, and that the Almighty himself cannot please everybody, even though she may come from Chicago; they must, in other words, use common sense, avail themselves of the opportunities offered, act upon competent advice, remain in the suitable locality long enough to yield good effects, take care of themselves, and act in all things like sensible beings. Southern California, Los Angeles included, is full of people who came here ill, often in desperate shape, and by the exercise of such good sense have grown strong and well, and now bless a kindly fate which brought them here. Yet all men eventually die. Even the people born in Southern California die when their time comes.

The chief responsibility of our Eastern colleagues in cases of pulmonary or other trouble is, to decide correctly as to the time when the patient may still derive material benefit from such a change and to refer the patient to some medical man in whose candor and judgment he may place confidence. There are many excellent and honorable physicians on this coast and their number is constantly increasing by immigration from the Eastern States. These simple conditions complied with, the patient will be sent to the locality best suited to him, and will be told what to do and where to go if it should so happen that for a time the weather is not agreeable. Emergencies likely to arise will be met promptly, and the patient has the benefit of having near him a kindly disposed and intelligent friend who will be able to make the "stranger in a strange land" forget a part of his heavy burden and thus "carry him along" until time has soothed somewhat the pain caused by breaking of home ties and the sick one has formed some local attachments. Patients thus managed as a rule soon learn to like Southern California and her people, and get along nicely; but the home physician may, under such circumstances, find himself minus a patient.

[We are under special obligations to Mr. T. H. Goodman, General Passenger Agent of the Southern Pacific, for the beautiful illustration of the California Poppy, also the exquisite half-tone engravings which adorns this number of the *ADVOCATE*. —ED.]

PERSONALS, NEWS ITEMS ETC.

Dr. Guy E. Manning has moved to 3313 Washington street, San Francisco.

Dr. Vernon Van Norman is now located at 1117 Burlington ave., Los Angeles.

After a long and tedious struggle, the homœopathic physicians of Berlin, have succeeded in getting a government permit to a homœopathic hospital.

Dr. T. C. Lowe has removed from Chicago to Los Angeles. His residence is 2355 Thompson st.

California was represented by six delegates at the recent meeting of the American Institute at Washington.

The editorial offices of the *Pacific Coast Journal* has been changed from San Diego to San Francisco and Dr. H. R. Arndt will be found in charge at 830 Sutter street.

Dr. S. E. Chapman has opened a pleasant sanitarium in Napa, Cal. It must be a delightful home for an invalid. We hope to have more definite information in the near future.

Our report of the meeting of the American Institute has been crowded out by the valuable contributions of the *California Hahnemannian Society*, but it will keep until the coming issue.

An item in the *Medical Century* is authority for the statement that Dr. Nancy T. Williams increased her subscription to the Hahnemann Monument to \$4,510.00, the largest contribution made by anyone. This isn't exactly the "widow's mite," but is practically her all and was freely given to this purpose.

D. G. Blakiston, one of the finest portrait artists of San Francisco, has painted life sized portraits of Hahnemann and Boeninghausen and presented them to his physician, Dr. M. F. Underwood, out of appreciation for the results of homœopathy in his family. These are companion portraits and the only pair of the kind on the Pacific Coast and perhaps in America.

Died, June 6th, at Houston, Texas, Lydia A., beloved wife of Dr. W. H. Harrison, aged 59 years, 9 months and 12 days. Born, reared and married on farm near Galena, Ill. She was the counsellor, stay and protection of her husband for nigh 25 years of real happiness. *She rests in peace* and her words of cheer and works of kindness live in the hearts of all who have met her.

Any invalids sent to the following contributors to this number of the *ADVOCATE* will be sure of pure homœopathic treatment:

Maro F. Underwood, 21 Powell st., San Francisco, Cal.

A. McNeil, 784 Van Ness ave., San Francisco.

W. E. Ledyard, 231 Post st., San Francisco.

M. T. Wilson, 1666 Fell st., San Francisco.

Wm. M. Johnson, 257 S. Spring st., Los Angeles.

J. E. Huffman, Healdsburg, Cal.

J. M. Selfridge, 1068 Broadway, Oakland, Cal.



Dr. Eischeimann's Home in Fresno —Christmas.



Palms, Roses and Snow. Pasadena.

The Hahnemannian Advocate

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No. 8

Materia Medica.

SULPHUR.*

H. W. PIERSON, M. D., CHICAGO.

PROF. OF MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

MENTAL.

DISPOSITION CHANGED—*absence of mind*—alternating moods—*anxiety—despair—excitement*—FRETFULNESS—gentleness—*indifference*—MISTRUST—SADNESS—seriousness.

Comprehension difficult—CONFUSION—*delirium*—IMAGINATION—*insanity—memory (lost—weak)*—VERTIGO.

LOCATION.

HEAD:—*External (left side, HAIR, SCALP, occiput, behind ears, FOREHEAD)*—INTERNAL (*left, right*).

EYE: —LEFT—right.
—BALL—CONJUNCTIVA—CORNEA — LENS (cataract, etc.)
—PUPIL (contracted)—LACHRYMATION—brows—CANTHI
(outer) LIDS (*upper, MARGIN*).

Vision: —*Blindness* (periodical)—FLICKERING—illusions of color
—(DARK, *red*)—HALO ABOUT LIGHT—*mist*—SPOTS—DIM
—PARALYSIS OF OPTICN—PHOTOPHOBIA—*short-sighted*.

*Arranged after Bœnninghausen's scheme for Chicago Materia Medica Society.

Ear: —DEAFNESS (*paralysis*)—NOISES (*ringing, ROARING*)—
—Sensitive—*stopped up*.

NOSE: —External—INTERNAL (mucous membrane)—*septum*—
—*Tip*.
—CATARRH—*coryza* (*stopped, acrid, bloody, BLOWING OUT BLOOD*)—*flocculent*, offensive (SMELL LIKE OLD CATARRH)—*purulent, slimy, thick, watery, yellow*.
—SNEEZING.
—*Smell, sensitive*.

Mouth: —Teeth—TONGUE—*throat*—tonsils—SALIVA (INCREASED, DIMINISHED).

FACE: —PALE—*red*—CIRCUMSCRIBED REDNESS OF CHEEKS—
—YELLOW—COMEDONES—*drawn* (pinched)—FRECKLES
—SWELLING (lower lip, nose)—SENSATION (FOREHEAD,
—LIPS, CHIN).
—*Eruptions* (around *eyes, FOREHEAD, MOUTH (UPPER LIP*
—*Lower lip*), NOSE).

HUN'R

THIRST—APPETITE (LOST, HUNGER (without relief), RAVENOUS).
—THIRST.
—*Aversion* (*acids, beer, bread, fats, MEAT, milk, sweets, tobacco*).
—*Desire* (*acids, beer, brandy, liquid-foods, sweets, wine*).
—*Taste* (*acid, foul* (putrid), BITTER, burnt, INSIPID, *metallic, nauseous, sweetish*.
—ERUCTATIONS (*belching, heartburn, hiccough, WATERBRASH*).
—NAUSEA (*stomach, QUALMISH, inclined to vomit, retching*), loathing (the sight of food).
—*Vomiting* (ACID, *bilious, bloody, curdled milk, food, offensive, slimy, watery*.

ABDO- —STOMACH—*hypochondria* (right, LEFT)—LIVER—spleen
MEN: —*Epigastrium—umbilical region—LEFT—right—LOWER*
—*Inguinal region* (*left*).
—FLATUS SMELLING OF BAD EGGS, (sulphuret hydrogen),
—FETID, *hot, putrid, sour, BOORBORYGMI, INCARCERATED*.
—DIARRHŒA (*painless, painful, acrid, bilious, BLOODY, frothy, grayish, GREEN, involuntary, OFFENSIVE*,

purulent, SLIMY, SOUR, STRINGY, *undigested*, TENESMUS ineffectual).

- Constipation* (ON ACCOUNT OF HARD FÆCES, INACTIVITY (rectum), LARGE, LIKE SHEEP DUNG, INSUFFICIENT, PORTAL STASIS).
- WORMS (round, thread or pin).
- ANUS—HEMORRHOIDS (BLEEDING, *blind*, CHRONIC, EXTERNAL, INTERNAL, SUPPRESSED.
- Swelling*.

Urinary

Organs:—*Kidneys*, bladder, *urethra*.

- Urine* (*bloody*, dark, hot, offensive, pale, profuse, red, SCANTY, TURBID—SEDIMENT (blood, earthy).
- Urination* (TENESMUS, INEFFECTUAL, BY DROPS, TOO FREQUENT.
- Involuntary* (NIGHT).
- Before*, DURING, *after time of trouble*.

SEXUAL

ORGA'S—MALE, PENIS, *glans*, foreskin, *testicles*, *scrotum*.

- FEMALE (*vulva*, *vagina*, *uterus*, ovaries).
- Labor pains*—*after pains*—*abortion*—*hemorrhage* (uterine).
- Sexual desire—*prostatic discharge*—*emissions*—*erections*—*impotence*.
- WEAKNESS.
- MENSTRUATION (DELAYED, *too early*, long, profuse, SCANTY, SHORT, SUPPRESSED, acrid, dark). TROUBLES (before and during).
- Leucorrhœa* (*acrid*, milky, *slimy*, yellow).

RESP'N—OPPRESSED—RAPID—rattling—*suffocative*.

- Cough* (*dry*, metallic, rattling).
- Expectoration* (BLOODY (dark, clotted), offensive, slimy, whitish, yellow, TASTES LIKE OLD CATARRH, salty, sour).
- Voice*—*hoarse*—*rough*.
- Air passages* (*larynx*, *trachea*, *lungs*).

Throat

Neck: —*Glands* (*cervical*—*sub. max.*—thyroid)—LEFT—right.

Chest: —*Upper*—sternal region—HEART (palpitation).

BACK: —*Scapulae*—LUMBO SACRAL—*coccyx*.

Upper

Extrem:—*Shoulder*—AXILLA—arm—forearm—HAND(*back, palm*)
—FINGERS (*tips, nails*).
—JOINTS (SHOULDER—ELBOW—WRIST—FINGER).

LOWER

EXTR.:—HIPS — *nates* — thigh (POST, INNER) — CALF — *tendo* —
—*Ach Illes*—foot (*heel, SOLE, TOE*).
—JOINTS (*hip, KNEE (hollow), ANKLE, TOE*).

SENSATIONS.

Air (*aversion, desire*)—something alive—ANXIETY (PHYSICAL, *mental*)—*asleep in single parts*—BAND(CONSTRICTION, tension, drawing, pressing)—BITING—*biting—bruised* (EXTERNAL, *internal, joints*)—BURNING (external, internal)—CHLOROSIS—clucking (gurgling)—*clumsiness—tendency to take cold*—CONSTRICTION (*external, INTERNAL*)—*consumption* (in general)—contractions (after inflammation)—CONVULSIONS (*clonic, with consciousness, without, EPILEPTIFORM, with falling hysterical, internal, tetanic, tonic*)—*cracking of joints*—CRAMP (*joints, MUSCLES*)—CRAWLING (formication as of a mouse)—CUTTING (*external, INTERNAL*)—DEBILITY, weakness (weariness)—*dilation* (internal)—*dislocation—faintness—falling easily*—pain as from festering—FLABBY—FORMICATION (external, internal)—FULL FEELING (plethora)—*hair*—HAMMERING—HEAVINESS (external, internal) — *hysterical* (hypochondriasis) — *immobility* (of affected parts) — INFLAMMATION (*internal, MUCOUS MEMBRANES*) — ITCHING (tickling) — JERKING (muscles) pain—KNOTTED—*malaise—motion—difficult*. MOTION, SENSATION OF—MUCOUS SECRETIONS INCREASED—numbness (external) of suffering parts—*obesity*—OPPRESSIVE pain—*dull pain—pain jumping from place to place*—PARALYSIS (LIMBS, *organs, painless*)—*pinching* (external and internal)—*plug*, sensation of (internal) — PRESSING, (simple pain, *external, INTERNAL, inward, JOINTS, AS FROM A LOAD, muscles, from WITHIN OUTWARD, TOGETHER*)—PULLINGS—RAWNESS (roughness)—*reeling—relaxation of muscle*—RESTLESSNESS—retraction of soft parts—RIGIDITY OF EXTREMITIES (clumsiness) — SENSATION OF RIGIDITY—ROARING (humming, buzzing)—*sensitiveness* (internal and external)—*sensi-*

tiveness to pain—SCRAPED sensation—*screwed together*—scurvy—*sick* sensation (malaise)—side (one sided, cross-wise, LEFT, right)—*inclined to sit*—*sore* pain (smarting)—splinters—sprain from lifting—SPRAINED (EXTERNAL, *internal*) JOINTS—*startings*—*sticking extending downward* (EXTERNAL, *internal*)—STICKING (joints and muscles)—STICKING (outward, transversely, upward)—SWELLINGS (*general*, AFFECTED PARTS, INFAMMATORY, puffy)—*swollen* (sensation)—TEARING (asunder, DOWNWARD, EXTERNAL, INTERNAL, IN JOINTS, MUSCLES)—*tearing* (jerking) joints—TENSION (EXTERNAL, *internal*, JOINTS, MUSCLES)—THROBBING (EXTERNAL, *internal*)—*touch, illusions of*—TREMBLING (EXTERNAL, *internal*) twistings—ulcerative pain (external, *internal*)—unsteadiness (staggering)—VIBRATIONS—WASHING, DREAD OF—WEAKNESS (weariness, debility) JOINTS, *nervous*—*weariness*.

Glands:—Contractions—heaviness—indurations—*inflammation*—Jerking pain—*painfulness in general*—*pressings*—*pulsating*—*sticking*—SWELLING (*hard, hot*, inflammatory, painless)—*suppuration*—*tearing*—*tension*.
—*Ulcers*—CANCEROUS (*spongy*).

BONES:—SENSATION OF BAND—boring—*burning*—*caries*—CONSTRUCTION—gouty nodes—slow healing of broken bones—*inflammation*—JERKING—*painfulness in general*.
—*Pulsating*—sensitiveness—*softening*—STICKING—*SWELLING*—*tearing*—*tension*.

SKIN:—*Biting*—*burning*—*chilblains* (inflamed)—COLDNESS—Color (PALE, *red, yellow*)—comedones.
—*Corns* (*burning*, inflammation, *jerking*, PRESSING, *sensitive*, smarting, STITCHES, *tearing*)—CRACKS (AFTER WASHING) deep, bloody)—desquamation (SENSATION) DRYNESS (*Burning*).
—ERUPTIONS (abscesses—*biting*—*burning*—*chapping*—phagadenic—dry—*erysipelatous with swelling* vesicles—FINE (miliary)—flat—*furuncles*—ITCH (Scabies)—bleeding—dry—fatty—moist—*suppressed*—ITCHING, with maggots—measles—milk - crust—*nettle-rash*—nodular (wheals, hives)—PAINFUL—*painless*—PIMPLES—purulent—PUSTULES—*rash* (scarlet, white)—*scabby*—*scaly*—*scarlatina*—*small pox*—

- smarting*—STINGING—(with *swelling*, with *tearing pain*)—tense with ulcerative pain—unhealthy (suppurating)—VESICULAR (bloody, whitish)—zoster).
- Cysts (sebaceous)—fungus (*hæmatodes*)—moles.
- Polypi—extravasations.
- FORMICATION—HAIR FALLS OUT (HEAD)—*inactivity*.
- INDURATIONS—*inflammations* (inclined to).
- ITCHING in general with *biting*—BURNING—corroding—CRAWLING—CREEPING—*smarting*—*sticking*—tearing—*tickling*—VOLUPTUOUS.
- After scratching (*biting*, blisters, OOZING OF BLOOD, (BURNING, ERUPTION (*erysipelalous*), *excoriation*).
- Hives—moisture—*numbness*—PAIN—*pimples* (white).
- Pustules*—*rash*—SCALES—SMARTING—STITCHES—
- Suppurative pain*—*swelling*—TEARING—ULCERS.
- Lousiness*.
- NAILS, *brittle*, deformed, *growing in*, painful, sensitive, *smarting*, *sensation of splinters under*, spotted, thick, ULCERATED, *yellow*.
- Numbness (fuzziness)—PRICKING—*rawness*—SENSITIVENESS—*sore* (becomes) IN A CHILD—*sore feeling*, in general spots—burning—FRECKLES—LIVER SPOTS, (petechia, *white*, YELLOW, *sticking*, *burning*).
- SWELLING IN GENERAL, AFFECTED PARTS, BURNING, *crawling*, DROPSICAL, *hard*, *inflamed*, puffy, *shining*, *spongy*, *stinging*, *white*.
- TETTER (herpetic), *burning*, CHAPPING, corrosive, dry, *itching*, mealy, moist, SCABBY, *scaly*, *stinging*, suppurating, *tearing*.
- Tightness.
- ULCERS IN GENERAL, *biting*, black, *bleeding*, (with *biting* or *bruised pain*), *burning* at margin, CANCEROUS, *crusty*, *deep* (with elevated, indurated margins), *fistulous*, (*foul* with gnawing pain), *indolent*, indurative, inflamed, *itching*, painless, (with *proud flesh*), pus (*blackish*, bloody, corrosive, ichorous with maggots) OFFENSIVE (like old cheese), smelling *sour*, *thin*, watery, whitish, red areola, *smarting*, *spongy* (at margin), STINGING (in *areola*, at *margins*), superficial, *suppurating*, SWOLLEN (*margin*) with TEARING, TENSE (*areola*), THROBBING, *unhealthy*, varicose.

- WARTS—*burning, hard, horny*, inflamed, *small*, stinging.
- Wounds bleed freely—cuts, penetrating.

SLEEP:—Yawning with *stretching*—

Falling asleep late—impossible after waking once—

PREVENTED by various symptoms.

WAKING, EARLY, FREQUENTLY, LATE.

Position in sleep (*back—side—sitting*).

Sleepiness—(during DAY—*morning—AFTERNOON*).

Sleep—(RESTLESS—*somnambulistic—UNREFRESHING*).

SLEEPLESSNESS—(BEFORE midnight—*though sleepy*).

DREAMS—(ANXIOUS—*fire—bad-luck—confused—indifferent* (to-day's business)—of *mental efforts—pleasant—fantastic—joyful—love—unremembered—vexatious—disgusting—VIVID*).

CIRCU-

LATION—BLOOD—(*anemia—CONGESTION—ORGANIC—plethora*)—

—BLOOD-VESSELS—(*distended—PULSATING—varicose*).

—Pulse (*abnormal—full—hard—imperceptible—intermittent—irregular—RAPID—small*).

—Chilliness—(IN CERTAIN PARTS—INTERNAL—*one sided—easily chilled—without thirst—with trembling*).

—Heat—(*external—internal—IN SPECIAL PARTS (EXTERNAL, INTERNAL, one sided)*)—ANXIOUS (IN FLUSHES)—WITH THIRST—*inclined to uncover*).

—Coldness—(SPECIAL PARTS—*external—internal—shivering* (special parts)).

—SWEAT—(SPECIAL PARTS—*one sided—POSTERIOR—UPPER—lower—* with thirst—*inclined to uncover—ANXIOUS—cold—EASY—exhausting—odorous* (mush)—OFFENSIVE—*sour—sulphuretted hydrogen—WITH ASSOCIATED SYMPTOMS*).

—FEVER COMPOUNDED—(*chill then heat—heat then sweat—AND HEAT AT SAME TIME with sweat—internal chill with heat external—alternating without—heat then chill—then shivering—alternate with shivering*).

AGGRA-

VATION—DURING DAY — MORNING — FORENOON — EVENING — NIGHT—*after midnight—periodical*.

—*Ascending high—bathing—bending or turning—af-*

- fected part—*backward*—biting teeth together—BLOWING NOSE—*after breakfast*—*breathing deep*—change of temperature—*adapted for children*—cloudy—cold in general—*air wet*—becoming cold—*after becoming cold*—disordered stomach—*draft*—*after drinking*, fast—*driving in wagon*.
- EATING, *before*, WHEN, AFTER (to *satiety*)—*elevation*—*when on air*—*after suppression of eruption*—excitement, emotional (mortification, with anxiety, with fright)—EXERTION (PHYSICAL).
- After expectoration—fasting (before breakfast).
- Food and drink (beer, brandy, *bread*, bread and butter, *coffee*, *cold food and drink*, farinacious, *fat food*, *cooked in iron*, meat, MILK, SIGHT OF FOOD, *sour*, tobacco, *vinegar*, warm, *coldwater*).
- House, in the—*injuries*, *bleeding profusely with extravasation*—*laughing*—lifting—*light*, in general, artificial, day, *sun*—LOOKING DOWNWARD, at running water—*loss of fluids*—*lying*, *after lying down*—IN BED—*on back*—with head low—*on left side*.
- Lying in women*—after measles—ABUSE OF MERCURY.
- Moon (full)—MOTION—*motion of affected part*—odors (strong).
- Onanism—*open air*—(evening, *pregnancy*)—*abuse of Quinine*—raising arms—READING (aloud) REST.
- RISING, from bed—AFTER RISING FROM BED—FROM SEAT.
- Room full of company—RUBBING—RUNNING—SCRATCHING—sexual excess—shaking head—*when singing*.
- SITTING, *bent over*.
- SLEEP, *before*, *at beginning*, DURING, AFTER, *after afternoon*, AFTER LONG.
- Smoke—SNEEZING—*snow air*—society—spring—*standing*—*stepping hard*—*stooping*—*stretching limbs*—sun—SWALLOWING, empty, FOOD, *after food*—sweat (ASSOCIATED SYMPTOMS—*after*—SUPPRESSION OF)
- TALKING—TOUCH—*turning over in bed*—uncleanliness—vertigo during—VOMITING—WAKING—WALKING, beginning, FAST, IN OPEN AIR, *over water*.
- Warmth*, air, BED, room, WRAPS.
- WATER (washing)—WET APPLICATIONS—getting wet—*wet weather*.

- Winter—for women—writing—yawning.
AMELI.—Cold, *being in, darkness*—eructations—fasting—FLAT-
 ULENT EMISSIONS—wine—*lying, after, in bed*—MO-
 TION OF AFFECTED PART.
 —External pressure—rising up—*rubbing—scratching*—
 —*Sitting down—after stool*—supporting limb.
 —*After sweat*—touch—WALKING, *in open air, bent over.*

General Action.

Dr. Evans: It is often said in a jocular way that every thing is included in the pathogenesis of Sulphur and there is a grain of truth in this remark when the general and special action of this drug is given due consideration. Disorders of almost every kind establish themselves in each and every part of the organism and lesions of structure are everywhere present. No tissue or cell escapes the influence of this mineral when it has repeatedly gained entrance to the animal body.

The procession of events which Sulphur establishes in the organism, commences in the establishment of a chronic inflammation which in time perverts the elements of the body to their lasting injury. The word alterative so often and so vaguely used by the other school of medicine, really has a meaning here. The physiologic activity of the body becomes gradually transformed into a pathological one. This process of deterioration is not marked by sharp lines, or rapid changes, but progresses in a slow and insidious manner and the structural lesions only take place as a consequence of this all prevailing cachexia. Sudden or violent disturbance in the organism is not an effect of Sulphur; the operation of this drug, already shown, is exerted in the opposite direction. A gradual deterioration seems to take place in the protoplasm, by means of which its vitality is slowly sapped, nutrition perverted and function degraded, and when lesions take place there is little or no tendency towards their repair. Sustained energy of all kinds is lacking, and there is constant alternation of activity and depression, effort and relaxation, both physical and mental.

This condition when induced by natural causes shows itself in the course of subacute diseases, when the person almost recovers and then relapses, improves again, and again relapses. The entire process is one of inertia, and gradual decay, a species of

“dry rot,” a fading out of vitality, a constitutional torpor.

Viewed in this light, it explains the fact that when a person has become the victim of a similar depraved condition, by means of natural disease, all succeeding ailments are influenced by and partake of the general morbid state. Moreover, when such a person laboring under this condition of body is attacked by any of the exanthemata or other self-limiting diseases, the animal economy is in such a feeble and asthenic condition, that it is next to impossible for the new malady to develop and run its course.

In such instances this alternation is due to the fact that the low vitality of the cells is soon exhausted and which is unable to continue a healthy movement, even when this is once instituted.

It has been experimentally observed that the blood of an individual sufficiently under the influence of Sulphur, becomes darkened in color and contains a much greater number of white corpuscles than is normal. It has also been noticed that this same blood takes up less oxygen and gives out a lesser amount of carbonic acid than was the case previous to the employment of this drug. The venous blood also changes less than it normally does when exposed to the air, while various parts of the mass does not redden by the absorption of oxygen as it should do in healthy blood. Also that the red corpuscles readily give up their coloring matter. Moreover, under the influence of large doses of Sulphur, the red corpuscles perish in large numbers, while in the case of small but persistent doses these corpuscles disappear from the circulation. The liquor sanguinis must also be chemically and vitally changed.

The glandular system being intrinsically and vitally incapable of manufacturing healthful proteids, is itself the seat of structural lesion. Hyperplasia and induration of glands, indolent in character and tedious in development is a common event in the Sulphur constitution, and suppuration often terminates the adenitis. Even the suppurative process is tardy in issue, but once established goes on like Tennyson's brook.

The same condition of inertia existing in all the organs and tissues finds no exception in the enfeebled capillary system; this is especially so on the venous side for a tide of deficiently oxygenated blood courses slowly through these vessels, whose yielding walls permit a chronic congestion in any part of the body. This capillary engorgement is visible at the surface of the body where the chronic dark red nose, ears and lips, and the dusky red

face testify to the venous plethora in these localities, while the greatly enlarged and knotted subcutaneous veins on the extremities and elsewhere proclaim the internal pressure, these are also experiencing. The varicosed condition of the hemorrhoidal veins is not only in accordance with the same state of affairs but furnishes an indication of the tension the portal veins are also undergoing; a copious abdominal symptomatology is dependent upon these and similar hepatic states. Even the hemorrhages, from whatever part of the body these take place, are slow and passive in character. And as might be expected from the before mentioned blood-analysis, the hemorrhagic discharge is dark in color, thick and almost like tar in its flow. The presence of such a debilitated body, and such qualities of blood and circulation requires no extended explanation why the Sulphur individual is always chilly, especially so when exposed to the open air, or that there is sensitiveness to cold air, damp atmosphere, or sudden cool changes in the weather. Or that he is easily chilled by the application of cold water to the skin, though there is, no doubt, other sensory conditions of the skin exist that renders watery contact disagreeable, as well as the fact that it leaves the skin especially irritable.

The lean, emaciated, enfeebled muscles are not sufficiently strong to support the spine, and walking and sitting is accomplished only in a stooping posture. The same atonic state of the muscles causes great fatigue from less than ordinary effort. And such a person soon tires and requires sitting or lying down to rest from the exhaustion which follows upon ordinary exercise. The muscles tremble when used for any purpose, the hands being perhaps more affected by this cause, and there is also a sense of tremulousness in the entire body. When such a person walks about the gait is noticeably unsteady. Whether sitting or walking, or standing a sudden loss of strength comes on in the arms and legs as if the joints would give way, which passes off again in a short time. Weak, faint spells appear at various times during the day. Attacks of sudden weakness are apt to come on in the forenoon, which are relieved by a morsel of food. Sudden flushes of heat rise from the chest, and spread upward and downward over the whole body; this orgasm of blood is attended by a general sense of faintness, and moisture covers the entire surface of the body. Sudden jerking of the muscles of the upper and lower extremities occasionally take place, either

in the waking or sleeping state. All the secretions and excretions of the body are increased in quantity, and so chemically altered that they become acrid, and inflame and excoriate the surfaces over which they pass, both internally and externally. These fluids, more or less, fetid are altered in character and consistence, and an offensive odor constantly emanates from the body; it is also remarked that the foul odor of the stool persistently clings to the body and clothing. Various disorders alternate with diseases of the skin, and according as the one gets better the other gets worse; scarcely another drug seems to have such close affinity with the skin.

When Sulphur has been taken in appreciable quantity for some time an offensive odor from the body becomes noticeable. This is due to the elimination of Sulphur by the skin, and it is of pregnant occurrence that persons so circumstanced will have their silver watches or ornaments of the same material entirely blackened by the absorption of moisture from the skin.

All the orifices of the body, without exception, are more or less reddened, and the margins of the eye-lids are no exception to this rule. Many symptoms induced by Sulphur are harder to bear when walking or moving about in any way. A feeling of weight and oppression is experienced in the chest with a craving necessity for fresh air through open doors or windows, even though easily chilled by the outside air; this is due to the imperfectly oxygenated blood. Whatever region is especially affected, a constant sense of heat is experienced in that locality. The pains caused by Sulphur are chiefly of a pressive, tensive, drawing character, and are especially apt to be left-sided. A number of pains induced by Sulphur are rheumatic in character, and are usually relieved by ordinary warmth, or from the warmth of the bed. The value of Sulphur in the treatment of chronic rheumatism is well attested by the favorable effects obtained at the White Sulphur Springs of Virginia, at the Hot Sulphur Springs of Arkansas, and other natural sulphurous waters in both the old and new worlds. The numerous sensory symptoms of the skin in our *Materia Medica* resolve themselves into intolerable burning and itching, and the essential anatomical ones into papules, vesicles, herpes, and pustules, which are but degress in activity of the same eruptive tendency. The all-pervading tissue perversion does not allow healing to take place after an injury occurs to the skin, but allows it to assume an ulcerative character.

Catarrhal inflammation, chronic or sub-acute in type, is an essential effect of Sulphur, from which no mucous membrane escapes, and which it sustains in greater or lesser degree, according to the length of time it has been influenced; the rule being that the catarrhal condition becomes more pronounced the longer it lasts, together with progressive degeneration of tissue. It is also in this tissue that Sulphur produces its most prominent sensation, viz., burning. Whenever a mucous membrane, or its analogue, the skin, exists, there is experienced a constant sense of burning; no organ, canal, or other structure is exempt from this sense of constant heat, and it is insistent as well as persistent. This is not intended to mean a generalized heat, but a burning in different localities according as they are specifically invaded; this sensation is always due to congestion, a tendency to which constantly exists in sulphur circulation, but which is increased in varied situations, and at different times.

Sulphur has been called the chronic Aconite, but for what reason is not apparent. It is impossible to conceive how the sluggish circulation and venous stasis of Sulphur could have anything in common with the tumultuous blood current of Aconite, hurrying ever onward like a mountain torrent through all parts of the vascular system. But it does cause a subacute fever, bearing a certain resemblance to that produced by Aconite though erethism is conspicuously absent; it comes without apparent warning, but especially occurs in young children, and may continue for several days. Still it has not the intensely burning, arterial character of Aconite, nor is there anguish and restlessness. Aconite, in such cases, utterly fails to give relief, while Sulphur just as certainly cures.

Sulphur is said to be "the chief, the great anti-psoric." I cannot subscribe to the doctrine, notwithstanding its eminent source, that psora, (scabies) is the parent of seven-eighths of all chronic diseases; the devitalized, defective, imperfectly elaborated protoplasm referred to at the commencement of this discussion is much more likely to be a result of inherited scrofula, syphilis, or suppressed diseases of various kinds, than the presence of a hypothetical psora.

Female Sexual Organs.

Dr. Doyen: We do not find that Sulphur has any action on the female sexual organs other, than its characteristic power, ultimately, to degrade every tissue of the body.

There appears to be no middle line of action with this remedy as, indeed, is true of all metals and minerals, and it seems to reveal particularly in the extremes of condition, it can produce by its provings in the same individual at different periods of life. This accounts somewhat for the absolute contradiction in its pathogeny. Let us consider the circulatory phenomena of the woman who, from her early childhood has taken Sulphur, her "mother's spring medicine." In the beginning she seemed to have a well balanced temperament and, before this drug was plunged on to a normally acting vital force and the fires of extermination were kindled by Nature's battle to throw off this invader, "her skin rivaled the pink of the seashells tint." Now by puberty her eyes are injected, her face is continually flushed, at twenty it flames like the peony—red eyes, red nose, red cheeks, chin and ears, hot-vertex on which she holds her cold bloodless hands (it will be noticed this congestion of blood to single parts obtains at the expense of a supply to some other part); at thirty the flames are burning slightly lower, the baffled-like force is beginning to succumb to the intruder, the veinous system predominates, enlarged capillaries shine through the skin of the cheeks and nose, the erect and well rounded form is growing bent and thin, or has become phlegmatic; and at forty she has become an old woman, yellow, skinny, bent or an unwieldy hulk of flesh in either case a dirty, shiftless, loveless creature, at outs with herself and the whole world.

During the time of these general changes in the circulatory system, the sexual organs come in for their share of pathological changes, so we may find our girl, at her first menstrual nusus, with congestion which either over stimulates or depresses the flow; a few years longer and the veinous stasis has produced a catarrh of the endometrium with an acrid leucorrhœa; at a later period there has occurred an extension of the inflammatory process and we have metritis and ovaritis with a prolapse of these organs from their accumulated weight and the inability of their natural appendages to support them; a few years longer and we have a sclerosis of these organs (Nature's method of cure) with a vicious train of nervous and mental symptoms that unfits so

many women for life's duties, and fills our mad houses with those who gave the brightest promise in early life. Can we wonder then that Sulphur gives us such a long train of symptoms on the female sexual organs as the following?

Uterus—Menses.

TIME.	DISCHARGE.	EFFECTS.
Too early.	Dark.	Sterility.
Every 14 to 18 days.	Putrid.	Erodes genitals.
Too profuse.	Clotted.	Makes thighs sore.
Too long lasting.	Thick.	Distends abdomen.
Lasting 8 days.	Scanty.	Absence causes constipation or congestion to other parts.
Too late.	Acrid.	
Suppressed.	Sour smelling.	
Rekurs at long and variable intervals.	Pale.	
Absent for months.	Watery.	
	Serum-like.	

Before: Headache, cough in evening in bed, nose bleed, itching of vulva, lumbar pain, cramp in splenic region, morose and apprehensive, restless and anxious, toothache, heartburn, night sweats.

During: Nose bleed, rush of blood to head, weak faint spells, colic, irritability, day sleepiness, pressure in forehead, vertigo, excitement of circulation, palpitation, sore throat, lassitude and heaviness of feet, pressure in epigastrium, labor-like pains in abdomen and back.

After: Leucorrhœa, burning in vagina, aversion to coitus.

Pain etc.

Moroseness and apprehension with uterine pain.
 Uterine pains run from groin to back.
 Prolapsus with pain in hypogastrium especially in right-side.
 Prolapsus from reaching high.
 Continual bearing down in pelvis toward genitals.
 A weak feeling in genitals, labor-like pains over symphysis, metritis, dropsy, sclerosis.
 Menorrhagia, metorrhagia, amenorrhœa, dysmenorrhœa.
 Has cured cancer of uterus with offensive, corrosive, ichorous, discharges.

Leucorrhœa.

TIME.	DISCHARGE.	EFFECTS.
Before menses.	Copious.	Excoriates pudenda.
After menses.	Very profuse.	Excoriates thighs.
Worse at night.	Scanty.	Smarting like salt.

Must rise at night to wash off excoriating discharges.	Milky. Mild.	Must scratch parts till they bleed.
Mucous discharges a fortnight before menses.	Acrid. Watery.	Itching of vulva with pimples.
Worse mornings after rising.	Mucous. Yellow. Whitish yellow. Greenish yellow. Stains napkins, mustard yellow.	Nymphomania. Pruritis vulvæ.

Before: Preceded by cutting or pinching about navel.

During: Accompanied by palpitation during motion.

After: Followed by burning in abdomen.

- Ovaries:** Pain alternating between eye and ovary.
Pain from ovarian region to back.
- Vagina:** Burning in vagina scarcely able to keep still.
Violent itching of vagina and clitoris.
- Vulva:** Troublesome itching of vulva with pimples.
Ascarides of vulva.
- Mammæ:** Swelling, nodosities.
Nipple cracked, stinging and burning.
Bleeding when nursing.
Areola covered with yellow scales.
Oozing acrid fluid, itching and burning in the night.
- Pregnancy:** Promotes expulsion of moles.
Pelvic suffering with weak faint spells.
Morning sickness of pregnancy without vomiting,
or with obstinate vomiting.
- Parturition:** Labor with frequent weak spells.
Wants be fanned, wants fresh air
After pains begin in sacrum.
Pass around pubes and run down thighs.
Phlegmasia alba dolens.
- Lactation:** Swelling of breast, large as hen's egg after an attack of erysipelalous mastitis.
Surface of swelling covered with granulations.
Severe itching.
Discharge of thin serous pus.
Suppuration of mammæ with chilliness in forenoon, heat in afternoon.
Inflammation runs in radii from nipple.

Soreness of nipples, crack, bleed, burn like fire,
deep cracks at base of nipple as if they would
drop off.

After nursing child, nipples smart, burn, bleed.

Chapped nipples.

Hæmorrhoids during pregnancy and in child bed.

Climaxis: Hot flushes at climacteric period with hot head,
hands and feet.

The Action of Sulphur on the Circulation.

Dr. Duncan: The effects of sulphur on the circulation is very decided and long lasting. Whether it acts through the nervous system or through the blood the study will show.

Heinicke gives these effects: "congestion toward the lungs and heart with sensation of anguish." "Sanguineous organism as if blood were boiling in the chest with sensation of fainting." "Pulsating sensation in the chest at night." "Palpitation at all times of the day without anxiety."

"Palpitation in the forenoon, after dinner, in the evening without any particular bodily or mental excitement. Peculiar sensation of motion in the cardiac region. Sensation as if the heart were too large.

"Febrile motion, chilliness, shaking chill, continuous chill from evening and all through the night till next morning. Short paroxysms of chill in the afternoon, afterwards sensation of heat with little thirst, finally slight perspiration. Attacks of intermittent fever with cold, hot and perspiratory stage. Alternate sensation of chill and heat, night and morning sweats.

In Allen's *Encyclopedia of Pure Materia Medica* we find among the over 4,000 symptoms, thirty-seven cardiac ones, as follows:

"Precordium, terrible pains about the heart, throwing her into a trembling fainting fit. (A young woman took morning and evening pil. 1-30.) A strange motion in the precordial region.

"In the afternoon a peculiar discomfort in the precordial region and hypochondria, extending up to the throat, causing extension, pinching and tearing, now in the stomach, and now in the splenic and hepatic regions; eructations of flatulence gave only slight relief (fifth day) 2 drops of the 6th dil. Pressure in the precordial region, towards evening. Hollow sensation in the

precordial region. *Rush of blood to the heart.* Sensation as if the heart had not room enough. *Stitches in the region of the heart, or in the right side of the chest at night, while lying on the back, on the slightest motion.* Short stitches in the precordial region.

Heart's action; anxious palpitation. *Palpitation of the heart, which lasted two minutes, and was attended by anxiety, as though he were going to faint.* (After one-half hour). *Vehement palpitation of the heart.* (After one hour). Increased pulsation of the heart, from the heart to the clavicle, combined with a purring noise; when he lay on his back the pulsation was troublesome along the back. (Fourth day). *Palpitation of the heart without any reason.* (Seventeenth day). *In the evening, palpitation of the heart.* (Twenty-ninth day). Palpitation occurring not only in the evening, but also after dinner. *Sudden beating of the heart after some turning in the evening in bed.*

Palpitation and fluttering of the heart, palpitation every forenoon. Palpitation at night in bed. Palpitation without anxiety, at any time of the day. Palpitation and trembling of the hands, at noon after a short walk. Palpitation, almost without cause, without anxiety, for example: when lying down for the mid-day nap.

During the stool, palpitation which afterwards disappears.

Violent palpitation, after walking in the open air.

Violent palpitation the moment of rising. Violent palpitation at night, on turning in bed. Violent and rapid palpitation on falling asleep in the evening. Violent palpitation and heat of the face, followed by burning in the abdomen with the first movement of the child.

The number of pulsations was decidedly diminished during the proving.

Pulse:—Pulse 84, and after half an hour, 73 (One hour). Pulse feeble and intermitting (Next day). Pulse feeble and very irregular. Pulse quick, hard and full (Twelfth day). In the evening; quickened pulse (Eighteenth day). Quick pulse and burning hands (Sixteenth day). Quick pulse (Twentieth day). Soft, small, quick pulse, 160 beats in a minute (Twenty-ninth day). Pulse less quick (Thirty and Thirty-first days). Pulse normal (Thirty-fifth to the Thirty-ninth days). Pulse more rapid. (Thirty-ninth and following days).

From these effects arranged in a sequential order we judge that Sulphur first affects the heart to slow the circulation and

then comes a rapid heart. Palpitation is the secondary effect, therefore in the therapeutic works we find as guiding symptoms: "Palpitation of the heart with anxiety." "Palpitation if severe always causes an anxious feeling." This palpitation is at night; it being worse when going up stairs or when climbing a hill. This must be due to the condition of the blood as well as the muscular system. This long and constant palpitation must lead to changes in the heart, so we are not surprised to learn of this symptom. "Sensation as if the heart were enlarged." The condition of the pulse is "hard, full and accelerated at times intermittent." That speaks of obstruction somewhere and we find it in the portal system. That will explain the heat on the top of the head and the hot, burning feet at night.

Sulphur—Its Relation to the Skin.

Dr. Waring: The human body is a composite structure. Authors and teachers have spoken of the "skeleton man, the muscular man, the arterial man, the nervous man, and the venous man." We have for our discussion the outer man, the skin. It is this component part which we see, feel, examine and recognize of the body more than any other. It is the part not only observed by others so much, but also by the individual himself, even more. To be attractive, healthy and beautiful one must have a beautiful skin. Not too light, not too dark, not too dry, not too oily, not too coarse, not too hairy, not too rosy, not too pale—a healthy skin supported by a healthy composite structure. A physician who can make and keep the skin beautiful will please more people than any other specialist.

The skin does not live an independent life. It is as dependent, if not more so, than any other component part. It has no disease of its own. It originates nothing. The skin is in a state of disease only when acted upon from without, or from within. From without by injuries, heat, cold, poisonous substances, etc. From within by constitutional sickness. Its use, or function is to beautify the structure, to protect from external things, and also as a *passive agent*, it is used as an eliminating organ by the whole economy. An eruption in the skin is not of the skin but refers to something external or internal. If external, remove the exciting cause and the eruption ceases. If from internal

causes, it is simply Nature's effort to use an eliminating organ to get rid of an enemy of health.

It seems to have been a greivous error during the ages of the past to use the skin as a battle ground. On one side *Nature* in her processes trying to restore and maintain health, forcing the fight from *within outward*, while upon the other hand, a paliative war-fare has been waged to repel, suppress, to drive from *with-out inward*. The sorrowful result of this battle of the ages is that the rebels from without have been successful, *Nature* has been repelled, enslaved, imprisoned, banished. Hence we have internal sickness, constitutional weakness, functional ruin,—the Psora of Hahnemann. The doctor who only takes the skin into account when treating a skin eruption is generally an enemy to health, treating a result rather than the cause of the disturbance.

Until Hahnemann promulgated the Law of Cure no reinforcement came to Nature's relief sufficient to bring marked results. Even with the Homœopathic medicine first prepared, Hahnemann soon learned that his efforts were too often paliative, therefore he began an investigation, a search for a common cause. After years of research he located "nature," the great resource of health, in her prison pen, still being bombarded by the rebels. She had grown weak from many unsuccessful efforts, discouraged because the ammunition and forces from without were constantly increasing. Every effort to break through the enemy's lines and raise the siege was met with volleys of carbolic acid, mercurial salves, sulphur, ointments, belledonna plasters, with strychnine and quinine tonics, and opiates fired from hypodermic guns.

Hahnemann here made one of the greatest discoveries of the ages—the greatest boon to the human race from the health standpoint. He must have been inspired for, and providentially led, to have discovered that much of the crude ammunition used by the rebels could be transformed by attenuation into potencies, the power of which, when given as indicated homœopathically, would act in the reverse order of the crude—from within outward. "Nature" at once began to revive, rally her forces, and when supplied by this anti-psoric ammunition began to repulse the enemy, and restore to health a suffering race.

Now the point of all this introduction, perhaps poorly expressed, is that the most valuable drug, the par excellence ammunition, the most useful medicine to reinforce "Nature" in her

efforts to transform a latent state into one of activity, and bring about the needed reaction in the economy of man, to transform a diseased state into one of health is *Sulphur—Sulphur the great anti-psoric.*

The local application of crude Sulphur, is generally an enemy to health, acting from *without inward*, repelling and suppressing manifestations of internal sickness *expressed* upon the *skin*, as well as other abnormal states. The potentized form, or the dynamic action of the Sulphur, becomes the benefactor of health, acting in harmony with Nature's processes to restore and maintain the healthful state by eliminating from the body that which is injurious and destructive, especially that which has been suppressed. Consequently the skin may present almost any form of eruption, in a proving of Sulphur, or as a result of its administration to the sick when indicated. That is, a person taking Sulphur for either purpose, may have in an active state any skin eruption which has been suppressed upon himself, or his ancestry. Many cases of asthma, phthisis and other internal troubles are ameliorated and cured when a skin eruption previously suppressed has reappeared. Sulphur will often produce even a true syphilitic eruption which has been suppressed, if the constitutional symptoms agree. Consequently this paper will deal more in generals than particulars—leaving the particulars for the discussion.

Sulphur's relation to the skin is very pronounced. Its action may be classified into direct and indirect results, the "causes" being foreign to the skin." The direct and general state produced is in the venous system. The vein walls relax, (because of faulty nerve impulse), permitting engorgement, finally resulting in stasis. This is especially so in the smaller veins and capillaries, where it is more easily observed. The relaxation, engorgement and stasis produce symptoms on the skin in the order named.

First: With relaxation comes the plethora, a congestion. The vessels are engorged with the best venous blood, hence the skin is red, hot and dry, with distended capillaries.

Second: With lasting engorgement, the blood deteriorates, becomes darker, thicker, losing vitality in proportion to the impeded circulation, naturally resulting from the engorgement; hence the heat and color of the skin, at first so prominent,

gradually subsides to a darker hue, and a cooler surface, with general inactivity of the skin.

Third: Stasis is a natural result following the dilatation and engorgement of the vessels. Stasis means partial death to the skin from lack of nutrition. The first signs of this appear in the capillaries and small veins. Why? Because the coagulum sooner clogs these vessels, and the process of tissue building and removing the waste is largely prevented. Hence the most natural result. The skin becomes lifeless, dry, dirty, scurfy. Portions of the skin having the least supply of vessels are the most effected, such as the extensor of the arms, legs, and fingers, or the elbows, shins and knuckles.

Consequently the typical Sulphur patient has a dirty skin. It is never clean. He cannot get it clean with soap and water if he would, but he does not want to try. He is averse to water. He would rather scrape off the dirt than touch the skin with water, especially cold water. Dr. J. T. Kent says:—"The skin seems easily affected by the atmosphere. The face becomes red from riding in the open air, both in cold and damp weather. Skin is delicate, chaps easily, is tender, redens easily by rubbing, blushing on the slightest occasion—red face but dirty looking."

On account of the impeded nutrition to the skin the glands located in or adjacent to the skin, the hair follicles and other structures become involved. The sebaceous glands relax, permitting at times a profuse flow of sebaceous matter, resulting in seborrhea. The hair at first dry, gradually loses vitality, finally falls, and sometimes baldness results.

Owing to the same inactivity of the skin, sebaceous matter forms plugs in the pores of the skin—acne punctata, comedones or blackheads, which in young people is followed by *true acne*, or an inflammatory process, suppurating out the plug or blackhead. As I said before, I shall not weary you by mentioning all the eruptions produced by sulphur. This can be brought out in the discussion if you wish. However a concise statement from Kent's lecture on Sulphur puts it this way: "The Sulphur patient has all sorts of eruptions, there are vesicular and pustular eruptions, furuncular eruptions, scaly eruptions, all attend with much itching, and some of them with discharge and suppuration. The skin, even without any eruption, itches much, itches from the warmth of the bed, and from wearing woollen clothing. Many times the Sulphur patient cannot wear anything except silk or

cotton or some such clothing. The warmth of the room will drive him to despair if he cannot get at the itching part to scratch it. After scratching, there is burning and smarting with relief of the itching. After scratching or after getting into the warmth of the bed great white welts come out all over the body, with much itching, and these he keeps on scratching until the skin becomes a little raw, or until it burns and smarts, and then comes a little relief of the itching. This process goes on continually; dreadful itching at night in bed; and, in the morning when he wakes up, he starts in again and the eruptions itch and ooze."

"The eruptions caused by Sulphur belong to the psoric diathesis, while ulceration is typical of syphilis and condylomata of sycosis. Psora is the pus producing state; consequently the typical sulphur eruption tends toward the formation of pus, toward suppuration. From the smallest papule to the carbuncle or swollen gland, suppuration is the tendency. The smallest scratch festers and will not heal. Tubercles break down and slough."

"Excoriations, cracks or fissures produced either from irritating discharges or other causes before mentioned may continue sore for a long time and become pus producing surfaces which are very slow to heal."

Head and Mind.

Dr. Pierson: The head contains many of the tissues found in other parts of the body consequently comes in for its share in the general derangement; but owing to the limited action of the sympathetic nervous system upon this portion of the body, we conclude the symptomatology of Sulphur upon the head to be a reflected image, the cause for which we must look elsewhere.

We find capillaries, lymphatic glands, mucous membrane and skin, in which the action doesn't differ from other parts of the body. Venous congestion accounts for the heat within the cranium; the difficulty in getting quiet, restful sleep during the forepart of the night with almost irresistible drowsiness during portion of the day when the blood is drawn from the brain; the vertigo aggravated by stooping or walking in open air.

Engorgement of capillaries and obstruction of glands explain the eruptions upon the skin and acrid irritating discharges from mucous membranes.

The mental symptoms depend largely upon the temperament of the individual because there seems little evidence of any pri-

mary action upon the cerebro-spinal nervous system. The mental faculties having the highest development will, as a rule, show the greatest degree of derangement.

IRRITABILITY is the general term used to describe the mental condition of the Sulphur patient. This may find expression in *ill humor, impatience, quarrelsome disposition or fretful anxiety*; but it is always associated with physical weakness. The patient feels the necessity for activity and rebels against his inability. He doesn't want sympathy and, as a rule, isn't thankful for services rendered; is inclined to hurry and to tremble from weakness if compelled to stop. When weak will cry at least provocation. There is another mental condition—not so prominent as the above, that must not be forgotten. It is a form of indifference, indolence, forgetfulness, absent-mindedness—there is no mental or physical suffering—but a lazy, sleepy condition that is almost irresistible.

Indolence or irritation depend upon the amount of venous congestion. We find a degree of ill-humor, anxiety, irritation, and it goes on to the extreme of real anger. Naturally when the circulation, the venous circulation, is involved, we have heat, and this heat will show itself where the greatest activity is. If it has been external we find that heat all over the body. If it seems to expend its force upon the alimentary canal, we have heat there. It seems as though the expression is intensified at the orifices—at the termination where the nerve supply is of such a nature as to give expression. In the emotional sphere we have restlessness, ill-humor, associated with heat. And another thing, where we have the heat at the very extremity of the body, we have cold at the other extremity. For example, when we have a heated head-ache, we find cold hands and feet.

Now there is another phase of this with reference to the position in which there is a greater, or the greatest amount of disturbance. Logically we would expect to have less congestion where there was the least demand made upon the circulation. The Sulphur patient generally feels better when lying down than when standing or sitting, because when standing there is that much more extra demand placed upon the venous vessels, or the vessels for the venous circulation. That is my interpretation of it.

Under the active influence of Sulphur we find the first few hours very restless and wakeful. Then follows a reaction, and

there is a state of indolence, a state of irritation and relaxation that takes place, and it takes a long time to seek its equilibrium.

I think it would logically follow that if the Sulphur patient would leave his work about three o'clock in the afternoon, and take recreation—something that would be just as little tax upon the circulation as possible—he might go to bed, and sleep as an ordinary man would. Still we find this condition that notwithstanding the rest they succeed in getting in two, three, or four hours during the night, tranquil sleep comes just about the time they ought to get up.

On coming to the intellectual part we find a sort of indolent condition predominating—Just as though there was not enough power over the physical to carry on the mental functions; and we find that if these people are compelled to work, they do it with almost involuntary haste to get through with it, just as though they must rush at it and overcome the obstacles and then sit down in a state of placitude.

There is a state of distraction; a state of either acquired, or natural indolence. We would naturally expect with this condition a weak memory, a forgetfulness; it is more the inability, or unwillingness, to apply one's self than anything else. I am a Sulphur subject, and I know many times I cannot speak a name that is as familiar to me as my own. I attempt to speak it and I cannot recall it. Now it is indolence. I simply do not make the mental application necessary to recall it, and I find this is a characteristic of Sulphur, especially the forgetting of proper names. There is also a habit, a tendency, to be uncertain about a great many things, and statements; a lack of positiveness; a lack of location, and everything is in a confused state. This confusion is a characteristic, and everything would show that we have to deal with venous congestion.

Vertigo is pronounced; reel as if almost intoxicated; I do not know whether this remedy was ever given for intoxication, but we have confusion present there similar to that in Sulphur. This vertigo is worse on walking. It is worse when *walking in the open air*, but for the life of me, I cannot find out why it should be so.

The other prominent modalities with reference to this vertigo as walking over a running stream, looking out from car window when in motion, looking down from elevation, or

anything of that kind is easily explained, but that open air business flooded me.

Another thing, in the study I have recently given the subject, I was surprised to find that where I had been in the habit of associating Sulphur with a peculiar heat in the vertex, I failed to find anything in the provings that mentioned it specific. I found weight, pressure upon the vertex, that fullness, and everything that would go to show venous congestion, and would logically indicate that with this pressure there would be heat, but I could find no place where it explicitly stated that there was *heat upon the vertex*, which I always noted as an indication for Sulphur.

GENERAL DISCUSSIONS.

Dr Craig: From the pathogeneses it would seem that the urine is evidently very acid, which accounts for the burning and many symptoms that acid urine produces. This is especially so in old people, especially men. I find in such cases that carbonate of soda will relieve them very quickly, but better still they should eat food that abounds in potassium and sodium salts. The nutrition also has a great deal to do with this.

Here the gentleman described the process of digestion of the starches, etc. When the urine becomes very alkaline the amount of urea is decreased, because then the uric acid which had been thrown out of the blood into the tissues comes again into solution, but is sometimes in what Dr. Haig calls the collæmic form which is sticky as glue and fills up the capillary vessels as if they were filled with mud. Then follows cold extremities and dyspeptic symptoms such as we find under Sulphur.

Dr. Craig: I have been very much interested in the paper on skin diseases, particularly so in regard to the opinion advanced that the skin is acted upon from within outward. The specialist of the Allopathic profession say that skin disease is a local matter; cure that and you cure the whole thing.

That opinion, however, does not change my belief in the matter, for it has been formed by many years of experience and close observation. One case that had much to do in directing my attention to this subject occurred during my first years practice more than forty years ago. It was peculiar because the symptoms disappeared in the same order in which they first came on. This patient was a man who had suffered for years

with headache. In questioning him, I got the following history:

Q. Were you always well before you began to suffer from this headache?

A. No. I had a diarrhea, but got some medicine that cured that.

Q. Then the headache soon followed?

A. Yes. Right away.

Q. Were you well before that?

A. No. I had a sour stomach. Was troubled a good deal that way.

Q. You got cured of that?

A. Yes.

Q. Were you well before that?

A. Yes. perfectly well.

Q. No skin disease?

A. Oh, yes; eruptions all over me.

Q. You got cured of that?

A. Yes.

I put him on a treatment of diet, bathing and exercise. In about a month or more he began to have diarrhea which continued for some time. This was followed by dyspepsia, and then the eruption again made its appearance, and when this disappeared he was cured.

This was a typical Sulphur case, as I learned afterwards, but at this time I used no medicines whatever, and in this connection I wish to say that the Homœopaths of to day have wandered far from Hahnemann and his immediate followers, and with a corresponding loss of skill in curing disease. The early Homœopaths were noted for their restrictions in diet, and they were particularly opposed to the use of tea and coffee. I do not say that medicines are useless in the treatment of disease; far from it. I have practiced my profession without medicines and with them and if there is any Homœopathic physician of my acquaintance that has a firmer belief in the law *similia similibus curantur* than I have I want to know him. But I do know that the very best selected homœopathic remedies are frequently rendered useless because of errors in diet and drink that are allowed the patient. I have failed myself often because of this, and know whereof I speak. With the greater opportunities for studying the materia medica that are available to day, the present generation of homœopathic physicians should far exceed the early prac-

tioner in skill, and if they returned to a close imitation of Hahnemann in the matter of diet they would astonish themselves and the world.

From the pathogeneses I am beginning to think that Sulphur is a very good antidote for eating flesh meats, for those persons who eat vegetable food have no desire for stimulants, while the Sulphur patient and those who eat flesh meat do. It may not always be alcoholic stimulants the latter want, although it usually is, but they want stimulants of some kind.

Another thing, there is acidity throughout the whole structure of those who eat large amounts of flesh meats, and when this amount is reduced, the acidity passes away, and all this also is true of Sulphur. The symptoms, also which we find in the digestive tract in Sulphur, are those we find in the digestive tract of those who eat large amounts of flesh meat. Acidity, it is true, is often produced by the use of vegetable foods, but when it does, it is not because the food itself is at fault but, because they are not properly cooked. From experiments in the laboratory I know that none of the cereals, when brought to the table, are anywhere near cooked enough.

Dr. Grover: I cannot say much about this remedy, but can give some clinical experience; I know some of the things that Sulphur has done, and can reason from them to some of the things that Sulphur will do.

I was interested in the discussion given by Dr. Evans with reference to the scales, and was wondering how he differentiated those of Sulphur from those of Arsenicum. They are very similar. The scales of Arsenicum are white, but of a different character.

The burning of Sulphur and the burning of Arsenic will be differentiated I think by the fact that Sulphur is aggravated by heat, while Arsenic is ameliorated. Will speak in a few words regarding a clinical case: I found a little girl of ten years of age, very imperfectly developed, especially mentally. She was not more than four years old mentally. Her hair was a dirty red. The child was a Sulphur patient in appearance and had the typical stooped shoulders; never accomplished anything in school; the teachers were always glad when absent, and the mother felt relieved when she was at school; indifferent to everything; was afflicted with enuresis—urination, involuntary several

times during the day; involuntary stool; a whole Sulphur picture all through; it was complete. I gave the child one dose of Sulphur that day, and in three weeks she was brought to the office when I repeated the dose. I have never seen the child since, but am informed by good authority that the child is developing, going to school, and is becoming quite a bright child. The mother is correspondingly happy, and declares that the dose of medicine I gave the child did the work.

Dr. Dienst: I have nothing to say in particular in regard to this subject, only that while in Japan, I noticed that a number of Japanese came every year to a little spring, from all parts of the country. Many of the persons were troubled with rheumatism, and found great relief from their suffering by using this water. One man in particular, whom I noticed, was the general manager of the Japanese railroads, and was unable to walk any place. Was carried from and to his work, but by bathing in, and using this Sulphur water, he was entirely cured.

Dr. Pierson: Another thing peculiar to Sulphur, is that, while there is activity in the mucous membrane, it seems to have an entirely different expression above the diaphragm than below. The mucous membrane of the mouth, throat and œsophagus is dry, while the mucous membrane of the lower parts may be bathed in mucous. You find the secretion of mucous decreasing as we go towards the orifices, towards the anus. Thus you have the characteristic hæmorrhoids; swollen, irritable, bleeding from external and internal congestion, or stasis. I think it might be well to remember that this venous stasis is dependent, in large degree, upon the portal circulation.

Dr. Duncan: The leading action of Sulphur on the mucous membranes is burning according to Nash in his *Leaders in Therapeutics*: in the upper respiratory tract we have "itching and burning in the nostrils, as if sore."

In some persons and seasons we meet "violent fluent coryza, with frequent sneezing." Sulphur effects are apt to be lasting and we read of this "offensive odor of nasal mucus, as of old catarrh." The throat effect are "scraping in the throat; hawking of and clearing throat." Here is a symptom that shows a spinal

origin, at least I so interpret it as we shall see. "Stitches in the throat when swallowing." The effect upon the larynx is "voice rough and hoarse, especially in the mornings; aphonia." Also "cough caused by roughness (rawness) in the larynx." "Dry cough in the evening in bed, or on awakening from sleep at night." Sulphur also affects the lesser bronchi, and we read "dyspnoea, oppression and anxiety." The "attacks of suffocation is especially at night, in bed; wants the doors and windows open to get oxygen." Here is another spinal symptom I think. "Weakness of the chest when talking; also in the evening when lying down." This certainly is, "stitches in chest, extending to back, or to left scapula, worse from breathing, from motion, and when lying on the back." That looks like spinal irritation. Here is another symptom that also seems spinal. "Sensation of constriction in the chest. It has many other back and nervous symptoms that may be referred to by the essayist on the spinal and mental symptoms of Sulphur. Sulphur may produce first spinal hyperæmia but the remote secondary symptoms are those of long lasting anæmia.

The catarrhal discharge is yellow. The more yellow the expectoration the stronger is Sulphur indicated in my mind. When I have long lasting bronchitis or asthma I expect to find a spinal root to the disease and here we must call into action a remedy that can or has produced a similar train of effects. Hence my interest in the course of action of drugs. This is the unwritten part of drug effect that we must dig out for ourselves. That to me is the great value of the discussions of this Society.

Dr. Dienst: I want to ask the doctors present if they have not found Sulphur useful when their patients are convalescing from different troubles. I nearly always prescribe this when people are getting well from almost anything, whatever the remedy has been. I recall three or four cases of scarlet fever who convalesced on Sulphur, also in cases of bronchitis and in some instances pulmonary troubles.

Dr. Duncan: A statement made by Dr. Waring in his very interesting paper was that the crude dose of Sulphur drives the disease in, while the attenuated Sulphur drives it out. I heard Dr. Hering say one night when talking on the action of medicines, that *Mercurius* worked without in, while Sulphur worked the

other way. He (Waring) gives Hahnemann credit for the original word psora. Was interested in looking over Hufeland's *Enchiridion Medicinæ* the other day, to find the same expression. Waring against the suppression of psora (suppressed itch) which shows that they had the idea a hundred years ago. (Vide p. 313, speaking of dropsy.) Possibly Hahnemann got his idea from Hufeland and other regular writers.

The action of Sulphur on the skin is very much like its action upon the nerve centers. This explains why the scales pile up—there is anaesthesia.

If the nervous system is deranged we have a derangement of the skin also.

This suffering for food about eleven o'clock, characteristic of Sulphur, and spasmodically in the afternoons, indicates that the food taken in the morning is not enough to last until noon, as the hunger occurs only about the certain time. In the Sulphur body there is rapid elimination, rapid oxydation.

The action of Sulphur is to produce sourness—acidity. The remedies that produce burning, the most prominent ones, are Sulphur, *Arsenicum* and *Phosphorus*, (Nash).

Was interested in the Doctor's saying that he gave the child burnt sugar as *Placebo*. Would we not say it was *Carbo veg.*?

According to Bœcker, Sulphur increases the solid substances of the urine, especially the urea and the uric acid. After small doses the lungs excrete more carbonic acid, but after large doses less. The solid substances of the blood are then diminished, as Dr. Evans has said. The metamorphosis of the blood is considerably increased after large doses of Sulphur. The blood cells are over-loaded with carbon deposits.

I think that Sulphur runs a very long course. It digs down deep and we have many symptoms. It first has its effect upon the digestive organs; then it goes down deeper and takes its hold upon the spine and brain, and we get the heart symptoms of Sulphur. If I have a person that sleeps so heavily that he could nearly be carried off, and has along with this a spinal irritation, I know at once that there is a general weakness; for instance, if there is an irritation in the neck, the patient will have a weak throat, and the heart will palpitate and then stop longer between the beats from tire and there should be angina symptoms, or rheumatic chest symptoms. When the spine becomes affected lower down we will have more digestive symptoms and lower

down the urinary and sexual symptoms. When Sulphur produces that sort of a body we can understand why the multitude of symptoms that make up its extensive pathognesy.

Referring to the case reported by Dr. Woodward he explained that in Sulphur we will expect to have the palpitation and then a slowing up of the heart—a false angina pectoris should be found in Sulphur, and Dr. Woodward's case proves it. This palpitation is brought on in various ways:—by lying down, by sleeping, by any motion. The alimentary symptoms are the four o'clock diarrhea in the morning, when the system is at the lowest ebb, when it is taking up oxygen.

Dr. Woodward: You are not going to get this morning diarrhea from Sulphur without several hours premonitory symptoms. Where Sulphur is indicated there has been a great deal of flatulence for the twelve hours before. It seems to me the hours Sulphur works, the person is supposed to be in bed, that it reaches its climax, towards morning. One point I want to make between the urine of Sulphur and the urine of *Sepia* is, that the *Sepia* deposit is urate of soda.

I am inclined to think that in many of the cases of rheumatism, the lactic acid or sarco lactic acid remains in the joints and ligaments, and that Sulphur hastens its oxydation and elimination. From a physiological standpoint, Sulphur is the most active agent in cell function in the body. It takes up oxygen in large quantities. The demand for oxygen is excessive.

Sulphur has been the remedy for me in cases where there was rapid emaciation; discharges acid and excoriating. Is it Sulphuric acid? Mouth and lips are red, mucous membrane is gone. Sulphur is again the remedy. Another point is that it is a chronic remedy. Why? Because it causes emaciation, cell destruction, and in my mind it produces spinal anemia. That will explain the palpitation of Sulphur; the stitching pains; the action of the liver; the four o'clock morning diarrhea; it will explain many symptoms of Sulphur.

Sulphur.

This is a many sided remedy and is therefore often prescribed when not very well indicated, just because it "takes in" so much. Our old school friends have the impression that we feed our patients on Sulphur and were we to be deprived of this great anti psoric we would be destitute indeed. In Hahnemann's hands

it was a great *itch* remedy. Hahnemann knew of the existence of the *acarus scabii* but the term "itch" was probably applied to any itching eruption usually of an eczematous nature and of course due to the psoric taint. He speaks of "the itch with its varieties, *tenia capitis*, *crustea lactea*, herpes, etc., being the external vicarious symptoms of an internal disease"—and external treatment would here be most pernicious as he shows in the first part of chronic diseases, where numerous cases are cited to demonstrate the evil effects of suppressing cutaneous manifestations of constitutional disorders; in this way throwing the trouble on the more vital internal organs to the injury of the patient.

The study of the remedies of the *materia medica* requires constant application and gradually the recognition of the individuality pertaining to each becomes plainer.

A person may not be able to give a minute description of the features of those he meets constantly, but still knows them well and will probably notice any change of aspect should such take place. So one may become well acquainted with the different remedies through diligent study of them, and may recognize their counterparts when described in the symptoms of our patients.

This affords much encouragement when one contemplates the vast wilderness of provings supplied by means of the *Encyclopædia* and the *Guiding Symptoms*.

Sulphur, with over four thousand symptoms, is one of the full remedies and may often be difficult to differentiate from other remedies. For instance, Sulphur and *Lycopodium* resemble each other in the effects they produce on the mind, so much so, that in this alone, it would be almost impossible to distinguish one from the other. Then the *Pulsatilla* and Sulphur diarrhoea resemble each other very much, even more the hemorrhoidal troubles—of course the concomitants assist in the differentiation.

Case 1. Mabel M., age 20, spare, dark, complains of severe paroxysmal pain in abdomen, *L. hypochondrium* and heart for last three days. Restless with anxiety, must walk about bent forward as she cannot straighten up—found she had taken Sulphur with cream of tartar and molasses for two mornings and the third morning the pain set in.

This was a confirmation of provings as given in *guiding symptoms*.

I gave Sulphur^{55m} in preference to *Pulsatilla* which seemed

indicated, as I wished to observe the action of the high potency in trouble caused by the crude drug. She felt easy very soon and next day had only soreness of the abdominal muscles on straightening up.

Case II. Harold B., age 7, fair hair and blue eyes, had eruption on hands, body, hips, glutei and hams. Skin torn from scratching—very itchy—worse night till falls asleep—better open air.

Gave Sulphur^{55m} and he was well in a week—though had had the trouble for a couple of months.

Case III. Mrs. L. House filthy, children filthy and healthy looking dog kennel with several inhabitants in the cellar, and the effluvia blending with the odor from the persons of the family made a somewhat rank mixture—bed clothing in keeping with rest of the environment, and the person of Mrs. L. was no contrast to her habitation and offspring. She was large, fat, lazy, ignorant and dirty. I tried to avoid the honor of being in attendance during her accouchment but was trapped and saw her through it, the position being quite a sinecure, as her experience was easy and she was not exacting. Two days after parturition her temperature went up and with the rapid pulse, distended abdomen and offensive lochia indicated an undesirable complication. Gave her Sulphur^{55m} in the evening, leaving her to the heat and the flies—it was August—and next morning everything was normal and she progressed with no other sign of danger.

Stool during the night—the first after delivery—and every day subsequently.

Harrisburg, Pa.

JULIA C. LOOS.

Chronic Diarrhoea.

Miss M. H., fifty years of age, thin, tall, slightly stooping, had diarrhoea off and on for twenty years. During the past ten years quite constantly. Being a sister of an Old School physician of eminence in whose family she lived, she had the benefit during this time of such special treatment as was offered from time to time by the experiences of the Old School. Having recovered from several acute attacks, which threatened to prove fatal, she naturally pinned her faith to the "regular" school. On one occasion however, being away from home and no "regular physician" being available, as she carefully explained, and her Old

School remedies having failed to bring about the usual betterment, she was obliged to depend upon anyone within reach. I found the following: For three days her stool had been more frequent than usual. Since this morning at 4 o'clock she has had profuse, watery, exhausting stools, expelled with a gush, painless, and of bad odor. Exhaustion is profound, and the patient looks yellow, with sunken temples and every appearance of having lost much fluid. She informs me that the stools are becoming more frequent and, that she "cannot stand another." I gave her *Podophyllum*²⁰⁰

Some weeks latter, she appeared at my office saying that she had decided to put herself under my care *sub rosa*, as it would hurt her brother's feelings if he knew that she had resorted to Homœopathy. She informed me that she had never before come out from such an attack so quickly or with so small a loss of strength. I elicited the following:
May 26th, 1897.

Appetite ravenous, and although she eats tremendously, she has a feeling of faintness before meal time comes, and is in the habit of taking malted milk and similar food which makes her >.

Thirst—drinks three or four glasses of water at a meal and often between times.

Diarrhœa for many years < in morning early—has to get up at about five a. m., and have diarrhœic stool, which is followed before noon by several more—usually more in the afternoon. Every few days the stools become more watery, gushing and more exhausting. Stools are never formed.

Exhaustion in morning, > in p. m.

Puckered taste in mouth before an attack of diarrhœa.

Had "nervous prostration" three years ago.

Perspires easily and freely.

Craves acids.

Bitter taste in the mouth.

Headaches from over eating—usually at night so that they keep her awake—in vertex and over eyes.

Flatulence much of the time, > from passing flatus which is of "bad odor."

Urines several times at night.

Ankles are weak, and ankles and calves swell after standing.

"Grip" few weeks ago—now has irritating thick yellow discharge from nose—feels "weak and good for nothing" since the grip.

Languid and sleepy.

Faintness—"all gone while dressing."

May 30th, 1897.

She had Sulphur^{6m}(J).

June 28th.

Reports improvement in strength—more endurance—diarrhœa about the same.

July 10th.

Improvement continues.

Three or four stools every morning. If she has one in afternoon it is usually formed.

August 6th.

Not nearly as well as has been—not so strong and stools more frequent and never formed.

Sulphur^{6m}

August 18th.

Bad attack diarrhœa lasting several days accompanied by head cold—excoriating coryza.

Sac. lac.

"Hasn't" felt so well since taking last medicine.

September 1.

Improving again.

October 1.

Less swelling of ankles and calves.

Three stools a day on the average—stronger.

December 5.

Does not look so well—reports that she has been much better until lately.

Sulphur^{6m}

February 15, 1898.

Much improvement.

Seems to be developing head colds every little while—but has more endurance and considers herself "better than for some years."

March 17.

Reports that she still has two stools a day usually formed, and that her attacks of diarrhœa are "like shadows" when they come—last two or three days but are "nothing like what they used to be" and do not pull her down so much.

Looks better—is in better flesh.

May 1.

In general not so well—though no special return of symptoms.

Sulphur^{65m}

The following September she reports that she was better than she had ever expected to be—a stool every day—sometimes two—but formed. No new attacks of diarrhœa for six months. In Jan., 1899, I received a letter from her from the west where she had gone after the death of her brother; in it she said that she was entirely free from the "former trouble" and considered herself "pretty well for an old woman."

Boston, Mass.

HELEN B. CARPENTER.

Sulphur Comparisons.

Sulphur burns everywhere, in this it must be compared with *Apis*, *Arsenicum*, *Mercurius*, *Phosphorus* and *Lachesis*. This last remedy has the burning especially in old ulcers; *Apis* has extreme sensitiveness to touch and stinging with the burning.

<At night. When Sulphur gets warmed up in bed, his feet burn and he must put them out of bed; his eruptions begin to itch and he must scratch, and becomes restless. *Mercurius* gets warm in bed, sweats and aches and must get up to cool off; gets cold and must get back to bed again. *Pulsatilla*, coughs more on lying down and the warmth of the bed aggravates her. *Phosphorus* is also < night.

< Morning. Sulphur can't go to sleep until toward morning when he is so tired he dozes off; doesn't want any breakfast and has his morning diarrhea. *Phosphorus* coughs and expectorates and has a hard time in the morning. So does *Sepia* and *Pulsatilla*. Stomach is all upset in the morning, mouth tastes bitter. *Lachesis* is < after sleeping at any time, chokes, and can hardly swallow.

Sulphur is restless but not > by motion. *Arsenicum* tosses and moves about in mental anxiety. *Rhus*, must keep moving about, his muscles pain him and get so stiff if he keeps quiet. *Sepia*, is always working and in a hurry. *Pulsatilla* moves slowly but is < if she gets heated from rapid motion.

< Heat makes him burn and itch. *Pulsatilla* < heat but > open air. *Lachesis* < heat, chokes and aches. *Phosphorus*, stomach and lungs < by heat, but its head troubles are > by heat, neuralgias, etc.

< Cold, takes cold easily. *Phosphorus*, *Calcarea carb.*

Gums ulcerated, teeth loose, burn, bleed. *Mercurius*, *Phosphorus*.

Heaviness in stomach after eating. *Lycopodium* has this heavy, full feeling after a few mouthfull.

Eruclations. *Phosphorus*, the food comes up in mouthfull. *Lycopodium*, sour. *Pulsatilla*, tasting of the food, or waterbrash.

Hunger, ravenous, constantly lurching, especially at 10 a. m. *Iodine* and emaciates. *Sepia*, hunger at 11 a. m.

Thirst. *Arsenicum*, frequent, and for small quantities. *Phosphorus* for ice cold water. *Natrum mur.*, thirst unquenchable. *Mercurius*, thirsty, although the mouth is full of saliva.

Bowels, morning diarrhoea, driving him out of bed. *Ala* has a stool on rising and begining to move about, must hurry or it will pass involuntarily. *Natrum chlor.*, morning stool is gushing and spluttering.

Prolapsus of rectum. Sulphur from straining or lifting. *Podophyllum*, with diarrhoea. *Phosphorus* and *Apis*. Anus wide open. *Mercurius* from tenesmus.

Complaints of the left side of the body. *Lachesis*, *Phosphorus*, *Sepia*.

Dread of bathing. *Amm. carb.* Epistaxis from washing face. *Rhus*. Takes cold every time he bathes.

Flashes of heat. Sulphur begins in heart or chest. *Phosphorus*, in back or stomach. *Lachesis*, *Pulsatilla*, *Sepia*.

Flabby feeling, heaviness, goes all through. Sulphur. The mind is flabby; the organs and muscles are flabby; wants abdomen supported. *Sepia*. Bearing down in pelvis as if organs would protrude; must cross legs to keep organs in place, *Borax*, *Pulsatilla*.

Skin itching and eruptions. *Calc. carb.*, *Lycopodium*, *Mercurius*, *Sepia*.

Sweat offensive. *Mercurius*, sweats much, staining the linen yellow. *Calc. carb.*, smells sour.

Emaciation. *Arsenicum*, *Natrum mur.*, begins at neck and head. *Iodine*, eats and grows thin. *Lycopodium*, begins in lower extremities. *Calc carb.*, extremities thin, abdomen big.

Venous stasis. *Pulsatilla*, *Lachesis*, *Sepia*.

Past partum hemorrhage and miscarriage, if not the first remedy, Sulphur is often indicated to finish the case.

In developing a case, to bring out symptoms, suppressed eruptions, etc., Sulphur is often important, if not sufficient, follow with the complementary remedy, *Calc. carb.*, then *Lycopodium*, *Carbo veg.*, in cases that have suffered ever since an acute attack years ago.

Effects of vaccination Sulphur often vies with *Thuja* in clearing up the symptoms.

Sulphur is the chronic of many short acting remedies and follows well after *Aconite*, *Belladonna*, *Nux vomica*.

Sulphur, *Sarsaparilla*, and *Sepia*, frequently follow in order.

Waukesha, Wis.

MAYBELLE M. PARK.

Acne Spinal Curvature.

Jan. 15, 1898.—Anna G., 18 years old, weight 120 pounds, tall, slender, sandy complexion, slow motioned, lackadaisical in appearance, with disfiguring acne about the chin and cheeks.

Very ambitious in her studies; studies late at night; often has been so poorly her mother fears she will not be able to enter college.

Happy disposition always, but of late irritable and impatient of delay. Is very sympathetic but does not weep easily. Her mother thinks she is working too hard at school which makes her nervous and fussy.

Always delicate. Has been generally > since an attack of scarlet fever five years ago, but curvative of spine appeared.

Dysmenorrhœa during first of flow, gripping pains > application to heat, legs ache during period from knees to hip, looks pale and faints—pain has increased last few years.

Skin. Patient was brought to me because of disfiguring acne on face. Skin always smooth until past year when has had a "break out." < before menstruation, has usually gone away after menstrual period, but now remains all the time.

Incidentally I learned that she was wearing a spinal corset and had been for a year. An examination of the spine revealed right dorsal, left lumbar curvature of spine quite marked. Craves sweets, "too fond of candy," nose gets "red as a cherry" out of doors, < in open air. Does not like too warm a room day or night.

Hands cold. Headache over the eyes when tired from studying. > better in open air.

Takes cold easily; is apt to have a head cold and bronchitis.

Feet perspire, do not feel cold but are cold objectively.

Eyes swell under neath when lose sleep or gets tired.

Leucorrhœa before menses and whenever she takes cold, yellowish discharge, bland.

Has to have "lots of sleep."

Sulphur^{6m} (J).

March 10th.

Reports improvement; had for a time cold with "bronchial cough" with yellow expectoration in the morning.

March 29th.

Has been improving in every way until lately.

Sulphur^{6m} (J).

April 4th.

General improvement—marked—is gaining flesh.

May 12th.

Improved—much less pain during menstruation—skin has a more healthy appearance—no headache.

June 14th.

Mother reports that she considers her very well—she weighs 127 pounds, is eating well, has more strength and is in every way better.

July 12th.

Well in every way—curvature of the spine less marked—was given some special gymnastics for development of the muscles of the back and chest which she was to use morning and night in her room.

August 12th.

Past two weeks has felt that she was not quite so

strong—more irritable—less endurance.

Sulphur^{6m} (J).

January, 1900.

Reports that she is a well woman—has been in college a year—and upon examination one would scarcely notice any deviation from the normal in the spinal line. No corset worn now—no acne.

Boston, Mass.

HELEN B. CARPENTER.

Sulphur—Intermittent Fever.

While North a few years ago, I fell in with a girl 16 years old that was having chills and fever every other day for the last three months.

The druggist with whom she lived had dosed her for two months with Quinine, when he informed the friends that Quinine would not break the case.

I was quite curious to know if such a case could be treated the same as I had treated them South, and had asked for the privilege of a trial.

In June, at the seaside, she had her first period which terminated in this way. The chill came on about 11 o'clock and ended with fever (no sweat] about 3 p. m., the balance of the time was all right, no abnormal symptoms. I could get but a few symptoms to indicate a remedy; but compared them with Sulphur and found it was the *best fit*, and decided to give one dose of it in the ^{1m} potency; and as I had to pass an old friend (a homœopathic physician) I thought ask his opinion of a remedy. After reading my notes, he said *Pulsatilla* and took up his Farrington to verify it, but unfortunate it did not fit; I asked him to look at Sulphur, there found each one of my indication, he then said Sulphur was the one.

I called on the girl who was just getting through with her trouble for that day and asked for a glass and a little water, gave her five drops of Sulphur^{1m} chatted a while and got up to go, they said, "Hold on Doctor, ain't you going to leave us some medicine." I said "yes and I knew she had it." They exclaimed "you don't think that is going to cure her do you?"

I told them that was what I was going to ascertain. I informed the druggist what I had done, and he wanted to know if

I really thought that infinite amount of medicine would do any good, as it was beyond his conception.

The next day (chill day) as I was going to learn the results I met him on my way when he informed me she skipped the chill that day, and was still incredulous. I told him she would probably have one more which would be the last and when the time came round for her period it would be all right. I did not see him again for a month when I stepped into his store and he told me she did on the 7th day have another chill, but that was the last, in the mean time, nature came around all right and the girl was *cured*; but he can't see how it was done. So much for one dose of the Simillimum.

Beaufort, S. C.

J. A. WHITMAN.

Psychology.

THE HAHNEMANNIAN CONCEPTION OF DISEASE AND ITS PSYCHICAL TREATMENT.

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

It is incumbent upon every Hahnemannian to do his utmost to replace the crude and materialistic notions of the nature of disease that are current in the thought of the age, with the wholesome and spiritual philosophy of Hahnemann. In the Hahnemannian thought the conception of health is always primary. The health, wholeness, soundness, vitality of the individual, is the only real and substantial thing. This is the basis of all thought, the starting point of all activity, the foundation of healing. No practical idea of disease, or of right methods of procedure in healing, can be formed without a right conception of health as a standard of comparison. No reliable remedies for disease can be discovered except by tests and experiments upon the healthy human organism.

Hahnemann defines disease in Sec. 19, as "nothing more than *alterations in the state of health of the healthy individual*, which express themselves in morbid signs." Note the emphasis and repetition of the idea of health. Elsewhere (Sec. 13) he says distinctly that disease is a "nonentity;" that "considered as a thing separate from the living whole, from the organism and its

animating vital force and hidden in the interior, be it of ever so subtle a character, is an absurdity that could only be imagined by minds of a materialistic tinge." The Hahnemannian does not, therefore, approach a patient with the imagination filled with pathological forms and entities.

Disease being merely a morbid condition of health, must be viewed always from the standpoint of health. Disease is not a thing but the condition of a thing. It is not a microbe, a chemical substance in the blood, a tumor or growth, or any other visible or tangible thing. It cannot be discovered by the microscope or the chemical reagent. It is not destroyed by any germicide, solvent, reagent, nor by the surgeon's knife. The diseased organism is like a musical stringed instrument, in which one or more strings are out of tune. It is only necessary to change the degree of tension of the discordant string to restore it to usefulness. The tuner does not use an ax to do this, but tuning fork and a key.

It is hardly necessary to point out the salutary moral effect of such a philosophy upon both patient and physician. Once apprehended, a host of evil spirits are cast out forthwith. To the dull perceptions and morbid imagination of the materialist, the "valley of the shadow" is peopled with a thousand dreaded forms—hobgoblins of disease, yclept variously, pneumonia, diphtheria, typhoid fever, septicæmia, *et, al. genus omne*. To the mind of the average physician, these various morbid conditions of the healthy human organism exist as more or less definite pathological entities of some kind and are feared accordingly.

The paralyzing and demoralizing influence of fear is well known to students and observers of mental phenomena. Fear in general, and of the microbe in particular—that modern scientific consummation and heading up of all iniquity, that evil spirit whose name is legion—is responsible for more sickness, suffering, and death on the part of the public, and more criminal and tyrannical assumptions of authority on the part of medical officialdom than any other cause for though there may be doubt about the contagiousness of disease, there is none whatever about the contagiousness of fear. The physician who believes in these things by virtue of his professional position in the community is a walking pestilence, carrying the elements of disease and death always with him. He lives in a mental atmosphere of morbidity, and radiates demoralizing and destructive forces on

all sides. His patients are often frightened into sickness and death without realizing it either by his direct affirmation or morbid suggestion, under the general laws of hypnosis. If perchance his patient's house is swept and garnished of one evil spirit of disease, it is soon filled with seven other spirits more wicked than the first, and the last state of that man is worse than the first.

The history of the human mind is the history of a continuous struggle to emancipate itself from the bondage of ignorance and materialism, and to attain the heights of spiritual intelligence and freedom. This is as true in medicine as it is in morals and religion. Healing the sick is a mental and spiritual as well as a physical problem, and knowledge and use of mental and spiritual means are as necessary to solve it as are physical means.

Ignorance and superstition are the great producers of disease. Intelligence is its cure. This is the conclusion which every well-informed, reasonable, and philosophical observer will arrive at after studying all the factors involved. For a time he may be blinded by the cloud of secondary causes which envelope the problem, but he will find the truth if he seeks long enough and in the right way. It is this materialistic spirit dealing with secondary causes, and basing lines of treatment upon them, that makes the practice of medicine so unsatisfactory to the average man. It inevitably leads to and results in mere palliation. The true nature of the problem too often is not recognized. It is regarded as physical and material when in reality it is mental and spiritual or dynamic, as Hahnemann calls it. Actual and perfect cure, or restoration to health often depends as much upon the mental treatment of a case as upon the medical treatment.

Too much power is attributed to the physical or material dose given and not enough to the mental or psychological remedy, which consists of new ideas apprehended by the patient, the healing and harmonizing influence of the sanatory emotions excited either by the personal attributes of the physician and his demeanor toward the patient, or by the instruction imparted by him. Hope, intelligent interest, courage, and confidence in his physician, cheerful expectation of recovery, all aid a patient to calm himself, gather his forces well in hand, and focalize them upon the removal of the disorders which exist, and these sanative emotions are excited primarily by mental processes and means.

The aim of the physician should be to aid a patient to help

himself—to aid him to attain intelligent control of his organism, —to teach him how he may bring it into and keep it in a harmonious condition—as Hahnemann says in Section 9, “so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.”

No healing can be complete and permanent until this effected. To remove the grosser symptoms of disease with medicine is good, but the work is not complete until the patient has, like the Prodigal Son “come to himself,” and entered into the freedom which comes with the realization of his higher and highest self. Ignorance must be dispelled. There must be intellectual and moral as well as physical healing.

Treatment and healing in this higher sense proceeds in accordance with the same principle as in the ordinary medical sense, namely, the Law of Similars or Correspondence.

For a classical illustration of this Psychical Homœopathy, consider the treatment of the Prodigal Son by his wise old father in that matchless parable in—Holy Writ. It proceeded on strictly homœopathic principles. The father did not apply “heroic remedies” when the son manifested symptoms of discontent and rebellion. He did not command that he be beaten with stripes, or imprisoned, nor did he resist him in any way as he might naturally have done. He recognized that the step his son proposed to take was for his ultimate good, though it was through the experience of evil and suffering. He foresaw the seeming evil consequences of his course, but he saw beyond that to the outcome. Therefore he “went out to meet” his son in the beginning, as well as at the close of his experience. He set apart his portion of the estate and sent him on his way in all kindness. Appearing to agree with his wayward son in his evil and foolish course, he really conformed with the eternal principle of mutual action, which acts by correspondence or similars, rather than by opposition or contraries, and his faith was rewarded by a perfect cure, in a happy out-come.

The God-like attitude of mind toward the problem of evil is the potentiating medium. The similar remedy, acting in the same direction as the disease brings about reaction toward health, according to the law of Mutual Action, expressed in the formula, “action and reaction are equal and opposite.” The keynote for psychical treatment was given by Him who said “Resist Not Evil.” This defines the process and the attitude of mind on

the negative side. Evil is not an entity to be resisted and feared as something tangible and powerful. The only reality of power it has is what we concede to it. The positive side is indicated in the complimentary statement, "Overcome Evil with Good." These two statements are the two sides of the one grand truth of principle by which healing and salvation come into the world. Treatment, mental or medicinal, based upon this principle of mutual action, awakens and develops normal susceptibility to remedial action and makes cure certain. The other course arrays the organism against itself, awakens antagonism and resistance, and results either in aggravation of the case and failure or in mere palliation, which is as bad.

The fundamental fact of being is consciousness, "I think, therefore, I am." This is the culminating point of Involution, the basis of all true philosophy. Back of this point lies the Infinite and Universal Mind which begins now to be individualized. Knowledge begins with the recognition of this fact. Evolution proceeds from this as a starting point, for involution must equal evolution. It is as true in the concrete as in the abstract. Individual experience begins here, and proceeds along this line.

Deep down in the consciousness of every individual mind is a tremendously significant fact. I know that I am fundamentally a normal and healthy creature. I feel within me the possibility and potentiality of perfection. It matters not that I find myself in unfavorable conditions and subject to discords and disease. I feel that I shall rid myself of both eventually and stand forth in the glory of a free man. I am only in temporary bondage, until I shall have time to study myself and my surroundings and learn how to obtain mastery over them. In every soul is the abiding faith that somehow, sometime, it shall awake and come to its estate of freedom and perfection. It matters not that the realization of this estate is relegated to the more or less distant future. This universal, underlying consciousness of potential well-being argues that it is man's real and normal condition, and therefore possible of attainment. Our aim should be to start this process of realization on right lines as quickly as possible.

Thus we approach the problem from the normal, healthy, dynamic standpoint of Hahnemannian. Thus is the psychical "proving" inaugurated upon the healthy, human soul. The symptoms of the proving are recorded in the annals of human frailty and sin.

The being of which we are fundamentally conscious then, is a normal, well being. Just as we cannot conceive of a time when we did not exist, so we cannot conceive of ourselves, as fundamentally and inherently diseased. The essential "me" is a healthy "me." All perversions and deviations from well being, in sensation and experience, are judged from a normal standard, which not only pre-exists but exists potentially now. All sick ones, all sinful ones have hope of ultimate recovery, based upon more or less conscious realization that the true being will sometime manifest itself. The potential but, none the less, real man is a spiritual and immortal man, healthy, sound, and wholly a child of the Infinite, living, moving and having his being in God, and in this relation the Hahnemannian always views him. In time he will awake to beginning realization of this, and will arise and go to his father, from whom he has never been virtually severed.

When Hahnemann directs that the insane shall be treated as though their delusions were real—that they are to be agreed with, etc.,—he is appealing to this underlying fact in their consciousness that they are essentially well. He proceeds upon the assumption that if their delusions and vagaries could be traced back far enough through the logical steps which led up to them, a true premise would be found. The insane are logical, but their process of reasoning is immensely involved, and prolonged through such numerous and intricate steps, that the thread is lost.

The Homœopathican takes this for granted, admits that the patient's conclusion is correct and the logic good, but does not try to trace back to the premise. This calms the patient, who believes the same thing, but harasses himself in a vain effort to argue it out for himself or others. He also has this abiding consciousness that he started from a normal and right condition originally, but got confused and lost his way. To find someone who accepts him as he is, without question or doubt, recognizing the fundamental fact of his being, calms him and gives him confidence. He finds a resting place for his weary mind. Somebody believes in him and will not resist or deny him. The insane man is struggling to maintain his hold upon the fact of his consciousness, and he is always conscious of struggling. To argue with him, deny him, restrain or coerce him, only makes him desperate and adds to his torture. Agree with him, accept him,

trust him, be kind and patient with him, and his normal consciousness is given an opportunity to assert itself.

The appeal is made to the sub-conscious mind which psychology permits us now to believe is not entirely destroyed, though its relation to the conscious mind is perverted.

In the insane mind there is probably always an underlying consciousness that its ordinary operations are disorderly. In the beginning of insanity, the delusions are easily recognized as such, but gradually this sense grows dimmer until it recedes entirely into the realm of the sub-conscious. From thence the fundamental factors of consciousness are never eliminated. The sense of existence as an individual, the consciousness of thinking and therefore of being, continue to exist, but sub-consciously. By treating the insane man's delusions as real, the impression is imparted to him that his listener sees the relation between the vagaries and the real sub-conscious man. This gives him confidence and enables him to renew his hold on realities. Like the man whose slide to death down a precipitous mountain side is arrested by a slender shrub, he can cling and rest himself a little until he can consider his surroundings and plan his escape. He feels that his humanity has been recognized, and the helping hand of a friend extended to him. Patience, sympathy, love, intelligently manifested, in accordance with the homœopathic principle, will find a response, no matter how serious his case may be.

Since a recent experience with a prominent Alienist, whom I called in consultation at the anxious solicitation of friends and relatives, I am inclined to wonder whether there are any who so thoroughly misunderstand the deeper workings of the insane mind as some who profess special knowledge of it. By Homœopathic medicinal and psychical treatment I have cured in six weeks, in her own home, a case which my consulting Alienist said could only be cured by a course of treatment extending over at least a year's time, preferably in an asylum, and that the outcome "even then" was problematical! I am convinced that a week's stay in an insane ward would have made my delicate, sensitive, refined patient hopelessly insane. He simply failed absolutely to come into any sort of *rapport* with the case, and looked at it from an entirely outside and stupidly "orthodox" standpoint. To him she was simply a lunatic, and he approached her as such. There was apparently no attempt to enter into a

sympathetic understanding of her mental struggles. By a cursory examination, her disease was diagnosed and classified as melancholia with suicidal mania, and restraint was ordered.

He saw only the discords—the perversions—the delusions—and the tendency in his mind, perhaps unconsciously, was to gather these together and make of them a pathological entity, with which to frighten her and stultify himself. I approached her as if she were a sane person, sympathetically and calmly, giving her full credit for every gleam of intelligence and for every effort to regain her equilibrium. I prescribed medicines for her exactly as I would for any disease. I did not coerce her. She responded promptly to my treatment.

If the physician gains the confidence of the patient enough to lead them to reveal to him their inmost thoughts and emotions, he has in that very act opened a sympathetic relation which subsists in the sub-conscious and spiritual world, and which is largely independent of the laws operating in the ordinary conscious sphere. Words are mostly unnecessary.

It is here that the power of silent thought manifests itself. In this sphere the laws of telepathic communication become operative, and thoughts, ideas, mental and emotional states, are communicated without spoken or written words. Truth or error, good or evil, confidence or fear, may be communicated with equal facility. Let the physician first be sure of the state and contents of his own mind, and then inform himself fully and accurately of the patient's symptoms, mental and physical. Lead on gently to as full, frank and free a revelation of the experiences and circumstances of the patient as possible, making careful notes of all, and then carry out the treatment according to homœopathic principles, as suggested, mentally as well as medically, if he would have the highest measure of success.

Strange and inexplicable as it may seem, it is undoubtedly true that medicines administered to a healthy person will produce every conceivable mental and emotional perversion. The only hypothesis upon which a possible explanation can be given is the spiritual hypothesis, namely: that not only man, but every form and entity in the universe, is fundamentally spiritual, and that a law of correspondence and mutual attraction runs through all. Every form embodies an idea—a thought. The thought embodied in the thing occupies a more vital relation to us as thinkers than we as yet appreciate.

Dr. Hering once said: "It is sometimes sufficient to *think* the remedy in order to effect a cure;" and this was before the days of telepathy and the X ray. True, there had been the administration of medicine by olfaction of high potencies by Hahnemann and Bœnninghausen. Hahnemann had used the mesmeric "pass." Korsakoff had made effective high potencies by the contact of one medicated dry pellet with a phial full of unmedicated pellets. Fincke, Wells and others, had cured by "induction," as it was called, that is, by allowing the patient to hold a corked phial of the indicated remedy in the hand a few moments; but Hering, who like his master was always in the van, "went them one better" and cured by *thinking* the indicated remedy to the patient. This is dangerous ground, possibly, but probably most of us have had experiences which give verisimilitude to Hering's observation. Some remarkable cures by *Sac. lac.*, may be thus explained.

In dealing with disease we have to consider first the medicinal treatment; then the psychical or moral treatment; then the hygienic and dietetic, and perhaps also the mechanical or surgical treatment. All these phases may exist in one case, but all should be considered from the Homœopathic standpoint and be governed by homœopathic principles.

The Homœopathic remedy is not necessarily a half dozen No. 10 pellets, dry on the tongue, or dissolved in half a glass of water and administered in teaspoonful doses every three hours. It may be living, burning, pertinent thought, or the calming touch of a strong hand. It may be the clear and comprehensive glance of the eye, or any other perceptible manifestation of the power of intelligence and sympathy, adapted to the needs of the case according to the principle of *Similia similibus*.

We know that the principle is applicable in the intellectual, moral and spiritual spheres as well as the physical, and that the remedy may be purely mental or spiritual, and at the same time Homœopathic. It is not necessary to accept or endorse as final the theories of any thinker or class of thinkers in order to investigate the facts or phenomena upon which their theories are based.

Any method of treatment by which cures of the sick are performed is a legitimate subject of investigation by the Hahnemannian.

Hahnemann searched the literature of traditional medicine

from the earliest times to his own day for recorded cures by drugs. Making an analysis and abstract of them, he showed that they were all performed under the operation of the principle of *Similia similibus*. It was from the tabulated results of such an investigation, in fact, that he deduced the principle of cure. The Introduction to the Organon shows this most clearly.

Throughout his life his mind was ever open to new ideas. Any thought, experience or method which promised to throw new light on the application of these healing principles, awakened his active interest. Possibly no more striking example of this could be mentioned than his study of Mesmerism, or Hypnotism, as it is known now, and his adoption of certain of its procedures into his practice. Considered in his day as being a force akin to Magnetism, it was called Animal Magnetism. Hahnemann did not assume an attitude of scepticism and antagonism toward the new and strange facts and theories of Mesmer and his co-workers, but diligently studied its phenomena and theories, and made personal tests and application of them. He put the theories to the same test of experience that he demanded for his own theories. So far as they proved true and useful, he accepted them, and sections 293 and 294 of the Organon, with appended notes, state his views and practice, as far as he had developed them. He declares (Sec. 293) that "this *curative power* (which should be called Mesmerism, after the name of its inventor, Mesmer,) of whose efficacy none but mad men can entertain a doubt, which, through the powerful will of a well intentioned individual, influences the body of the patient by the touch, *acts Homœopathically* by exciting symptoms analogous to those of the malady."

Further investigation and experiment enables the psychologist of to-day to amend Hahnemann's statement and to substitute for the words "body of the patient," the words "mind of the patient," and by so doing legitimately extend the application of the healing principles, *Similia similibus* into the purely mental or metaphysical spheres. For it is the mind of the patient which is primarily influenced by the mesmerist, as well as the Christian scientist, the faith healer, and all other metaphysical healers. The action upon the body is secondary, according to well understood principles.

In this day we boldly declare what Hahnemann dimly saw and partially stated in Organon, Sections 228 and 229, that the

principle of *Similia similibus* is universal in application, and, therefore, that in so far as disease and discord can be traced to a mental origin, mental treatment may be applied under this principle. Mental treatment, like medicinal or drug treatment, will be successful just in proportion as it is Homœopathic to the individual case. Mental and medicinal treatment of a case necessarily go hand in hand.

The situation confronting us to-day is closely similar to that which confronted Hahnemann nearly a century ago, but amplified and developed in the natural course of events, through observation and study of the various phases of what is often called "occult science."

The Mesmerism of Hahnemann's day, now known under the name of Hypnotism, or in its medical aspect as Suggestive Therapeutics, is one of the most prominent subjects of attention and investigation to-day. Closely allied to Hypnotism are the various forms of metaphysical healing. The logical development of these from Mesmerism might be traced without difficulty, and their close relation to each other shown. Christian Science, Mental Science, Divine Healing, Faith Healing, and Roman Catholic "Miracle Healing" are all based on the same fundamental principle. When Healing occurs it is wrought by the reaction of the vital force to a therapeutic mental suggestion, framed to meet the needs of the case under the guidance of the principle *Similia similibus curanter*.

Judgment of the utility and value of Hypnotism or Suggestive Therapeutics, and all other allied methods, is properly based upon the results of the researches and experiments of the many reputable and conscientious scientific men who have studied them, as published in reputable scientific journals. We should not be prejudiced by the disgusting performances of unscrupulous traveling mountebanks and fakirs set forth in the "Yellow Journalism" of the day, nor by the extreme and foolish statements of sectarian organs.

There is no truth or good which may not be perverted by the evilly disposed. The wise and judicious are not deterred thereby from the study and investigation of facts, nor from adopting in their practice of methods and principles which bear the test of logic and experience.

Pursuing the course of Hahnemann toward Traditional Medicine and Mesmerism in his day, it is possible that a sincere and

scientific study of the successful cases of the various metaphysical healers of to-day may throw further light upon the best method of applying the undoubted principle of *Similia similibus* in a purely mental manner. If disease is cured by mental or psychical method, it must be homœopathically.

The leading Psychologists of our time and country, of whom Professors William James and Josiah Royce of Harvard, Professors Quackenbos and Hesslop of New York, and Professor Elmer E. Gates, late of the Smithsonian Institution, are eminent examples, have done and are doing this from their standpoint, to the very great advancement of the science of Psychology.

To mention the illustrious names of Charcot, Bernheim, Alfred Russell Wallace, and William Crookes, is only to head a long list of scientific men eminent in their respective specialties, who have devoted much time and study to different phases of the subject under consideration.

It behooves Homœopaths not to be behind in this matter. Hahnemann—that man of divine inspiration and marvellous foresight—has opened the way. He was at least a hundred years ahead of some who to-day criticise and look askance at those who, divining the signs of the times, turn their attention to a study of facts and theories presented at this juncture, and seek in them a further elucidation and extension of the law of cure, as Hahnemann did in that particular phase of metaphysical thought most prominent in his day, known as Mesmerism.

The chaff must be separated from the wheat. The truth must be sought diligently and continuously, as it is progressively and eternally revealed. Of each new day it may be said there is some new truth “due to be revealed.” The daily record of progress in invention and discovery in every field of thought is proof of this. It should be as true of Homœopathy as of Electrical Science, of Psychology as of Mechanics, and will be in spite of those who believe that the oracles of truth were forever closed and sealed at the departure from this sphere of activity of some great man or body of men, and who would hamper the advance of those who think differently.



(1) ALIMENTATIVENESS; (2) PARENTAL LOVE; (3) INHABITIVENESS; (4) FRIENDSHIP; (5) CONJUGALITY; (6) VITATIVENESS; (7) COMBATIVENESS; (8) DESTRUCTIVENESS; (9) ALIMENTIVENESS; (10) ACQUISITIVENESS; (11) SECRETIVENESS; (12) CAUTIOUSNESS; (13) CONSCIENTIOUSNESS; (14) APPROBATIVENESS; (14a) SELF-ESTEEM; (15) CONTINUITY; (16) FIRMNESS; (17) VENERATION; (18) HOPE; (19) SPIRITUALITY; (20) IMITATION; (21) BENEVOLENCE; (22) SUAVITY; (23) HUMAN NATURE; (24) CAUSALITY; (25) COMPARISON; (26) EVENTUALITY; (27) INDIVIDUALITY; (29) LANGUAGE; (30) NUMBERS; (31) ORDER; (32) COLOR; (33) WEIGHT; (40) SIZE; (42) FORM; (34) LOCALITY; (35) TIME; (36) TUNE; (37) CONSTRUCTIVENESS; (38) MIRTHFULNESS; (39) IDEALITY.

HOW TO FIND THE ORGANS.

SOME INSTRUCTION IN REGARD TO THE EXTERNAL LOCATION
OF THE EIGHTY-FOUR ORGANS OF THE
FORTY-TWO FACULTIES.

L. A. VAUGHT,
PRINCIPAL CHICAGO INSTITUTE OF PHRENOLOGY.

The lowest faculty in position is Amativeness. This is located in the cerebellum and can easily be detected externally. Start directly backward from the orifice of the ear and about one inch back of the bone behind the ear, you as a rule, find the location of Amativeness. There is often a fissure that can be seen and felt immediately above it. This is the external indication of the separation between the cerebellum and the cerebrum. Amativeness is also on each side of the occipital protuberance that may be seen or felt on the lower back head of many.

The center of Parental Love is about one inch above this occipital protuberance and on a horizontal line from the tip of the ear back.

Inhabitiveness is immediately above Parental Love and directly below the suture; perceptible on many heads, that unites the occipital bone and the two parietal bones. Observe closely some man with a bald head and you can see this distinctly.

Immediately on each side of Inhabitiveness and just where the back head rounds off forward and backward is the location of Friendship.

Immediately below Friendship on each side of Parental Love and directly above the center of Amativeness, is the location of Conjugality.

Directly behind your ears, under or internal from the mastoid bones, is the location of Vitativeness.

About one and one-half inches from the center of the tip of the ear backward is the location of Combativeness.

Press the tips of the ears against the sides of the head and you are upon the location of Destructiveness.

A little lower and in front of Destructiveness, and directly above the zygomatic arch, which can be distinctly seen and felt, is the location of Alimentiveness. It corresponds with the upper fourth of the ear and about three-fourths of an inch forward.

Directly above Alimentiveness approximately an inch, is the center of Acquisitiveness.

Directly backward from this and above Destructiveness, only a little farther back is Secretiveness.

Immediately above Secretiveness on the corners of the head is the location of Cautiousness. The men can locate this when it is large by remembering where a stiff hat pinches their heads most.

Directly up from this sufficiently to be over the curve and on the side of the top head is the location of Conscientiousness.

Directly backward and over the curve of the head is the location of Approbativeness.

About one inch from the center of Approbativeness toward the center of the head is the location of Self Esteem.

Continuity is directly downward toward Inhabitiveness, while Firmness is directly forward and upward. Continuity, however, is above the suture that is often found between it and Inhabitiveness.

To help locate Firmness, draw a straight line up from the back part of the ear to the center of the tophead and you will be on the center of it as a rule.

Directly forward of Firmness, filling out the center of the tophead sidewise and lengthwise, forming the central part of the arch, is Veneration.

On each side of Veneration, only a little backward and directly in front of Conscientiousness, is Hope.

An inch forward of Hope and on each side of the frontal part of Veneration is Spirituality.

Directly in front of Spirituality is Imitation.

Directly toward the center from Imitation forward of Veneration and cornering with Spirituality is Benevolence.

Directly forward of Benevolence just where the head curves off to begin the forehead is Human Nature.

On each side of Human Nature directly in front of Imitation is Suavity.

Directly downward from Suavity causing a square formation to the forehead is Causality.

Between the two organs of Causality in the center of the upper forehead is the location of Comparison.

Directly downward from Comparison in the very center of the forehead is Eventuality.

Below Eventuality covering the two inner corners of the brows is the location of Individuality.

Directly below this, causing great width between the eyes, is the location of Form.

On each side of Form, indicated by projecting or protruding eyes, is the location of Language.

Directly outward from the corner of the eye is the location of Number.

Under the corner of the brow and directly above Number is the location of Order.

A half inch along the brow from Order toward the center of the forehead and directly above the outer part of the pupil of the eye is Color.

Between Color and Weight there is a little notch that runs diagonally upward, which should not be taken for a deficient faculty. Weight is on the inside of this and above the inner part of the pupil of the eye.

Size may be found directly between Weight and the faculty of Individuality, which has already been located.

Locality is diagonally up from the location of Size.

Time may be found immediately over Color, outward from Locality and a little higher, and under the outer part of Causality and the inner part of Mirthfulness.

Tune is directly outward from Time and over the ridge that may be found on the majority of angular craniums and upward and inward from Calculation and Order.

Directly back of Tune, filling out the middle of the side temple, is the location of Constructiveness.

Immediately above Constructiveness, rounding of the head toward Imitation and Spirituality, is Ideality.

Directly back of Ideality, over Acquisitiveness and in front of Cautiousness, is the location of Sublimity.

This instruction with a thorough study of the location of the organs indicated upon the model head will enable you to approximate their location.

THE ELEMENTAL FACULTIES DEFINED.

- INDIVIDUALITY:** An elemental faculty that perceives the individual existence of things and thoughts.
- FORM:** An elemental faculty that perceives shapes.

SIZE:	An elemental faculty that perceives dimension.
COLOR:	An elemental faculty that perceives colors.
EVENTUALITY:	An elemental faculty that notices events.
TIME:	An elemental faculty that watches time as it passes.
TUNE:	An elemental faculty that senses the concord of sound waves.
NUMBER:	An elemental faculty that perceives number.
ORDER:	An elemental faculty that likes orderly arrangement of things.
WEIGHT:	An elemental faculty that senses the attraction of an object to the center of the earth.
COMPARISON:	An elemental faculty that compares thoughts and things.
SPIRITUALITY:	An elemental faculty that senses that which is spiritual.
HOPE:	An elemental faculty of cheerfulness.
APPROBATIVENESS:	An elemental faculty that seeks the praise of others.
SELF-ESTEEM:	An elemental faculty that esteems self.
FIRMNESS:	An elemental faculty that persists.
CONSCIENTIOUSNESS:	An elemental faculty that likes right and truth.
CONTINUITY:	An elemental faculty that desires to continue that which the other faculties have started upon.
INHABITIVENESS:	An elemental faculty that loves the place where one lives.
FRIENDSHIP:	An elemental faculty that forms friendship.
CONJUGALITY.	An elemental faculty that loves one.
PARENTAL LOVE:	An elemental faculty that loves babies.

CAUSALITY:	An elemental faculty that conceives the cause and effect relations between things.
IDEALITY:	An elemental faculty that perceives beauty.
HUMAN NATURE:	An elemental faculty that perceives character.
VITATIVENESS:	An elemental faculty that gives an inherent desire to live.
COMBATIVENESS:	An elemental faculty that combats opposition.
DESTRUCTIVENESS:	An elemental faculty that likes forceful action.
SECRETIVENESS:	An elemental faculty that likes to hide thoughts and things.
CAUTIOUSNESS:	An elemental faculty that feels fear.
ALIMENTIVENESS:	An elemental faculty that enjoys eating.
ACQUISITIVENESS:	An elemental faculty that desires to possess property of some kind.
BENEVOLENCE:	An elemental faculty that sympathizes with suffering.
VENERATION:	An elemental faculty that worships.
AMATIVENESS:	An elemental faculty that gives amative love of the opposite sex.
SUBLIMITY:	An elemental faculty that senses grandeur.
IMITATION:	An elemental faculty that desires to imitate.
SUAVITY:	An elemental faculty that gives the suave feeling.
MIRTHFULNESS:	An elemental faculty that senses the comical.
CONSTRUCTIVENESS:	An elemental faculty that gives the idea of construction.
LANGUAGE:	An elemental faculty that likes words.
LOCALITY:	An elemental faculty that perceives location.

Comment and Criticism.

MISDIRECTED ENERGIES.

NEW YORK, June 29, 1900.

DEAR DR. PIERSON: Your letter inviting me to the meeting at Catskill was duly received, and a few days later the *ADVOCATE* with your editorial "*Misdirected Energies.*"

You know I am in accord with the work to be presented at the Catskill meeting and with those who were expected to be present, but I am one who does not favor the meeting or the society, at least, in the way it is now conducted; and had you carried out your reasoning a little farther, it seemed to me that you would have included that meeting and others like it among the "misdirected energies." Perhaps there was a time when it was necessary to form such a society on account of the feeling against pure homœopathy in the American Institute of Homœopathy, but I don't believe it. Would Hahnemann have left a body that was instituted to spread the truths he taught, because some were not in perfect accord with his views, or some even had insulted him by jeers upon the floor for uttering his sentiments? No, never! The man who endured persecution for Truth's sake, would have endured these things, without resigning, for he knew that truth when fully known would prevail. The place for these men was and is now right in the American Institute of Homœopathy, where rightly directed energy would do much towards improving the teaching of a better homœopathy. During the past fifteen years, a much better sentiment has been growing until now, the man who writes a good paper where sound homœopathy is shown, receives much encouragement by the applause of the Institute and one who would, uses the CM potency to illustrate his idea of homœopathy is listened to with respectful attention. Now, if all this has been accomplished without the help of the majority of these men who go off by themselves to talk of their work without fear of criticism, how much more could have been done in the American Institute had they spent their energies upon the floor of the Institute, and by their social ways become acquainted with and helped some less fortunate brother to find *the remedy*, as they would be sure to seek out the one whose faith is strong in some difficult case at home.

Now with all this misdirected energy in the American Institute of Homoeopathy they could easily find a chance for each man to have his little say by forming a society of Homoeopaths under the wing of the Institute—like manner as has the O. O. & L.; or Surgery and Gynæcology.

These societies give an opportunity for papers and discussions that the Institute does not afford. It has been said that Surgical meetings seemed to overshadow the other meetings and especially the Materia Medica sections. But if all this misdirected energy could be brought back where it would do the most good, the Materia Medica section would be equal if not superior to any in the Institute and help to shape the standard by which our school is judged. For a few years past or prior to 1892 the standard of Homoeopathy in the American Institute was not the highest (and it was partly the fault of societies like the International Hahnemannian Association) and what was the result? The colleges began catering to that kind of Homoeopathy. The professors were all there and saw what was wanted and they gave it to us. Now for the past three or four years they are again teaching more of the Organon, and by keeping the standard of the Institute up to the Homoeopathy of Hahnemann, our colleges will be turning out men and women imbued with the spirit of Homoeopathy with a firm belief in the *law of Similia, Similibus, Curantur*, and not doubting Thomases.

Yours truly,

B. G. CLARK.

ABOUT MATERIA MEDICA STUDY—CASES AND CLIMATE—PREACHING AND PRACTICING.

I like the preachers in your journal, but like the practitioners better—all of this is along post graduate lines. I was amused at brother McNiel's illustration in the July number of the tendency of the Homoeopaths. Guernsey was an exception. He "cried aloud and spared not;" was a leaven in the lump that invited inquirers who always flocked about him. How many he helped to take the first steps into the better way! He was a great worker and helper. There was no pharasecal spirit about Henry N. Guernsey. Would we had many more like him! Where is his mantle?

But Mr. Editor, about the study of materia medica, I wish to

ask a question of Dr. Underwood. Please show us how you compare pathogeneses of drugs? Which drug do you begin with, etc., etc.?

If I get the gist of Dr. Johnson's idea it is that he studies drugs by their application, *ie.* therapeutically? Does not that presuppose a knowledge of drug action? How do you get these? If we study a drug with a case in mind do we not limit our study by the case? If we strike the "morning diarrhœa of Sulphur" and think of a case do we not go after the rabbit and forget the fox we were hunting? Would it not be more profitable to know what symptoms preceded the diarrhœa and what must follow? Again, would it not be better to learn what other drugs also had "morning diarrhœa?" Is it not better to learn (1) the cause of action of a drug and then (2) how it compares or differs from other drugs? It also seems to me that with the one drug we must learn the cause of action of the big dose (in health) and action of the small dose in proving also. They may differ, (I think they do), in their course of action—they may be antagonistic or opposite. The course of action of drugs was well known to Hahnemann and Hering and that is the unwritten part of materia medica, that we, of this generation, should work out for our less informed brethren. Come ye purists, quit your quarrelling and suggestions and trace out the "run way" of one or more remedies among the labarynth of symptoms.

That case of traumatic spine that came back.

I wish that Dr. Ledyard would locate the "point" of spinal irritation. That was a case, it seems to me, of spinal hyperæmia (traumatic). *Sepia*, like other sluggish liver remedies should produce spinal symptoms, but I did not think the point was so high up. Four inches above the right nipple would bring it about the second rib posteriorly. *Kali carb.* has spinal hyperæmia and intercostal myalgia about the sixth rib on the right side, while *Bryonia* has a similar ache on the left side above the nipple—often mistaken for cardiac trouble. The injury to the periphery of the nerve involved the root (posterior). I wonder that *Arnica* was not thought or spoken of. Is it because *Arnica* has been so poorly developed? In the clinic (Dunham Medical College) last winter we cured a similar "chest pain" on left side with *Arnica*. Kindly report the sequel, doctor.

Chicago.

T. C. DUNCAN.

"LEARNING OUR REMEDIES."

It seems to me that Dr. Underwood has overlooked the fact that the teaching of our *Materia Medica* is largely "comparative." A student can hardly overlook the fact while reading Farrington, or in reading the admirable lectures of Prof. Kent. The one thing needful, in order to make "comparison" more distinct and differentiation easy, is what Prof. Kent is apparently endeavoring to do in his artistic method of drawing the strong lines of individuality to each drug, making its personality so pronounced and clear that it may not easily be confounded with the features of any other drug by the student of medicine. Without this evidence of a distinct personality of each medicine, our repertories are like a dictionary is to a language with which we are unfamiliar. We need our repertories, but we need more the clear and distinct photograph of each individual drug in order that comparisons may be made with a greater degree of certainty. Quite a large number of our remedies have been sufficiently proved and are ready for the Master Portrait Painter, while many others require reproof in order to expose their pronounced individual features.

Dr. Shelton's pictures and object lessons on *Materia Medica*, given to the Hahnemannian Club of New York, last winter, will remain as indelibly fixed upon the minds of his students as are their nursery rhymes. I believe his method the only one with which a Freshman Class can be approached successfully with the subject, and you can't make Homœopaths of Students who are not thoroughly interested in *Materia Medica*. I believe that *skill and tact* in presenting the subject will wean many students from their inclination to surgery and make good Homœopaths of them.

Port Chester, N. Y.

J. C. WHITE, M. D.

MORE ABOUT CLIMATE.

The pictures in your last issue of California country show the attractive summer side or rather spring or fall side. The winter is wet and the summer long and dry—like the whole of the mountain region. The California trade winds from 10 to 4 p. m. towards the ocean and the rest of the time from the ocean, makes up a spring, summer and fall weather. It is evident that physicians in the East and their patients should understand that California

is a state of many climates, which if properly selected, cure many, many cases, if they go in time. Climate is a food and holds the disease in abeyance while proper food and remedies do the curing. That should be widely known. We need more facts about climate. Come to Chicago, November 14, and give us the benefit of your experience and observation.

The Resort Association and Forum of Tuberculosis will be pleased to hear from you. Write freely.

100 State st., Chicago.

THOMAS C. DUNCAN, M. D.,
Chairman, Com. on Climatology.

Editorial.

VACATION.

People of all ages and conditions of servitude think there is a necessity for a vacation at least once a year and consequently bend every energy toward getting the greatest possible pleasure out of the play spell even though double the amount of energy be expended that would be required under ordinary circumstances.

We plead guilty to the charge and as a consequence this issue of the *ADVOCATE* is delayed beyond its usual time many days; but we hope to give you in the future enough better service to amply compensate for all delays.

The most of our vacation was spent in pushing the publication of *HEALTH-HOMŒOPATHY* with most gratifying results. A subscription list of nearly 40,000 names have been secured for the first issue and we purpose making each issue so interesting that every member of the family will look forward to the date of subsequent issues with pleasure.

While very few hours of the past summer has been given over to idle pleasure, the diversion from the daily routine of work has been enjoyable and the additional load which has been assumed, after careful deliberation, will prove no burden so long as we are blessed with such excellent health and have such exceptional support from the profession.

PSYCHOLOGY.

Mental philosophy dates back to the time of Socrates and for centuries was the exclusive property of priests and scholars. To-

day the process of reasoning has been reversed in a large degree by the introduction of that system which is founded upon the anatomical structure of the brain—*phrenology*. There is still a wide field between the psychologist, pure and simple, who looks upon the brain as the seat of a mysterious force and the *phrenologist psychologist* who claims to have classified the different faculties of the brain and to have found the positive *location of each and every distinct faculty*.

There is a practical unanimity with reference to the *location* and all differences refer to the minor subdivisions.

The basis of philosophy is found in the statement that brain and mind are *primary* and the body *secondary*. That the body (which includes the face,) is absolutely dependent upon the Brain or Mind for existence, but for the many peculiarities which differentiate one body from others of a similar species. They reason from effect back to cause and claim thereby to have established the *only logical science of life*.

The investigations have largely been under the direction of physicians, and for that reason partake of the materialistic tone of the medical scientist of the present century, but there is nothing in the philosophy to conflict with the dynamic theory retained by Hahnemann, so we can most profitably apply the principles laid down by the followers of GALL to the study of the pathogeny of drugs as well as the disease manifestations of the sick and find in the same valuable guides for the selection of the simillium; but a far greater service may be gained through knowledge of the *fundamental* cause for the disease manifestations and the logical means for the *removal* of that cause *without the aid of forces from without*.

Too many times we depend upon remedial agents when the force to be applied must materially come from *within*.

The benefits to be gained from even a sufficient knowledge of this subject are so many that we have decided to add a separate department to the contents of the ADVOCATE, in which will be considered special phases of psychology both from the phrenological and the suggestive standpoints, believing the one will help to explain the potentiality of the Mind over the Body.

In this study we will publish extracts from the lectures of Prof. J. A. Vaught, principal of the Chicago Institute of Phrenology, and Dr. Herbert A. Parker, principal of the Chicago School

of Psychology. Also, contributions from the pens of physicians who have put their teachings to a practical test.

THE INLAND LAKES.

Nature has been wonderfully lavish with her gifts throughout the entire region bordering upon and bound about by the Great Lakes. Two states in particular have been especially favored in this respect—Michigan and Wisconsin. The possession of health is of greater value than money and it is only of recent date that the public has been made aware of the great benefit to be derived from a brief sojourn in an atmosphere supercharged with pure ozone coming from the depths of the hundreds of little lakes nestling about in unexpected places throughout this great country. The great virtue comes from the fact that these little lakes as well as the larger ones are fed and maintained by countless springs and that the great majority of these lakes possess great depth and therefore give permanence to the invigorating effects of the super-charged atmosphere.

Beautiful little cities are taking the place of the roughly built cottage and the numbers attracted to them have increased fully a hundred fold during the past five years. Much credit is due the Manitou Steamship Co. for the popularizing of the district of which Petoskey has been the recognized centre during the past decade. At a time when it seemed a foolish venture they built the palatial Manitou and commenced running between Chicago and Mackinac Island, touching at Charlevoix and Petoskey. For a number of years, it certainly was a losing investment but now the demands of the traveling public are so great that the sailing season has been lengthened at both ends without being able to supply accommodations for all. At present they make three trips a week each way which means almost constant sailing covering nearly 3,000 miles each and every week during the season. This is the second season that we have enjoyed their hospitality and the pleasure increases with each occasion. It is removed that they will put on a line of steamships running between Chicago and Buffalo and rivaling in beauty the "Northland" and her companion. This ought to prove a success with the reputation already established by the "Manitou."

HEALTH-HOMŒOPATHY.

The form and character of the "Profession Card" to appear in **HEALTH-HOMŒOPATHY** has been misunderstood by some of our correspondents and perhaps others have "passed judgment" without stopping to make inquiry.

The following will illustrate:

ILLINOIS.

Chicago.

Jones, John, 160 State street
Smith, William, 6742 Yale avenue
Young, Robert, 236 Center street.

PERSONALS, NEWS ITEMS ETC.

(75 miles in the woods.) REDLODGE, MONT., Aug. 9, 1900.

Dear Doctor.—We have been five days on the trail and Doctor is gaining in strength every day—catching all the big trout we can eat. We are in an altitude of 12,000 feet. Going to see some glaciers to-morrow with our pack train.

MRS. J. T. KENT.

[Dr. Kent will return in time to take up work in the Preliminary Course of DUNHAM, beginning Sept. 18th.—ED.]

Be sure to attend the next meeting of the Missouri Valley Homœopathic Medical Association in Kansas City, Mo., October 2nd, 3rd, and 4th. The different bureaux are so well under way, we are assured of an excellent session for this "End of the Century Meeting."

Reduced railroad rates, program and announcement will be mailed in due season.

A. M. LINN, M. D., President,
H. W. WESTOVER, M. D., Sec'y, Des Moines, Iowa.
St. Joseph, Mo.

Book Reviews.

The Manual of Operative Surgery, by Lewis A. Stimson, B. A. M. D. Fourth and revised edition. 293 illustrations. Lea Bros. & Co., publishers.

It is an exception to the general rule for an author to boil down the contents of a book in the process of revision, but Dr. Stimson has adopted this plan in revising the third of his *Manual of Operative Surgery*, with the result of giving to the profession a very practical and concise description of the procedures in both major and minor cases. Every superfluous word seems to have been eliminated, and he has even cut out many of the illustrations from previous editions, upon the theory that they have accomplished their work and are consequently out of date.

Disease of the Eye, by Edward Nettleship, F. R. C. S. Revised by Wm. Campbell Cossey. 8th American, 5th English edition, with a supplement on examination for color blindness and acuity of vision and hearing, by Wm. Thompson, M. D., with five color plates and 192 engravings. Lea Bros. & Co. publishers.

It is difficult for one with limited knowledge of the technique of the oculist to pass judgment upon the relative merits of a work dealing with a subject of this character, but a careful examination of the mechanical construction of the book added to our limited knowledge of the requirements of the same, would lead us to give a very favorable endorsement to the work in general, and a particular endorsement of that portion devoted to the practical examination of railway employes as to color blindness, etc.

"International Clinics," a quarterly of clinic lectures and especially prepared articles on the various specialties in medicine and surgery, edited by Henry W. Cattell, M. D., assisted by John Ashhurst, Jr., M. D. LL. D., and Charles H. Reed, M.D. of Philadelphia, with James T. Whittaker, M.D., LL.D. of Cincinnati.

For ten years the Lippincott Company have been publishing *International Clinics*, thereby collecting the cream of monographs upon these different subjects. Each article is considered separate and distinct from the others and, as a rule, are written by the master men of the profession both in Europe and America.

A matter of special interest in this number is the description of the new apparatus for photographing colors, called the "Kromskop." Especially prepared papers appear upon Therapeutics, Medicine, Neurology, Surgery, Obstetrics and Gynecology, Diseases of the eye and ear, and Dermatology. Thirty pages are devoted to this contribution; the illustrations will compare favorably with those in a more ambitious publication, while the fact that every article is strictly up-to-date, combine to make the *International Clinics* very popular with the profession.

Review of Reviews. The political campaign and the Chinese problem are the two most prominent topics. In "The Progress of the World," the editor analyzes the platform adopted by the Democrats at Kansas City. Among the contributed articles there is a brief review of the work of the Kansas City convention by Walter Wellman, followed by personal sketches of "Mr. Bryan at Home." "Theodore Roosevelt," by Jacob A. Riis, and "Roosevelt's Work as Governor." "The Chinese Revolution" is the subject of a well-informed and timely paper by Stephen Bonsal. Important phases of the situation in China are also set forth editorially.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.


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No. 9

Materia Medica.

A CRITICAL ANALYSIS OF THE PHYSIOLOGICAL ACTION OF EUCALYPTOL

WILLARD H. MORSE, M. D., WESTFIELD, N. J.

T has seemed to Homœopathic practitioners that Eucalyptol is well adapted for adoption in practice, and at the instance of the writer, a series of tests were made.

The remedy was given out to reliable physicians, with a request that it be administered for six days, and then after a lapse of three days, for six more, and that the action be carefully noted. The points for observation were sixteen and included the effects on the mind, head, eyes, ears, nose, mouth, throat, face, appetite, stomach, abdomen, stools, urinary and respiratory organs, heart and skin.

The persons experimented on were all healthy, and only particular symptoms were observed. Herewith are the reports which will go to show the indications of therapy, and the adaptability of the remedy in accord with similia similibus curantur. The experiments are not only conclusive, but the cases reported on go to show the most careful and consistent observation. Indeed, it is my experience that no observations have exhibited more care, and none can be more dependable. I shall feel rewarded in finding the Homœopathic endorsement of Eucalyptol instant and continuous—and I may safely predict it. It promises better and better the more it is known, is coming to be known with a very large favor.

There are twenty-seven cases noted, and in each instance the Sander Australian Eucalyptol was indicated.

I.

- Mind:** Anxiety, depression, apprehension and prostration.
Head: Pain on left side.
Eyes: Profuse lachrymation; eyelids tumid; eyeballs congested.
Ears: Roaring in the ears.
Nose: Copious discharge of yellow mucus.
Face: Flushed.
Mouth: Complained of excessive soreness.
Throat: Burning sensation.
Appetite: Voracious—could hardly wait for meals—increased thirst—eructations.
Stomach: Incessant vomiting—gastric cramps—excruciating pains.
Abdomen: Flatulence—jerking pain above arch of pubis.
Stool: Soft and easy.
Urinary Organs: Painful urination—urine has offensive odor.
Respir'y Organs: Dyspncea—pleuritic pains—some fever.
Heart: Accelerated action.
Skin: Several furuncles appeared—patient never had them before.

II.

- Mind:** Low spirits—sensitive—anxiety and vexation.
Head: Headache intense. It began before rising and lasted all day, and for several days—head very hot—throbbing pain—itching of scalp.
Eyes: Weakness of vision.
Ears: Impeded hearing.
Nose: Epistaxis.
Face: Extreme pallor.
Mouth: Tongue thickly furred.
Throat: Sore—difficult deglutition—continual hawking—tonsillitis.
Appetite: No change, but thirst was distressing.
Stomach: Marked weakness of digestion.
Abdomen: Oppressive hepatic pains—liver hard and tender.

- Stool:** Diarrhoeal—(patient a beer drinker.)
Urinary
Organs: Continual desire to urinate.
Respir'y
Organs: Difficult breathing—constriction of chest.
Heart: Violent palpitation—extreme nervousness.
Skin: Eruptions appeared, and caused much irritation.

III.

- Mind:** Cross—irascible—will not work.
Head: Confused feelings—violent headaches.
Eyes: Obscuration of vision.
Ears: Difficult hearing—roaring noises.
Nose: Symptoms of a violent cold.
Face: Very pale—lips blue.
Mouth: Coated with mucus in morning.
Throat: Raw and burning sensation in pharynx.
Appetite: Excessive hunger and thirst.
Stomach: Qualmishness.
Abdomen: Unusual peristalsis—frequent emissions of disagreeable smelling flatus—violent attacks of pain.
Stool: Frequent pasty evacuations.
Urinary
Organs: Frequent desires to urinate—small quantity of urine voided.
Respir'y
Organs: Decided dyspnoea.
Heart: Small and thready pulse.
Skin: At first it was tight and glossy—became covered with miliary vesicles here and there—vesicles discharged a thin watery fluid.

IV.

- Mind:** Excited—sluggish—irresolute—indolence—ill humor—very sleepy.
Head: Severe headaches—cerebral congestion.
Eyes: Profuse lachrymation.
Ears: Ringing noises.
Nose: Catarrhal symptoms.
Face: Frequently flushed.
Mouth: Dry—sordes—redness of gums—peculiar taste.
Throat: Burning sensation.

- Appetite:** Increased.
Stomach: Fullness and tension.
Abdomen: Vague pains.
Stool: Increased discharge.
Urinary
Organs: Increased quantity of dark sedimental urine.
Respir'y
Organs: Air passages dry—dry cough.
Heart: Palpitation.
Skin: At times dingy, and again livid.

V.

- Mind:** Ill humor shown.
Head: Vertigo—oppressive frontal pains—hair falls out.
Eyes: Constant tearing pain about and in the right eye.
Ears: Hearing impeded.
Nose: Increased secretion of mucus.
Face: Muscular twitching.
Mouth: Copious salivary secretion—sweetish taste.
Throat: Transient burning.
Appetite: Usually excessive, with increased thirst.
Stomach: Some nausea.
Abdomen: Increased peristalsis, with tension.
Rectum: Burning pain—hæmorrhoids.
Stool: (Patient habitually constipated)—increase in quantity.
Urinary
Organs: Copious and frequent micturition.
Respir'y
Organs: Mucus accumulated in air-passages.
Heart: Quickened pulse.
Skin: (Patient had a peculiar yellowish skin)—skin assumed a brown color.

VI.

- Mind:** Very lively and talkative.
Head: No symptoms of disorder.
Eyes: Somewhat inflamed—tension above right eye—feeling as if sand was in them—lids swell and itch—flickering before them—indistinct vision.
Ears: Noises in ears.
Nose: Fluent catarrh.

- Face:** Flushed—red and hot—slight swelling.
Mouth: Lips cracked and sore—peculiar bitter taste.
Throat: Congestion—thick voice.
Appetite: Much increased—voracious at times.
Stomach: Nausea in morning—eructations—occasional cramps.
Abdomen: Left hypochondrium hard, and sensitive to pressure.
Rectum: Frequent desires for movements.
Stool: Diarrhœal evacuations.
Urinary
Organs: Frequent micturition.
Respir'y
Organs: Irritation—hoarseness—cough.
Heart: Acceleration of pulse.
Skin: Vesicles on left knee.

VII.

- Mind:** Very ill humored—sensitive—disposition to weep.
Head: Confusion—difficult thought—frontal oppression—
biting pain in right occiput—sharp temporal pain
—dull pain above ears.
Eyes: Weak feeling—pressure.
Ears: Oppressive sensation in fossa back of right ear.
Nose: Sneezing, without coryza.
Face: Lips dry and scaly—flushed cheeks.
Mouth: Teethache—soreness at roots of lower incisors—uvula
inflamed.
Throat: Increased secretion or mucus—tickling sensation.
Appetite: Ravenous hunger.
Stomach: Pain in upper part of pit of stomach.
Abdomen: Distension — colicky pains — tenderness — pinching
sensation—flatus.
Rectum: Itching at anal orifice—desire for stool.
Stool: Diarrhœal.
Urinary
Organs: Dark urine—burning pain at micturition.
Respir'y
Organs: Short cough from tickling in throat.
Heart: Full and energetic pulse, especially at evening.
Skin: Itching—old scars sensitive—red blotches on legs.

VIII.

- Mind:** Gloomy—fretful and peevish—slight confusion—fron-
tal headache.

- Eyes:** Painful pressure in left eye.
- Ears:** Right ear continually red—sores in helix.
- Nose:** Much more mucus than usual.
- Mouth:** Salivation—bitter taste.
- Throat:** Harsh feeling in pharynx.
- Appetite:** Violent hunger all the time—intense thirst.
- Stomach:** Eructations—feeling of warmth.
- Abdomen:** Rumbling frequent.
- Rectum:** Slight burning after evacuation.
- Stool:** Diarrhœal.
- Urinary**
- Organs:** Copious secretion of bright yellow urine.
- Respir'y**
- Organs:** Several attacks of dyspnœa.
- Heart:** Small, hard and rapid pulse—palpitation.
- Skin:** Very painful and sore pimples on various parts of the body, becoming pustular and suppurating—skin red around each pustule—burning and intense itching continually.

IX.

- Mind:** Irritability—aversion to work—feels unfitted for exertion—peevish.
- Head:** Headache after much exertion—band-like sensation—throbbing—brain feels bruised—painful sensitiveness to external touch—hair falls out.
- Eyes:** Twitching sensation—itching in canthi—dark rings float before the visual axis—feeling of inflammation.
- Ears:** Sensitiveness to noise.
- Nose:** Much yellow mucus forms—itching of septum—catarrhal symptoms.
- Face:** Pain in right upper jaw.
- Mouth:** Sweet taste (at 6th day)—gums sensitive—pain, like looseness of teeth.
- Throat:** Feeling of fullness—swelling of uvula—interference in swallowing.
- Appetite:** Hungry, but fearful of eating too much—eructations—great thirst.
- Stomach:** Nausea—heart burn—food seems to lie heavy.
- Abdomen:** Flatus—audible rumbling in site of an inguinal hernia.

- Rectum:** Smarting after stool—pressure—frequent itching.
Stool: Difficult.
Urinary
Organs: Complains of stitching pain in urethra—reddish urine.
Respir'y
Organs: Tickling cough.
Heart: Palpitation of a spasmodic character.
Skin: Feeling as flea-bites over whole body—itching of feet
—papulous eruption on old scar.

X.

- Mind:** Anxiety—hypochondriac.
Head: Occipital pains.
Eyes: Flickering before the eyes.
Ears: At times hard of hearing.
Nose: All the symptoms of coryza.
Face: Suffused at night.
Mouth: Very dry.
Throat: Burning and dryness of pharynx.
Appetite: Complete loss.
Stomach: Nausea and vomiting—tenderness and extreme pain.
Abdomen: Violent colic.
Stools: Constipated.
Urinary
Organs: Polyuria.
Respir'y
Organs: Aphonia—croupy cough.
Heart: Pulse small, weak and slow, becoming tremulous.
Skin: Peculiarly pale, and sore.

XI.

- Mind:** Naturally mild disposition became depressed.
Head: Frontal headache—vertigo.
Eyes: Dull and staring.
Mouth: Taste curiously affected—“nothing had its natural
flavor except eggs—tea, coffee, and beer positively
offensive—good whisky tastes like slops—all food
had an acrid and disagreeable taste.”
Pulse: Accelerated.

NOTE—This patient was killed in a railway accident while under observation. Post mortem showed whole extent of pharynx and bronchi inflamed, and coated with a tenacious mucus.

XII.

- Mind:** Entire dejection of spirits—unable to fix her mind on business.
- Head:** Dizzy.
- Face:** Yellowish.
- Throat:** Aphthous eruption.
- Stomach:** Nausea.
- Abdomen:** Meteoric.
- Stools:** Diarrhœa.
- Heart:** Pulse accelerated and weak.
- NOTE**—On appearance of the eruption in the mouth. patient attributed it to tomatoes, and declined further use of it (6th day).

XIII.

- Mind:** Very irritable.
- Face:** Animated look.
- Mouth:** Increased flow of saliva.
- Throat:** Deglutition difficult—choking sensation.
- Stomach:** Vomiting.
- Abdomen:** Noisy flatulence—tenderness.
- Urine:** Red and turbid—usual quantity.
- Heart:** Accelerated action.

XIV.

- Eyes:** Ophthalmia—dimness of vision.
- Mouth:** Salivation.
- Throat:** Deglutition difficult.
- Thirst:** Excessive.
- Heart:** Slight exertion causes palpitation.

XV.

- Mind:** Anxious.
- Head:** Vertigo.
- Eyes:** Lachrymation.
- Nose:** Coryza.
- Face:** Extreme collapse of countenance.
- Mouth and**
- Throat:** Constantly dry.
- Appetite:** Excessive.
- Stomach:** Epigastric pressure.
- Abdomen:** Pain along the colon.

- Stools:** Violent attack of diarrhoea with colic.
Urinary
Organs: Increased secretion of urine.
Respir'y
Organs: Breathing accelerated—croupy cough—aphonia.
Heart: Frequent.
Skin: Unnaturally pale.

XVI.

- Mind:** Anxious—low spirited—sensitive.
Head: Excessive occipital headache—attacks of dull frontal pain.
Eyes: Vision weakened.
Nose: Epistaxis, several attacks.
Mouth: Tongue had thick brown fur.
Throat: Tickling sensation.
Thirst: Distressing.
Stomach: Digestion not impeded.
Abdomen: Violent hepatic pains.
Stool: Diarrhoeal.
Urinary
Organs: Continual desire to urinate.
Heart: Violent palpitations—(very nervous patient).
Skin: Eruptions of erythematous character.

XVII.

- Mind:** Patient showed manifest confusion of ideas, and irritation.
Appetite: This was excessive (from 2nd day), and the patient "did not seem as though she could satisfy herself," eating voraciously, and all the time complaining that she was "hungry as a bear."

XVIII.

- Mind:** Very sensitive and apprehensive.
Head: Severe frontal pain.
Nose: Coryzal symptoms.
Heart: Accelerated.
Respir'y
Organs: Hacking cough—aphonia—pain in lungs.
Skin: Peculiarly brown, and eruptions appeared.

XIX.

- Mind:** Mental distress—apprehension—delusion—confused ideas—anxious.
- Head:** Continual frontal headache, with sharp pains shooting in occiput.
- Appetite:** Voracious.
- Urinary**
- Organs:** Constant desire to urinate—urine dark-red and abundant.
- Respir'y**
- Organs:** Aphonia—cough—shrill respiration.
- Skin;** Eruptions appeared the first week, and were very annoying.
- Heart:** Accelerated.

XX.

- Eyes:** Eyesight weakened at first—recovered normal vision.
- Face:** Red—trembling of lips.
- Throat:** Stammering noticed.
- Appetite:** Remarkable and continues to increase.
- Stomach:** Spells of vomiting—some pain.
- Stool:** Purging.
- Heart:** High pulse.

XXI.

- Head:** Frontal headache.
- Eyes:** Peculiarly restive.
- Face:** Pale and wan.
- Mouth:** Gums swollen—severe toothache.
- Appetite:** Unusually good.
- Stomach:** Burning heat in epigastrium—good digestion.
- Stool:** Obstinate constipated.
- Heart:** Pulse quick and weak.

XXII.

- Eyes:** Redness (2nd day).
- Face:** Reddish—purple flush.
- Appetite:** Diminished.
- Stomach:** Constant qualmishness.
- Respir'y**
- Organs.** Dry, hacking cough—dyspnœa.
- Heart.** Pulse rapid and feeble.

XXIII.

- Eyes.** Glistening—pupils moderately dilated.
Face. Sallow.
Tongue. Brown and dry.
Appetite. Increased—excessive thirst.
Stomach. Impaired digestion.
Stool. Thin and liquid.
**Respir'y
Organs.** Hoarseness—weak voice.
Heart. Increased action.

XXIV.

- Appetite.** After taking the remedy for three days, this patient complained that it was intensely disagreeable to her, and that she "felt ill"—also loss of appetite and that food was disgusting to her. There was considerable nausea, and a sick headache. She also complained of an excessive thirst.

XXV.

- Appetite.** Aversion to food—eructations—heart-burn.
Stomach. Frequent nausea—epigastric tenderness.

XXVI.

- Appetite.** Ravenous at first, then lost.
Stomach. Retching—vomiting—epigastric pain.

XXVII.

- Heart.** Small, quick and very irregular pulse—heavy and oppressive pain in vicinity of the heart.
Appetite. Impaired.
Stomach. Vomiting—but only slightly—one attack.

Summary.

- Mind:** **Anxiety**—apprehension—**CONFUSION**—**depression**—*indolence*—**irritability**—peevish—prostration—*sensitive*—sullen.
- HEAD:** **HEADACHE** (*frontal, occipital, temporal*) band-like, biting, bruised (brain) congestive, *dull*, sharp *throbbing*—hot—*hair falling out*—itching of scalp—sensitive to touch.

- EYES:** BALL—LIDS—VISION.
 CONGESTED—glistening—INFLAMED—LACHYMIATION
 —pressure—pupil dilated—staring—*flickering*—
itching—sand sensation of—tearing pains in and
 about right eye—tumid—twitching.
 Vision WEAK, *obscure*, dark rings floating before
 eyes.
- Ears:** HEARING IMPAIRED—noises — ringing — *roaring* —
 sensitive to noises.
- Nose:** **Catarrh**—mucous—PROFUSE—*yellow*—*symptoms of*
violent cold—CORYZA—*sneezing*—itching of sep-
 tunes.
- Face:** **Flushed**—PALOR — *yellow* — purple flush — hot —
 swollen.
- Mouth:** Lips blue, *dry, cracked, sore, scaly*—tongue DRY,
 FURRED—teeth sordes, pain in roots of lower in-
 cisors—gums *red, swollen*—UVULA INFLAMED—
 salivation—taste *sweetish, bitter*.
- THROAT:** **Burning**—RAW—SORE—*swollen*—TICKLING—SWAL-
 LOWING DIFFICULT—tonsilitis—choking sensation
 —stammering.
- Appetite:** **Voracious**—**thirst**—ERUCTATIONS—loss.
 Tea, coffee, beer offensive.
- Stomach:** Burning—*cramps*—digestion weak—*fulness*—heart-
 burn—heaviness—*nausea*—qualmishness — *ten-
 derness*—vomiting.
- Abdomen:** **Flatulence** — *offensive* — pain, **colicky**, CRAMPS,
 jerking, pinching—**peristalsis**—**rumbling**—liver
 hard and tender.
- Anus:** *Burning*—hemorrhoids—itching—pressure.
- Stool:** **Diarrhoea**, *soft, pasty*—*frequent desire*—purging,
 constipation, difficult.
- Urinary Or.:** Burning—stitching in urethra—painful.
 Urination, **frequent desire**.
 Urine **increased**, *reddish*, dark sediment, turbid,
 bright yellow.
- Resp. Org.** APHONIA—constriction—**dyspnœa**—fever — irritation—*pleuritic pains*—**cough**, DRY, *croupy, hack-
 ing*, hoarseness.

- Heart.** **Accelerated—palpitation.**
Pulse energetic, full, hard, *rapid*, SMALL, thready,
tremulous, **weak.**
- Skin:** *Brown, dingy—livid—pale.*
Furuncles—pimples—*pustules*—erythema—*vesicles.*
Burning—IRRITATION—*itching*—old scars sensitive
—red margin around each pustule—sensation
of flea bites all over the body.

H. W. PIERSON, M. D.

Cicutin.—When given in full doses, among its first physiological effect are drooping of the eyelids, heaviness of the arms and legs, with disinclination to move and a great desire to remain very quiet.

Sulphonol Poisoning.—It has no effect on tissue changes. The spectroscope fails to show any changes in the blood. The usual symptoms produced by a toxic dose are mental disturbance; decreased reflex activity; a physical and mental torpor; difficulties of speech; incoordination; depressed respiration and scanty secretion of urine. Sometimes there is a slight change in the circulation, and may have constipation, vomiting, swelling of joints, pain in the lower extremities, paresis, disturbance of vision, ptosis and minute papular eruptions, which show a disposition to follow a nerve trunk, sometimes causing pruritis.—(*Med. Sentinel.*)

Mental Suggestions.—The mind as a factor in the cure of epilepsy is a great thing. The mind is an organizer of physical conditions, and the dread of something frequently brings its realization. To advertise, to emphasize disease, to always keep the patient on the tenterhooks of apprehension, to have an attendant always at hand as a red flag of danger, to discuss the treatment and the time for seizures, to show pity and compassion, to isolate the patient or shut him up with other cases as is suggested by an epileptic colony, is no way to cure the trouble, but on the contrary will perpetuate the disease. Science has demonstrated that the mind can cure disease of the body. If it can cure, it can and often does promote diseased conditions.—(*Dr. Brewer, Alk. Clin.*)

The Laughing Plant.—An Indian medical journal publishes a description of a curious plant which grows in Arabia and in parts of the western frontier of Hindoostan. It is popularly known as "the laughing plant" on account of the effect produced by eating the seeds. "The plant is of moderate size, with bright, yellow flowers and soft, velvety seed pods, each of which contains two or three seeds resembling small black beans. The natives of the district where the plant grows dry these seeds and reduce them to powder. A small dose of this powder has similar effects to those arising from the inhalation of laughing-gas. It causes the soberest person to dance, shout and laugh with the boisterous excitement of a madman, and to rush about cutting the most ridiculous capers for about an hour. At the expiration of this time exhaustion sets in, and the excited person falls asleep, to awake after several hours with no recollection whatever of his antics."—*Exchange.*

SYMPTOMATOLOGY OR PATHOLOGY AS A SCIENTIFIC BASIS FOR PRESCRIBING—WHICH?

J. M. SELFRIDGE, M. D., OAKLAND, CAL.



IN presenting this question for consideration, it must be remembered that when the Homœopathic materia medica was brought into existence, collateral sciences were not as well understood as they are at the present date. Physiology and Pathology had not reached the position they now occupy. The microscope was far from its present state of perfection. The clinical thermometer was unknown and chemistry, as compared with its present position, was in its infancy. Hence, we must, of necessity, take things as we find them.

In looking over the field, we find that much has been said and written on this subject; and that, while there may be honest differences of opinion, owing to different methods of study, or a lack of knowledge on the subject, still it is always full of interest.

In the Homœopathic school of medicine, there ought to be no room for two opinions; but, that there are two wings, or two modes of thought in the school, is too true; and their differences on this subject are almost as far apart as are the Homœopaths and the Allopaths.

One wing contends that it is not only more scientific, but absolutely necessary to have a pathological basis upon which to prescribe; while the other contends, with even *more* vehemence, that a knowledge of pathology is of little value and wholly unnecessary in the taking of a case or the selection of a remedy. In fact, there are those who depend so entirely on symptoms as not to know or care what the name or nature of the disease really is; and know but little, if anything, of physical diagnosis. This, of course, is not as it should be. Such practitioners have given the Allopaths an opportunity to sneer at us, as a school, and enables them to speak of us as a set of ignorant symptomatologists, with but little knowledge of the science of medicine.

It is a fact, however, that those who confine themselves *exclusively* to symptomatology are few as compared with those who take a broader view. The scientific Homœopath avails

himself of every means by which he may gain a knowledge of a case he is to treat. Without symptoms, a Homœopath would obtain a very unsatisfactory picture of his patient, and while a knowledge of the pathological condition when present is absolutely necessary to make a correct diagnosis, still, symptoms, of which pathology may be one, are of prime importance in the making of a prescription, because, symptoms, both objective and subjective, are the language of the disease; in fact, the *only* method by which Nature can convey a true picture of the internal malady. So important are they that they cannot be dispensed with by *either* wing, or by *any* school of medicine. Even the Allopath, who prides himself on his knowledge of pathology, cannot determine its existence without symptoms. When called to a case of illness, he at once seeks for a pathological condition, that he may give the disease a name.

He proceeds to examine the patient, as every intelligent physician should. He finds, it may be, the pulse rapid, the temperature is high, the breathing is, perhaps, twice the normal frequency.

There is a cough and expectoration, which is tenacious, rust-colored, or, perhaps, bloody; and the patient complains of soreness of the chest. He examines the lungs—there is dullness on percussion, and auscultation detects crepitant rales, or there may be prolonged tubular expiratory murmurs with broncophony, indicating hepatization. He has made a diagnosis—the patient has pneumonia. The examination was proper and skillfully made. Only one thing was neglected—a microscopical examination, to determine the presence of pneumococci? But, one thing is certain, every fact elicited by his examination was a symptom without which the diagnosis could not have been made. But of what use are the symptoms to him in making a prescription? He prescribes for a *name*, and it is more than probable that for a dozen cases of pneumonia he would write out the same prescription, containing, perhaps, half a dozen nauseating drugs, and, as a rule, he would order poultices applied to the chest every half hour, both before and behind; an application which, under Homœopathic treatment, is not only unnecessary, but, under any system of treatment, is often productive of harm, for the reason that they are not only depressants, but are liable, while being changed, to chill the surface of the chest and increase congestion.

The pathological Homœopath differs from the Allopath in this: His aim is to make a homœopathic prescription, and, consequently, he takes some note of symptoms, but his great desire seems to be to find a remedy which has developed pathological symptoms among its provings; but, if they be not present, he finds fault with the system, and blames other people because they are not doing more to improve the materia medica.

That this is no fancy sketch, we have only to examine the proceedings of the last meeting of our State Society, where we will find that one of the leading surgeons of Los Angeles gave the members of the profession a most unmerciful scolding for not doing more to improve our materia medica when he himself was doing nothing in that line, and, so far as I know, he never has made a proving of a drug in his life. And, if I am not mistaken, it was he who smoothed his immaculate broadcloth and thanked God that he was "a physician first and a Homœopath afterwards." Exactly what is meant by that expression. I do not know, never having heard it explained; but, to my understanding, such an expression is a slur on homœopathy. As much as to say its remedies and methods are not equal to every occasion, and, hence, the physician is at liberty to palliate like an Eclectic or an Allopath first, and practice Homœopathy afterwards; but, he forgets that in so doing he is furnishing weapons for the Allopaths to use against us as a school.

Such a physician, in his efforts to obtain a pathological basis for his prescription, comes very near doing what the Allopath does—prescribe for a *name*. And, in the majority of his cases, he calls for two tumblers, and deals out two remedies to be given in alternation every hour or two, if not more frequently.

Some years ago, I knew of a case in San Francisco in which the physician in charge was administering eight remedies in different tumblers alternately every fifteen minutes. This, of course, was a case of extreme polypharmacy, only a *little less* scientific, however, than the method of alternating two remedies.

There is reason in this criticism, because every disease is expressed in its own language and every remedy has its own complex of symptoms; and, since it would be absurd to attempt to make a proving of two remedies on the same person at the same time, so it would be exceedingly unscientific to administer two remedies in alternation. Such prescribing is not only polyphar-

macy, but the physician learns nothing from such practice. Besides, the failure to properly differentiate is unscientific, and, therefore, unhomœopathic.

The scientific Homœopathist takes a case with much greater care than either the Allopath or the pathological Homœopath. If there be a pathological condition present, he determines it by the same means employed by those who use it as a basis for prescribing. Not only so, but he takes into account all the peculiar and unusual symptoms, not omitting the mental and nervous modalities. Not satisfied with the objective and subjective symptoms obtained from the patient, he questions the friends and attendants; the object being to obtain as complete a picture of the case to be treated as possible.

When making a prescription, the pathological condition, although recognized, cuts a very small figure; it is only one symptom, and, so far as the selection of a remedy is concerned, is frequently of little importance, for the reason that the accompanying symptoms are the language of the diseased condition. Having obtained as correct a picture of the case as possible, he prescribes for the *patient*, and not for the *name* of the disease.

The remedy being selected, the size of the dose is to be considered, for the reason, if the dose be too material, the condition of the patient may be aggravated to such a degree as to endanger his life. Therefore, the motto of the scientific Homœopath is, *the single remedy and the smallest dose that will cure*. He never alternates remedies, not only because it is never necessary, but a second remedy might interfere with or neutralize the remedy indicated.

As an illustration, let us consider the treatment of pneumonia.

Suppose the patient has the following symptoms: The pulse is 120 beats per minute; the temperature 104°; respirations thirty times a minute; the cough is severe; the expectoration rust-colored or bloody, and very tenacious; his chest is sore, and there is flatness on percussion over the lower lobe of the right lung, while auscultation reveals crepitant rales, or, perhaps hepatization. Now, shall we order two tumblers and give two remedies in alternation? One to reduce the temperature, which is usually considered to be a form of internal combustion, and, therefore, so dangerous as to require immediate reduction (an idea which, to my mind, is not only unscientific, but erroneous in practice),

and a second remedy, perhaps, for the cough? Now, inasmuch as the temperature and cough are both symptoms of the general condition, why not select a single remedy, which will cure the case, and thus reduce both temperature and cough? This is possible, for in any case where such a group of symptoms are present as in the case above described, there is but one remedy indicated, and that remedy is *Phosphorus*. But what of the potency? It should not be given so low as to seriously aggravate the symptoms. The 30th centesimal is safe; but personally, I prefer the 200th, even in the most acute cases.

Take another case: Suppose the patient has much the same pathological condition, with this addition—the pleura is also inflamed. The symptoms are somewhat different; his breath very short, because every motion of his chest causes excruciating pain, as if a knife were thrust between the ribs; and, for the same reason, he cannot raise his arms, and by preference, he lies on the *sick* side. He also has thirst for large draughts of water at rather long intervals. These are the leading symptoms. Now, what remedy? Shall we prescribe *Phosphorus*, as in the former case? We might, but it would not stop the pain or cure the case, for the reason that the symptoms are a perfect picture of *Bryonia*.

A third case may have a pathological condition very similar to the first one, but, we notice, on close inspection, that the type is adynamic. He changes his position in bed quite frequently; now on one side, and then on the other, because he gets tired lying in the same position, and change gives him temporary relief. The expectoration may be thin, pus-like, or the sputa may be like brick-dust or bloody, or the cough may be dry and teasing, worse at night, and accompanied with involuntary diarrhoea. Now for the remedy. Shall we prescribe *Phosphorus* and *Bryonia* in alternation? Such prescriptions have been made; but if we differentiate carefully, we will prescribe *Rhus tox*, which has cured many such cases.

Or the adynamic symptoms may be more pronounced. The patient may be semi-conscious, although the eyes are wide open, but he sees only imaginary objects, at which he grasps; he picks at the bed-clothes as if he saw something; he mutters incoherently; his teeth are covered with sordes, while his stools and urine are passed involuntarily; the temperature is perhaps 105°. Pathologically speaking, such a case would be called ty-

phoid pneumonia. But what of the treatment? Shall either of the remedies mentioned above be prescribed? Or, as the case is alarming, shall we resort to the time honored use of stimulants, etc? Not if we wish to be Homoeopaths. A careful differentiation will show us that there is but one simillimum for such a case, and that is *Hyoscyamus*.

Take a fourth case, the symptoms of which differ from the first case mentioned principally in the character of the cough, which sounds *very loose*, as if a large quantity was about to be expectorated, but nothing comes up. Auscultation reveals the fact that the bronchi are loaded with rattling mucus. The face is usually pale, the pulse soft, and the patient drowsy and prostrated. Such symptoms do not indicate either *Phosphorus*, *Bryonia* or *Rhus tox*, but *Antimonium tartaricum* is the remedy.

Again, suppose a case of pneumonia has been overlooked or improperly treated, and, instead of resolution, gangrene manifests itself; a condition which is frequently ushered in with symptoms resembling collapse, in which there would be subnormal temperature, perhaps 94° or 95°, cold perspiration, etc. Would such a condition point us to the homœopathic remedy? It might lead us to guess in the same manner that the Allopath guesses, but we would need something more to guide us in the selection of the homœopathic remedy. If we observed more closely, we would probably find that the patient had foetid expectoration, great mental anxiety, restlessness, not satisfied, wants to be changed from place to place, perspiration is cold and clammy, great thirst for water, of which he partakes but a little at a time, but wants it often; wants to be covered because warmth is comfortable. With such symptoms before him, no Homœopath would think of resorting to stimulants, etc., to rally the sinking energies, but *Arsenicum* would be his remedy. Not because of the pathological condition, but because *Arsenicum* has produced the anxiety, the restlessness, the thirst, etc., in its provings.

But will *Arsenicum* cure every case of gangrene? Only when the symptoms correspond.

The pathological condition is one thing; the symptoms which may be present in different constitutions may be quite different. Cases have occurred in which the collapse was more pronounced, the prostration more extreme, the perspiration cold and clammy, the countenance having a pinched expression; but,

notwithstanding this cold condition, the patient wants to be *fanned*. With such symptoms, the remedy would not be *Arsenicum* but *Carbo veg.*

If, on the other hand, the patient, although in a cold, collapsed condition, persisted in being uncovered because he felt too warm, the remedy would not be either *Arsenicum*, or *Carbo veg.*, but *Secale cornutum*. This remedy once cured a case of puerperal metritis for me, where the following symptoms were present:

Stupid, quiet delirium; face Hypocratic, pale; tongue dry and brown; abdomen distended; lochia profuse, semi-fluid, putrid odor; profuse cold, clammy sweat all over the body; yet she persisted in being uncovered. This was the key note which led me to give *Secale*, which cured in the 200th potency.

Subjective symptoms, like the above, are invaluable to the careful prescriber, but would not be of much use to the pathologist.

Subjective symptoms are frequently of more value than objective symptoms, for the reason that they are very apt to be key notes that guide us, not infrequently to the remedy that cures.

A case in point: Some years ago, I was treating a case of pyelitis, so pronounced by one of the best Allopathic physicians in San Francisco, Dr. DeVecchi, whose prescription was extirpation of the kidney. After treating the case for a few days, during which time I selected remedies that seemed to be indicated, I was led, by the following symptom, to prescribe the remedy that cured: Although the patient was in bed, well covered with good warm blankets, she said, "Doctor, I feel as if the wind was blowing on my legs." This was a purely subjective symptom, which, so far as I could determine, bore no relation to the pathological condition, and yet, in the 200th potency, it cured the case.

This same symptom led me to select the remedy which cured a case of asthma of long standing, which had resisted remedies selected by myself and the late Dr. Hering, of Philadelphia.

On a warm day in summer, I noticed the lady was wrapped in a warm shawl. When I inquired the reason, she remarked that she felt as if the wind was blowing on her back between her shoulders. How long have you noticed that symptom? was my question. "Oh, for a long time, but did not think it worth mentioning." Thus it is, many times, the best efforts of the physician are thwarted by the patient not mentioning peculiar symptoms

which they think are unimportant. The remedy which cured both the cases was *Hepar Sulphur*, 200.

A young lady complained of having hot feet, so hot she had to put them out of bed at night or she could not sleep. What was the pathological condition? It would have puzzled the best of us to have found a pathological organ in her body; and yet that symptom indicated a constitutional condition which Hahnemann has called Psora. Four powders of *Sulphur*²⁰⁰ cured her.

Again, "children cannot bear to be washed or bathed." Or, there is, "offensive odor of body, despite frequent bathing." In such cases, *Sulphur* is the remedy, but what is the pathological condition? Or, "the feet feel cold and as if the stockings were damp," when the reverse is the truth. This symptom suggested the remedy that cured a case with the following symptoms: Frequent urination at night; cutting in the urethra with ineffectual desire to urinate. The case had been under the care of Dr. Cluness, while in Sacramento, who diagnosed the cause as congenital stricture, and operated, but without relief. The case had also resisted the action of remedies administered by Dr. A., of Vacaville; but one prescription of *Calcarea Osteorum* 200th cured permanently. Now, what was the pathology?

Again, suppose a patient complains from day to day of pain in the stomach immediately after eating, and the stomach, as a rule, is greatly distended with gas; the *mouth very dry*; and there is a feeling of drowsiness which is well nigh irresistible.

If we were to jump at conclusions, we might think that the cause was due to fermentation in the stomach, and prescribe *Carbo veg.*, or, perhaps, material doses of *Carbonate of Soda*. Experience would teach us that neither could cure. Or, we might conclude that there was some disturbance at the origin of the pneumogastrics or solar-plexus of nerves. But would such a diagnosis suggest the remedy? Echo will have to answer. The symptoms, however, point unerringly to *Nux moschata*. But, suppose the pain commences two or three hours after eating, when digestion is well advanced, accompanied with some distension of the stomach and a sense of weight, as if some hard substance were in the stomach. Now, although there is some similarity of symptoms, yet they are sufficiently unlike to require different remedies. In fact, *Nux moschata* will not cure such a case,

but *Nux vomica* will. But, suppose the pain does not commence until congestion is completed and the stomach empty, and the pain is not relieved until the patient eats something. Does the pathological condition, if there be one, suggest the curative agent?

There is only one remedy that will cure such a case, and it does it because it has shown its ability to produce similar symptoms on the healthy individual. The remedy is *Anacardium orientale*. It may cure in the lower potencies, but, if they fail, don't condemn homoeopathy until after you have tried it in the 200th potency.

Take some examples of neuralgia, and I care not where the pain may be located, or what may be the pathology, provided the symptoms correspond; but, for convenience, suppose they are in the head. In our first case, the pain comes on suddenly, and after continuing for a time, leaves as suddenly as it came. Now, there is one other remedy which has this symptom, but if, on differentiation, we find that the eyes are sensitive to light and the ears to sound, while the head may or may not be dizzy, and the face flushed, we would select *Belladonna*, and it would not disappoint us if given high enough; whereas, if given too low, it would be very apt to aggravate the pain. But, if the pain commenced suddenly and, after continuing awhile, declined slowly, and on further inquiry we ascertained that the pain was relieved by being in a cool room or in the open air, *Pulsatilla* would be a center shot. But, in another patient, the pain might commence suddenly and gradually increase to an almost unbearable degree of intensity, and then slowly decrease until the relief was complete. Now, would pathology point us to the remedy? I fail to see it. But such symptoms call loudly for *Stannum*, and it would not fail to cure in the 200th potency.

But, suppose another patient, whose headache is of that peculiar and unusual kind in which the pain commences with the rising of the sun, and continues until the sun sinks beneath the horizon. What is the pathology? I confess I do not know, and I do not think I would spend much time in attempting to determine whether this or that sympathetic nerve twig was being pressed upon, when I knew I had a sovereign remedy for such a case in *Spigelia*.

Other symptoms might be mentioned in connection with many different diseases, which would indicate the choice of a

remedy, and, yet, it might be difficult or quite impossible to discover a pathological lesion in any organ or tissue of the body.

Now, while these are frozen facts, which demonstrate that symptoms are of the greatest importance, either in making a diagnosis or the selection of the remedy, still, a pathological condition, when present, should always be determined and its bearing on the case carefully noted. Yet, at the same time, we will find that in the majority of the cases, it will not cut a figure of much magnitude in the selection of the most similar remedy.

The principles for which I have contended in this paper are not new, since they can be found in the "Organon of the Art of Healing,"—a book which none of us can be too familiar.

To a person who, like myself, was educated in the schools of Allopathy, it seems strange that so many who have graduated from colleges which are called Homœopathic, should not be familiar with the thoughts of the *one man above all others*, who was capable of speaking by authority on a subject of so much importance as that which deals with human life. Inasmuch as Hahnemann was, without doubt, the best observer of diseases and their remedies who has ever lived, what can be more appropriate, what greater privilege can the Homœopath have, than to go to the fountain head for that knowledge, which can alone be obtained in the works of Hahnemann?

Anti-Alcohol Serum in France.—Drs. Sapelier, Thebault and Broca have advised the French Academy of Medicine that they have discovered an anti-alcohol serum. They stated that their experiments proved that a horse fed for a certain time on doses of alcohol and food mixed with alcohol furnished a serum antiethyline which, injected into victims of the alcohol habit, gave them an absolute distaste for the liquor. Dr. Sapelier has sent a second communication to the Academy stating his methods and results obtained. He cited fifty-seven cases of drunkards treated by antiethyline; thirty-two cases were successful, or sixty per cent; fifteen per cent had their condition improved and the failures amounted to twenty-five per cent which was caused by irregularity in following the treatment, or from physical defects considered as unfavorable. It has been stated that the success obtained by the injection of anti-alcohol serum is due to imagination or auto-suggestion, but this is refuted by Dr. Sapelier, who states that the hysterical and impressionable patients figure among the failures, or those who were merely improved in condition. The three doctors have deduced an ingenious theory from their system. They say that the action of anti-alcohol serum awakens reflex acts which, as a whole, constitute originally the instinctive distaste of man for alcohol, thus re-establishing a natural habit in place of the induced habit.—*Scientific American.*

DISEASE AND MEDICINE—A POPULAR ESSAY.

S. R. VINCENT, M. D., INDIANAPOLIS, IND.

ADAM lived to be 930 years of age; Jared, of the 5th generation from Adam, 962 years; Methuselah, 2nd, from Jared, 969 years; and Noah, 2nd from Methuselah, 950 years; excepting Enoch, who was translated at the age of 365 years, the average duration of life of all the antedeluvian in the line from Adam to Noah inclusive was 912 2-9 years. Shem, the son of Noah, attained to the age of 600 years; Eben, 3rd from Shem, 464 years; Serng, 3rd from Eber, 230 years; Abraham; 3rd from Serng, 175 years; and Jacob, 2nd from Abraham, 145 years.

Thus the duration of human life has steadily decreased until to-day the average is from 28 to 36 years, in Europe and America, and much less in many other parts of the world. Now, what is it that has thus reduced the vitality of mankind and destroys the average life to-day at the age of 30 years when it should continue for 1,000 years? What terrible life destroyer is this, that, beginning with Adam, has increased in power with each succeeding generation until at the present time all are killed in infancy? It is chronic hereditary disease. All chronic diseases are hereditary—all hereditary diseases are chronic—they are one and the same thing—and the whole human family are affected—not one is exempt. The centenarian, with all his 100 years, dies in the beginning of life according to the antedeluvian standard, which is the only standard of health.

So, here we are with an average degree of health less than one-thirtieth of what attained before the flood, and the great question "how can we regain our health" can be answered, only, when we are able to answer the other question, "how have we lost our health?" how have we descended from the antedeluvian standard? what are the causes?

It was formerly supposed, and is, to-day, by barbarians, that, disease is a special Providence inflicted upon each individual because of his sins, to be removed by incantations, sorcery, sacrifices, etc. Various causes are ascribed by civilized people, yet, the barbarian view is equally reasonable—equally true with the most of them. The fact is, that all diseases have an artificial origin. Nature imposes no sickness upon man that could not have been avoided by proper living. A healthy body could be made sick only by transgression of the laws of health. Disease

and death came upon Adam because of an error in diet. So, all diseases are, primarily, the result of physical abuse. These abuses can be classified under two heads.

1. Perversion of the natural functions of the body arising from insufficient or improper food, gluttony, overexertion, indolence, intemperance, debauching, vice, dissipation, etc.

2. The introduction of morbid agents, poisons, into the system through the skin, the lungs, the alimentary canal and other mucous surfaces.

The penalty for all these physical abuses committed by one's lineal ancestors from Adam down, and including one's self, is inflicted upon each individual and passed on down to posterity. Thus, the whole human family, burdened with the curse of all the physiological sins committed since the creation, have become so many living magazines of combustible elements ready to be "touched off" by the slightest cause, some by heat, some by cold, some by dampness, some by dryness, some by work, some by idleness, some by eating, some by fasting, and all susceptible to epidemic, and contagious influences to which a healthy body would be impervious. *Acute diseases are but periodic outbreaks of otherwise latent chronic diseases*, or, the sudden development of the same by exposure to some external influence, which alone could not affect health.

How this State of Disease is Perpetuated.

You have doubtless read the story of "Mark Twain's Watch," how "Mark" forgetting to wind, it stopped, and he, thinking it deranged in some of its parts, took it to various watch "tinkers" whose successive meddlings rendered it unreliable, and, finally, worthless? So, a man, forgetting to obey the laws of health, becomes sick. He goes to the doctor, or, the druggist, gets a "tonic" which he takes regularly, and *continues his bad habits*. What is the result?

A poison is introduced into the system. All the vital forces of the body increase their energy to throw it out. The man is stimulated—he feels vigorous—the nervous sensibilities are deadened—he is narcotized—he feels comfortable. Under the influence of the "tonic" the destructive processes caused by the continued bad habits are increased unfelt; the weakened and overburdened vital forces become unable to throw out the poison; it accumulates in the system and produces *drug disease*. All

know something of the terrible diseases caused by alcohol, cocaine, morphine, absinthium and opium. The continued use of any poison produces disease.

Well, a stronger poison now becomes necessary to produce insensibility to the increasing havoc and another drug disease is installed within the system, then another, and another, and so the good work, for the devil and the doctors, goes on. Meantime, the fellow "sows his wild oats" and reaps a harvest of venereal diseases. All contagious and infectious diseases pass through a "period of incubation" immediately following their contraction, or inoculation, during which time the disease is diffused throughout the entire system; then, after it begins business, a product is thrown out upon the skin, or mucus membrane, or both. The suppression of the eruption in diseases that take a rapid course, like measles and small-pox, causes metastasis to the internal organs resulting in these chronic hereditary diseases before they reach the age of five years, and the other half are maimed for life.

You have heard of the Arab loading his camel with all that it could bear, then laying on one more straw which broke the poor creature's back? So, man, loaded to his full capacity with inherited and acquired diseases, staggers along imagining he is healthy so long as he does not "break down." There is a change in the weather and down he goes to his bed with the grippe, pneumonia, or something else, "made sick by exposure to a change in the weather," we are told. I have an idea that the camel could have carried the straw, and the man could endure the exposure without "breaking down" were it not for the other burdens previously imposed.

Treatment.

Is it not reasonable, that, the best thing that man can do in the way of curing disease, is, to remove those impediments to health which man, himself, has imposed? It is not only reasonable, but it is a fact. *The proper treatment of all diseases is the removal of their artificial causes, without the presence of which, natural influences would not affect health.*

For diseases arising from perversion of the natural functions of the body, a return to the natural mode of living by ceasing those practices which are incompatible with health is the only efficient remedy.

For disease arising from the introduction of morbid agents, poisons, of whatever nature, into the body, medicine is the only effective remedy. The extent of the abuses of this class is appalling. Besides the increasing exposure to toxic influences incidental to the business affairs of life, this has become an age of promiscuous *drug drunkenness*.

The saloon, the drug store and the grocery vie with one another in the nefarious business of producing drunkards; and the saloon gets the fewest victims. The drunkard in the gutter, and the invalid in the boudoir, are both drunk with poison. When they arouse from their stupor a little, they both take more poison. You despise the drunkard in the saloon, while you, yourselves, are continually drunk. He is drunk with alcohol—you are drunk with tobacco, with tea, with coffee, with patent nostrums, with drugs. If he leaves off his alcohol, he is tortured with fever and thirst—if you leave off your tobacco, you are too nervous to attend to business—if you leave off your tea, you have sick headache—if you leave off your coffee you are prostrated—if you leave off your patent nostrums, your liver, your spleen, your bowels, your kidneys, or something else fails to act well—if you leave off your *drugs*, your stimulants, your narcotics, your diuretics, your diaphoretics, your laxatives, your cathartics or your purgatives, some of the functions of your miserable bodies are suspended. His poison is as much a medicine as yours; he takes it for the same reason that you do yours—temporary relief—with results as prompt, as efficient, as enduring as you obtain. Candidly, I see not why you should despise him any more than you do yourselves. He is too weak to throw off a powerful habit—you are too weak to throw off a less powerful one. He is afflicted with a drug disease—you are afflicted with drug diseases.

It would be well if temperance agitators gave more attention to the drug store and grocery phases of intemperance—if they all began “at home” where stimulants which lead to habitual drunkenness are constantly placed before children. Intemperance begins not, with the first glass of alcoholic beverage, but with the first cup of coffee—of tea—or the first prescription from the doctor. Intemperance is a tree of wonderful vitality, bearing a great variety of fruits; it is folly to attempt to kill it by clipping off a few of the branches bearing its most disagreeable products.

Although discontinuation of a poison, will, in time, ameliorate

the trouble, I repeat, that, for disease arising from the introduction of poisons into the system, medicine is the only *curative* remedy.

What is Medicine ?

No material substance is medicine, although it be the vehicle of a medicinal element. *Medicines are forces.* Dynamic forces, directed by Omnipotent laws, control everything in the Universe down to the minutest details, and medicines are among these forces; obtained from materials, of course, for, every material thing is possessed of a dynamic force, or forces, upon which it depends for its existence, character, and condition.

In order to employ these forces without imposing toxic materials upon the system, they are removed from their native vessels and placed in one which is acceptable to the body, one of its foods. How is that done? With the same means by which electricity, and magnetism are drawn from their native materials—by means of friction.

Rub a piece of glass, sealing wax, amber, or a cat's back with the dry hand and electricity is developed. Rub a piece of loadstone with a piece of steel and the magnetism of the loadstone is imparted to the steel, from which it can be imparted to other pieces of steel in the same manner without any of the pieces losing any power. Pulverize any material substance, then, grind it in a mortar with sugar of milk and the dynamic forces of the former are imparted to the latter, from which, they can be imparted to other quantities of the same by successive triturations. This process is called *dyminization*, and *potentization*, because it eliminates the material, liberates, and develops the power of the dynamic elements. The trituration (grinding) of a crude substance with sugar of milk makes the first potency; the trituration of the first potency with sugar of milk makes the second potency, etc.

How to employ these forces in the Curing of Disease.

Observation and experience have fully demonstrated that, each agent capable of affecting health, on being introduced into the system, invariably, produces its own characteristic group of symptoms, constituting a disease, which nothing else can duplicate. It is fully demonstrated that, where an invalid is afflicted with one of these diseases, one of these groups of symptoms, cause

unknown, the administration of the agent that, alone, can produce it, speedily and completely cures it. Here is a paradox—let fact explain it. It is a fact that, when a morbid agent is introduced into the system causing disease, the administration of a *different potency of that same agent* speedily and completely cures that disease; and I will add, that I know of no facts which prove that anything else can.

The foregoing facts prove, what, to me, seem *self evident* truths, that, each morbid agent works in certain definite channels in the system; that, it cannot, under physiological law, work outside those channels; that, although the human system is such a composite unit that an agent at work in any certain channels may have an indirect and temporary influence upon agents working in other channels; yet, the only thing that can directly affect and reverse the action of an agent at work in any certain channels is an agent working on those same channels but in an opposite direction; as, only the agent can work in those channels, so, only a *different potency of the same agent* can work in an opposite direction in those channels. If an agent does not work in definite channels, physiological anarchy is the result, which is impossible.

The direction which a morbid agent takes, the condition which it establishes, depends entirely upon the condition of the system, relative to that agent, at the time of its introduction into the body; if that condition be one of health, it will establish a condition of disease—if it is a condition of disease, it will establish a condition of health; whichever it be, the condition established by the agent remains until reversed by a different potency of the same agent.

The law of Cure then is that, *whatever, on being introduced into the system produces disease, will, if administered in a different potency, cure that same disease.* A law, as immutable as the law of gravitation, and, as simple. But, simplicity is everywhere, the trademark of truth.

It is a well proven fact that, one of the very best remedies, as well as prophylactic, for measles, small-pox, scarlet fever, croup, diphtheria, tuberculosis, yellow fever, hydrophobia, etc., is the potentized virus of the respective disease. Koch's lymph, the anti-toxines, yellow fever serum, etc., act by virtue of this fact, but less effectively, because not so perfectly potentized. Were it not that with every attack of disease from external causes, in-

ternal hereditary disease germs are developed, which frequently constitute the major part of the combined disease, and consequently must be cured before the other part can, every disease like the above could be promptly cured with its potentized mor-
bific product.

Simple as is the law of cure itself, its application to diseases varies, according to the complexity of a case, from being very easy and cure certain, to being very difficult with cure uncertain. Where many mor-
bific agents are acting simultaneously upon the system the result is necessarily very confusing, but, failure to cure does not indicate any insufficiency of the law, but simply a lack of knowledge and data necessary for its application. The causes of disease are revealed, with certainty, only by the character of the variations from health. The name given to a disease signifies little. The manner in which each individual patient is affected is the only certain index to a curative remedy, or, curative remedies; hence the importance of the peculiar individual symptoms of each patient down to the smallest details, because when health is affected by external agencies, internal hereditary disease germs are always developed, and as we have seen may require first attention.

When several causes are acting simultaneously upon the system, they can be removed only in the order of their greatness; only the one having the most profound hold upon the system can be removed first. In these cases, the action of the successively curative remedies will not correspond perfectly with the entire disease, but will only be *similar* to the whole, by being *identical* with the successively greatest part, the action of the successively greatest cause. This fact, together with our inability to grasp the entire scope of any disease, or the entire scope of any remedy, gives rise to the practical interpretation of the law of cure, *similia similibus curantur*.

That the best Allopathic authorities recognize the truth of what I say about *drugs* and *drugging* is evidenced by the following which I find in *Physical Culture*, a health magazine, published in New York city.

THE DRUG CURSE.

SCATHING ARRAIGNMENT OF DRUGS BY THE WORLD'S MOST FAMOUS PHYSICIANS.

[In the August number of *Physical Culture* I wrote an article emphatically condemning the present system of drugging now universally practiced. Some of our subscribers thought that in my enthusiasm I was too severe. Read the testimony of physicians

whose lives have been spent studying drugs and their effects. In my previous article I had to restrain myself, for I hate drugs just as I do any other poison, but I could hardly be more bitter in my denunciation than those whose words appear here.—AUTHOR.]

Prof. Jamieson of Edinburgh, Scotland, an Allopathic authority of reputation, exclaimed: "Nine times out of ten our miscalled remedies are absolutely injurious to our patients."

Dr. Oliver Wendell Holmes: "The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their cankering minerals, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom, and all the inconceivable abominations thus obtained thrust down the throats of human beings suffering from some fault of organization, nourishment or vital stimulation."

Prof. St. John, M. D.: "All medicines are poisonous."

Dr. Lugol, of Paris: "We are following an erroneous course in our investigations, and must resort to new modes if we would be more successful."

Dr. Evans, Fellow of the Royal College, London, says: "The popular medical system is a most uncertain and unsatisfactory system. It has neither philosophy nor common sense to commend its confidence."

Dr. Jacob Bigelow, former President of the Massachusetts Medical Society: "The premature death of medical men brings with it the humiliating conclusion . . . that medicine is still an ineffectual speculation."

An eminent doctor and professor of the city of New York: "The critic who will take pains to examine the standard works of the most popular authors on theory and practice—Good, Watson, Thatche, Eberle, Elliotson, Dunglison, Dickson and others, who have written recently—will find on almost every page the most contradictory theories supported by equal authority, and the most opposite practices recommended on equal testimony. Well might the celebrated Dr. Rush, of Philadelphia, after a life-long experience in witnessing the effects of drugs upon the human constitution, declare to his medical brethren, 'We have done little more than to multiply diseases and increase their fatality.'"

Prof. J. Rhodes Buchanan, of Boston, medical editor and author: "Of all known sciences, none have been more unstable, confused and contradictory in doctrines than practical medicine. Not only is it changing from age to age, and even from year to year, but on the very same day, if we pass from nation to nation, from city to city, or from one medical school to another located in a neighboring street, we find the most contradictory doctrines taught with dogmatic confidence at the same hour, and the votaries of each expressing no little contempt for the others."

Dr. Ramage, F. R. C. S., London: "It cannot be denied that the present system of medicine is a burning reproach to its professors—if, indeed, a series of vague and uncertain incongruities deserve to be called by that name. How rarely do our medicines do good! How often do they make the patients really worse! I fearlessly assert that in most cases the sufferer would be safer without a physician than with one. I have seen enough of the mal-practice of my professional brethren to warrant the strong language I employ."

Obstetrics.

PARTURIO IPSE VOLUPTAS.

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

Normal labor should be easy labor. The difficult and extremely painful labor should be the exceptional labor. When a woman in parturition has excruciating suffering or undue pain, she is in a diseased state. All diseases are amenable to the proper homœopathic remedy, hence the accoucheur should be able to make labor a pleasure by making it a natural labor. It is hardly needful to say that no one claims the homœopathic remedy will change the formation of the parturient's pelvis, nor the condition of the infantile bony structure. It is an established fact that nearly all other adverse conditions are amenable to remedial control because they are resultant from a diseased state. In no class of cases will the proper remedy act with more promptitude and efficiency. At times, its action borders on the miraculous or magical. To accomplish these results the accoucheur must have the ability to distinguish between remedies clearly, and he must have a sufficient knowledge of parturient abnormalities to recognize the condition he meets in individual cases.

The accoucheur must lend the *helping* hand to assist Nature, and not the hasty, unreasoning hand that attempts to do all the labor so as to get back to his office or his bed. Patience and waiting, with an alert eye to notice the first indication of the call of Nature for assistance from the well-selected homœopathic remedy, will give success. The physician who has not the time to properly attend such a case has no moral right to accept the call, for he is paid a good fee to do his work to the best advantage of both mother and child. Undue haste is always injurious and never consistent with the best interests of the parties most concerned. There are circumstances under which haste becomes necessary; there are other circumstances under which the sacrifice of the life of the child is not only permissible, but demanded, yet both are the exceptions and not the rule.

As an aid and guaranty of an easy parturition, *constitutional treatment during gestation is essential*. In no condition is the human system more susceptible to careful treatment than during

this period. Diseased conditions are removed, health is restored, and the woman goes her full term with confidence and assurance. The result of such intelligent treatment is a natural, hence an easy and pleasant accouchment. The treatment throughout must be in strict accordance with the Law of Similia to accomplish the result desired.

During the last few weeks of gestation, in the absence of indication for other or constitutional remedies, we may have recourse to several remedies which have been found to act salutarily in removing the nervous tension and in causing the soft parts to yield readily to the advancing child, thus making labor more speedy because more natural, and without undue suffering. The remedies are these, with a few indications for their uses. It must be borne in mind that any remedy in the materia medica may be called for because indicated by the symptoms of the woman.

Actea Racemosa. Usually when no other remedy seems indicated. Thinks she does not show her condition and goes everywhere; rather lazy, lets things go undone; fear of death; fainting fits; electric shocks here and there; trembling of legs, twitching of flexors; numbness; strong women compactly built; inclined to rheumatism; quick and rather irascible in temper; apprehensive from some hallucination, story or neighborhood event; the old primipara.

Caulophyllum. History of severe after pains and many false pains; the young multipara who has been ugly and cross all through gestation; more irascible than *Actea racemosa*; multipara, abdomen pendulous; the washerwoman or other laboring woman who keeps going till the last hour; exhaustion of the whole system; painful bearing-down sensations in the lower abdomen during the last few week of gestation reminding one of threatened miscarriage; fretful, easily displeased; a history of painful menstruation.

Gelsemium. She keeps hard at household duties, never stops till everything is finished, though she has but little strength to carry her through, or else she is exhausted from the demands of society, or from too rapid child-bearing; women enervated by luxury and idleness; she would be pleased to have a baby if she only had the strength to carry her through; the primipara past the age of thirty; results of fright and fear; giddiness, confusion and faintness; double vision; muscle refuse to obey the will.

Pulsatilla. Blondes; cries easily or when speaking of her con-

dition; cannot breathe well in a warm room; timid women who dread their coming ordeal; disinclined to talk of her condition and is afraid she will not be brave at the final ordeal; inclined to exclude herself in the house, but desires plenty of fresh air; the very young primipara, or those under thirty years of age; a history of spasmodic dysmenorrhœa; menses easily suppressed by cold; multipara who have suffered from digestive disorders or nausea during first months of pregnancy; multipara who are weak from anemia and suffer from the resulting constipation rather than too frequent child-bearing; religious mania; dread of men; chilliness; hysteria; symptoms ever changing.

Mrs. B., a primipara past thirty. She has been a hard working woman though hardly able to do her work. She had no objections to the baby coming if all would end well. She was excessively nervous and restless, continually up and down, and positively refusing to permit an examination. I expected an all night's job and much trouble. Pains irregular, going through to and up the back. Nervous trembling. She received *Gelsemium* and went to sleep. After waiting an hour, she having no pains at all, I also went to bed and slept till morning. In just one month I was again summoned and she had an easy accouchement.

Mrs. C. had strong bearing-down pains, but *short, irregular and without progress*. Nothing marked in the line of symptoms, and she was not sure that her time had yet come. The womb was rather low and slightly dilated. She received *Caulophyllum*, her pains subsided at once and she went about two weeks when she had a recurrence of the above condition, possibly superinduced by extra exertion. Again all pain subsided upon the exhibition of *Caulophyllum*, and she went to full term without further trouble.

Mrs. W. C. Second parturition; rather large woman, but not corpulent. Pains were strong and fatiguing, but accomplished very little. Pains involved the back. *Os uteri was round, hard, thick, rigid and undilatable*, and felt as though it would not yield. With nearly every pain the child seemed to ascend instead of descend. Very nervous and discouraged, feels that there is no use to try any more and says "it will never come." This was a case in which instruments was thought of, and in which their use play havoc with the soft parts, rendering and tearing them extensively. She received *Gelsemium*. With the second pain there was

a perceptible change, the *os uteri* yielding, progress began and the child was born within an hour without the least rupture of the internal or external parts.

Mrs. H. A primipara, a young, very small girl, aet 18. Pains irregular; she had one hard pain, then followed several lighter ones. Spasmodic pains in the uterus, *with nausea*. She showed some alarm, yet gritted her teeth and made no complaint. I fully expected an all night's job of it, and when I saw the *nausea with each pain*, and that *Cocculus* was her remedy, I did not have much faith, because I had never used the remedy before in labor. But like a good Homœopath I gave her *Cocculus* because it was indicated. As I left home the clock was striking seven; when I entered my home again the same clock was striking nine. I had been gone just two hours, walking eight blocks both ways, and remaining at the house a full half-hour after the child was born. I never saw a remedy act so promptly. She practically had no suffering after the single dose of *Cocculus*. Thus the right remedy always acts in cases of parturition.

Mrs. S. A large, rather fleshy woman, the mother of six children, one pair of twins. She was suffering a great deal and complained of her back, wanting it rubbed and pressed. I lost valuable time in giving her *Kali carb.* upon this prominent indication. I knew at once that the failure was due to my blunder and not to the efficiency of the proper homœopathic remedy and again looked at the woman most carefully.

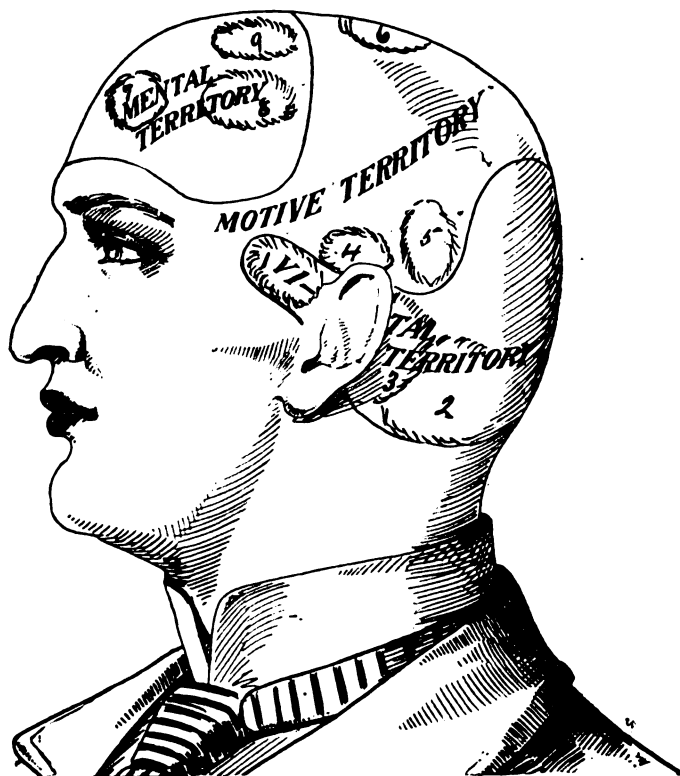
She had *great vesical distress, with each pain a teasing to urinate* which caused her much more misery than the labor pains. Great dyspnœa with every pain which seemed to neutralize all expulsive efforts. *Thick leathery, unyielding cervix* which, upon the first introduction of the hand, seemed almost like a placenta previxæ. Violent pain in the sacrum, complains of her back. Shooting pains through her whole body. Sighing and sobbing. Despondency. Sense of weight in the genitals. Complained much of a *lump in the throat*. Weakness. She received *Nux vomica* with prompt and immediate relief of the distressing vesical difficulty, but not of the general condition. This condition of the uterus remained unaltered. Upon further thought and study I decided that *Lobelia inflata* fully covered the case though it was a very unusual remedy. Following the dose of this remedy there was, as is always the case with the proper Homœopathic remedy, the most prompt response, a clearing up of the whole

case, a complete melting away of the unusual condition of the uterus, and in eighteen minutes by the clock the child was born without the least injury to the parts.

Psychology.

TEMPERAMENT.*

L. A. VAUGHT, CHICAGO.



(1) ALIMENTATIVENESS; (2) AMATIVENESS; (3) VITATIVENESS;
 (4) DESTRUCTIVENESS; (5) COMBATIVENESS; (6) FIRMNESS; (7)
 CAUSALITY; (8) IDEALITY; (9) SPIRITUALITY.

*A Lesson given the School of Human Nature, Tuesday Evening, Aug. 28.

Probably no word in the English language is so misused as the word "Temperament."

Vagueness will prevail till all have a fundamental knowledge of the *constitution of mind*.

The greatest lesson for all to learn in psychology is the constitution of the mind. No definite start can be made in the study of man *physically* or *mentally* till this constitution is clearly understood.

Mind is made up of individual, fundamental elements. All powers of the mind are inherent in these elements. Any particular power is made up of particular mental elements.

Vital power is inherent in *three* specific faculties.

It is never found in a greater degree of strength than the strength of these three faculties in a given person. To understand vitality in any clear, *fundamental, psychological* and *constitutional* sense is to understand very clearly the nature of these three faculties.

Vitality has, therefore, a three-fold source. To possess a *vital* temperament without these three faculties of the mind is an absolute impossibility.

The *vital* temperament, then, has a *mental* origin—an origin in fundamental faculties. Bear in mind, now, that it not only has a mental origin in some general mental or metaphysical sense, *but a specific faculty origin*. Those who do not understand the fundamental elements of which mind is composed, although they may belong to the various schools of psychology, cannot definitely understand the *mental* sources of vitality.

Perhaps few have thought about the fact that the *very soul itself* has a *vital side* to it. It has, and by means of this vital side it is connected with the body. The connecting link between soul and body is made up of these three vital faculties.

They are *not* physical faculties. They are *mental* faculties with *vital functions*. I use the word mental simply as the adjective of the noun mind. Mind is the aggregate or sum total of forty-two elements in some way joined together and constituting the entire mental or spiritual being.

Some of the elementary faculties that constitute a human being are intellectual in their *nature*, some are moral, others are social, and still others are vital.

There are natural *motive* or *motor* faculties. There are three of these also. No motivity without them. To have a *motive*

temperment without the motive faculties is just as easy as to have sunshine without a sun. No one could have a motive temperment, either *physically* or *mentally*, without the *motive* faculties.

To get at temperment, then, is to get at the *elements* of mind. A temperment is *first* a mental condition and *second* a physical one. To have any kind of a *specific physical organism* is to first have a *specific mental* organism. Formative power is inherent in the *elements* of the mind.

These are inherited in very different degrees of strength by nearly all. This fact in itself constitutes a *mental* condition.

For instance, if one inherited the three *vital* faculties in a stronger degree than the *motive* and *intellectual* faculties, he would have a mind that was predominantly *vital*, which would proceed to build the vital system of the body to a corresponding degree stronger than the muscular or nervous systems.

To understand temperment, then, is to understand the *constitution* of the mind. To certainly tell the temperment of anyone is to as certainly tell whether the mental temperment faculties, the motive temperment faculties, or the vital temperment faculties are predominant in the man, woman or child.

Anyone who simply relies upon even the closest observation of the formation of the body alone will unavoidably make some dangerous mistakes.

All probably understand that I am considering the latest and most practical division of temperments, to wit: the vital, mental and motive. It is the most specific, fundamental and practical classification. The older division—nervous, sanguine, bilious and lymphatic—is principally *pathological* in its nature, and therefore, not *fundamentally natural*. If any division can be made that is natural and *fundamentally psychological*, it is the division of three. These have heretofore been called mental, motive and vital. Two of these names might be improved by using the words intellectual and motor. A mental temperment is intellectual and a motive is motor. "Vital," "Motor" and "Intellectual" would make the subject much clearer and more practical.

From a very thorough knowledge of the constitution of the mind, I am able to say that this is the most natural and specific division that can be made. In other words, there are three very

distinct divisions of mind that are fundamental and constitute a natural basis for these. Again, there are three very *distinct systems of the body* that *correspond* with these three mind divisions, to-wit: the nutritive, locomotor and nervous systems. These three systems together constitute the body. All who know anything at all about physiology and anatomy know this. Very few are aware of the fact, however, that the *origin* of each of these three systems is in *specific* faculties of the mind.

These systems do not grow up like "Topsy" said she grew. They are results. They are produced by specific faculties or divisions of mind.

There is only one way to have either a predominant intellectual, motive or vital temperament and that is to have predominant intellectual, motive or vital faculties.

The three principal *mental* temperament faculties are *Causality, Ideality* and *Spirituality*.

The three principal *motive* temperament faculties are *Destructiveness, Combativeness* and *Firmness*.

The three principal *vital* temperament faculties are *Alimentiveness, Amativeness* and *Vitiveness*.

Try to think of a motive temperament and motive body with very weak faculties of Destructiveness, Combativeness and Firmness. What would move it?

To perform any specific mental or physical act, specific faculties are absolutely necessary. To make either a mental or muscular will effort is to use the three motive faculties to a certain degree. No action of that kind could take place without an action of Firmness at least. Mental actions are performed with faculties. Specific mental actions are always and necessarily performed with specific faculties.

When these nine faculties are equally developed we have what is called a balanced temperament and body. Some are so fortunate or unfortunate as to be equally developed temperamentally.

So far as general ability and physical harmony and health are concerned this is decidedly in one's favor. Such temperaments, however, are often so equally developed that they do not make any special effort. Nearly all of the special work of the world of a progressive, advanced kind, has been made by *special* temperaments. A strong distinct temperament gives sufficient tendency to one side to give special concentration upon it.

For instance, if Herbert Spencer had been a well-balanced man temperamentally he would not have accomplished what he has. If Darwin had been a well-balanced man temperamentally he would not have been Darwin. Special talent must have something of a *special temperamental* foundation.

A great deal has been written in regard to what is sometimes called *organic quality*. The texture of the body is an important fact. The only way to clearly understand it, however, is to get at it *via* faculty. One can get at it by means of the faculties that constitute principally each temperament and therefore explain quality of both brain and body definitely and fundamentally. It is very evident when one has a knowledge of these nine faculties that no one could have a highly *vitalized* brain and body without a strong degree of the *vital* temperament. Neither could one have a *dense, compact* brain and body without a strong degree of the *motive* temperament. This is a positive impossibility. To make the necessary volitional or will efforts in either a mental or physical way to make the brain and body dense is to use the motive temperament; in other words, it is to use the three faculties of Firmness, Destructiveness, and Combativeness. No will effort, as I have said heretofore, can be made without these. Hence, no human body could be condensed and made tough and wiry without a strong degree of these three faculties. Positive executive will is the foundation of dense texture of brain and body.

On the same principle, one might have very strong motive and vital temperaments, or faculties that make these, and have both a dense and a rather rounded fleshy body. This is possible on account of the two being about equal. Then there will be a great degree of physical strength. *Physical* strength in the highest and greatest degree is the product of the *motive* and *vital* temperaments.

There is another quality of brain that must be considered and which does not come from either these two temperaments or the faculties that constitute them. This is *fineness*. Fineness of hair, skin, flesh, bone and nerve has its origin in the special intellectual faculties; in other words, it is the product of the *mental* temperament. The result of the predominance of these faculties is to refine one. They continually make the brain and body fine. The only way to become fine in organization, strictly speaking, is by way of the higher uses of *Causality, Ideality* and *Spirituality*.

Hence, to get at the texture of a human body is to get at the *dominant* faculties of the *mental* constitution that build this body. There is no other way. At the same time, to understand individual anatomy is to understand temperament, because temperament decides the distinct, individual anatomy of men, women and children.

The *motive* temperament anatomy is as distinctly different from the *vital* temperament anatomy as the two temperaments are different. Anatomical structure is decided in its distinct nature by temperament and temperament is decided by dominant faculty.

To those who have given the subject special thought, I might add right here that morphology is based upon the constitution of the mind; in other words, morphology is determined by the peculiar structure of the individual mind. If the motor faculties of anyone's mind predominate, there will be a distinct physical morphology.

Anatomy in its individual kind, then, if not in its absolute nature, is the direct product of individual faculties predominating in the mental constitution of one. Even the specific physiology of one is determined by the dominant faculties of one's constitution. The physiology of the *motive* temperament in general is the same as the physiology of the *vital* temperament but the *relative* strength of the functions of the organs of one's body is determined by temperament—is determined by the dominant faculties. For instance, a man with the *motive* faculties dominant will never have the degree of *abdominal* development of the vital system that is found in the *vital* temperament itself. In fact, he never will have the *strength* in a *digestive* sense that the *vital* temperament will have. Neither will he have the formation of body, because of the dominance of certain faculties. One's peculiar physiology, anatomy, temperament, quality, diathesis, susceptibility, tendency to disease, idiosyncrasy, mental aptitude and tendency is determined *specifically* and *fundamentally* by temperament.

The *mental* temperament is the most *susceptible*.

The *vital* is the most *emotional*.

The *motive* is the most *antagonistic* and *stubborn*.

The *mental* is the most subject to all phases of *psychological* influences.

The *vital* temperament is the temperament of *physical* excesses, if I may use the term.

The *motive* temperament is the temperament that is most liable *sprains* and *strains*, on account of the extreme *force* and *will* in it.

Another fact that results from temperament and that is in itself of considerable value is the one of *bone* development. Only one temperament can have large bones. This is the *motive*. It matters not what climate one may be in if he has the motive faculties predominant he will have relatively large bones. Again, a child might grow up in the blue grass region of Kentucky, in the limestone district, and have small bones if that child inherited the intellectual faculties to a very dominant degree and was permitted to grow up as it started out. Neither the *mental* nor the *vital* temperament has *large* bones, because neither is *motor* in its nature. This very fact determines the *thickness* of the bones of the skull. The shape of the head will in a normal case indicate the temperament. If one knows the temperament of a man, woman or child he can determine quite accurately the thickness of the skull. For instance, no mental temperament can have a thick skull. Neither will a vital temperament have a very thick skull. Only a motive can have one. If the frontal lobes of the brain predominate decidedly the skull bones will be thin in every normal case. It requires a rather broad head from ear to ear to possess very thick bones.

Hereafter we should make no distinctions in sex *temperamentally* because it is simply a question of the predominance of fundamental faculties.

In considering the human body in any way whatever one should simply consider the *causes* of bodily formation first. In this way only can one understand temperament, quality in all of its phases, individual anatomy, specific individual physiology, and natural diathesis.

A mental condition produces a physical condition and not the reverse. Body has no influence upon mind in any logical sense. The very fact of anyone making an affirmation that the body has an influence upon the mind is indicative of want of fundamental knowledge of the relation between mind and body. As is the mind so is the body. The body simply corresponds in a natural condition with its builder, the mind. It does not have any effect upon the mind as a whole because it is simply in harmony with

its builder. It does not *degrade* the mind because it is as fine as its builder. It does not antagonize the mind because it is in *exact harmony* with its builder. All the antagonism that may be found between the body and mind *is by means of faculty*. All antagonisms are *fundamental antagonisms of faculty*. There are no physical appetites. There are no physical conditions except those produced by mental conditions. The temptations of the flesh are imaginary temptations. They are temptations of *real, fundamental faculties*. To get rid of these is not to commit suicide, for one would have the same faculties without any question in the next sphere.

There are some faculties, as I have stated, that are more vital than others. The conditions of the body are conditions of faculties, and therefore it is only correct to say that as are one's faculties so will be the body. For instance, if one has large faculties of Amativeness and Alimentiveness he can produce a great deal of vitality. This vitality can be used by both the mental and motive temperaments. This is one of those supposed antagonisms between mind and body. *All antagonisms*, remember, are between *faculties of the mind*. The antagonism between Amativeness, Alimentiveness and the intellectual and moral faculties is a very striking fact. It is not an antagonism or conflict between mind and body, however, but between one part of mind and another part.

There are those who have so little knowledge of the causes of physical formation that they think of human bodies wholly apart from the minds connected with them. They understand so little about the relation between mind and body that they haphazardly take any kind of a body and suppose that a very different kind of mind could be connected with it in some way. There are those even who think that fine souls may be in coarse bodies. There are those who know so little of the relation between mind and body as to believe that a strong executive will could exist in one *mentally* who had either a mental or a vital body.

Many kinds of the most amusing and absurd notions are current in regard to the relation of mind and body. Never have I found a man, woman or child mentally in any way superior to or unlike the body. Neither have I ever seen a normal body that was not perfectly, in quality, temperament, formation and everything else in exact correspondence with the formation of the brain and the brain in harmony with all the mental manifestations known.

The notion of any difference between mind and body in a normal sense is perfectly preposterous.

Temperament, then, may briefly be defined as a mental condition, either inherited or attained by special culture, with its physical accompaniment—the specific kind of body that it needs. It is overwhelmingly self-evident that the mental temperament does not need the locomotor system of the body predominant. Neither does it need the vital system of the body predominant. It simply needs the nervous system predominant. It would not be a vital temperament then either mentally or physically.

To get at one's temperament, ascertain *what faculties of his mind predominate*. To do this, study what is called phrenology, which is only a name for a natural, fundamental psychology. Learn the localization of at least nine faculties. Ascertain whether these are evenly or unevenly developed. When you find Alimentiveness, Amativeness and Vitativeness stronger than any other faculties indicated by the structure of the brain you have a *vital* temperament of necessity in the lead. When you find Firmness, Destructiveness and Combativeness stronger in the brain than any other of the faculties you have a *motive* temperament even if one has no legs or arms. He would be motive by *nature* anyhow. When you find Causality, Spirituality and Ideality dominant one has a mental temperament by the inherited strength of these faculties, and cannot have a vital or motive temperament till he cultivates either the *motive* or *vital faculties* to a predominant degree. This is fundamentally and absolutely reliable. All can perfectly depend upon it.

THE THEORY OF PSYCHIC HEALING—AN EXPLANATION OF THE WAY THE MIND CURES THE BODY.

A. C. HALPHIDE, M. D., CHICAGO.

PROF. THEORY AND PRACTICE, HAHNEMANN MEDICAL COLLEGE.

Physical research is making rapid progress, and the whole world is waiting with interest for every item of new data, but in the whole range of psychologic investigation there is nothing of such transcendent interest to the world to-day as the relation of the mind to the cure of disease.

That there is a psychic power within man which presides over

the functions, sensations and conditions of the body, and that this power may be directed at will, under certain conditions, for the relief of the manifold ills of mankind, there is no doubt, nor need of proof. If proofs were needed it would suffice to call attention to the hundreds of "healers" and the army of those who have been healed, to be found upon every hand. These are real cures, and just as well authenticated as those found in the reports of cases cured by drug medicines. Many systems of cure, all producing most positive proofs of their efficacy, have been founded upon these facts, but they have as many theories of causation and as many methods of application, as there are different curative systems.

Mental medicine is broader than any one of the curative systems—it is as broad as all of them combined—as broad as the curative action of the mind over the body. It is worth while to consider psychic therapeutics.

Psychopathic healing includes many schools, each sub-divided into various sects, but for the present purpose it will be sufficient to call attention to a half dozen of the more prominent of them, namely: christian science, mind cure, faith cure, spirit cure, magnetism and hypnotism.

Christian science, which has lately received a pretty thorough advertising at the hands of Mark Twain, and others, claims that the body is unreal, and that the mind is all, therefore disease has no existence except in the mind, and should be ignored and denied. They persuade many to believe this fallacy and show many persons who have been cured by their treatment.

Mind cure makes the same statement. It says "all diseases are conditions or states induced by abnormal conditions of the mind," and the advocates claim that these states and conditions of the mind together with the diseases incident to them may be and often are, corrected by the power of the healer's mind.

Faith cure is based upon the belief that religious faith will save man from sin and sickness and says that belief in and prayer to God will secure relief from pains and the cure of diseases. They point to those who have been healed and triumphantly exclaim in the words of the Master, "by their fruits ye shall know them."

Spirit cure is founded upon the supposition that the shades of the departed dead can and do "come back from the spirit world" and through some "medium" give relief to the sick and comfort

to the afflicted. And many are willing to testify that some "big Indian chief" or "little Indian squaw" or some other shade through a "Medium" has cured them of distressful diseases.

Magnetism teaches that there resides in man a subtle fluid of healing nature which may be projected at the will of the operator upon another person with the effect of curing the functional and organic diseases of his body, and from the time of Mesmer until the present, marvelous cures have been made.

Hypnotism furnishes a power by which persons may be placed in a condition of induced sleep or hypnosis. While in that state it is claimed that they are suggestible and may be given suggestions that will relieve them from pain and cure their diseases. Many profess to owe their good health to this system of therapeutics.

A Connecticut minister, Rev. Dr. Howard B. Cutter, pastor of a New Haven baptist church, has recently called attention to the therapeutic use of hypnotism by reporting a number of cases of cigarette and liquor habits cured by its use. These cases are common in the hands of specialists who practice suggestive therapeutics.

The above brief summary shows that there are a considerable number of different systems of psycho-therapeutics based upon as many widely different theories, each presenting indubitable evidence of its ability to perform cures—many of which appear almost miraculous. But they acknowledge only one thing in common, namely: that they all cure diseases. However, it requires only a superficial study of them to discover that there must be a common underlying principle or law upon which they all operate.

Now since all curative phenomena produced by psychic influence under whatever name they occur, must depend upon the same fundamental law, it is of the utmost importance that this law should be discovered—that we should find and recognize the law of psycho-therapeutics. It is plain that the law must depend upon the constitution of the mind, so we must turn to psychology for the key to the solution.

Fortunately hypnotism has recently come to our assistance, enabling us to better understand the constitution and action of the mind. It has revealed among other things, first, the dual nature of the mind, and second, the amenability of the mind to suggestion. Some intimations of these peculiarities had been

observed in certain trance and other spontaneous conditions, but remained for hypnotism to fully establish them. Hypnotism is of great aid to students of psychology and its revelations will doubtless overthrow many of the older doctrines of psychologists.

It is thought that the two facts just mentioned, namely: the duality of the mind and its amenability to suggestions, furnish an explanation of the principles underlying all of the psychocurative system on the law of mental medicine. It seems possible to justify their facts as we shall now attempt to show.

The duality of the mind is not a new idea, but it has recently received new emphasis. The separate action of the two hemispheres of the brain is not what is meant, although that is possible, as is shown by the phenomena of unilateral hypnosis. There is a duality in the sense that the mind possesses two distinct sets of functions, with a double consciousness, operating more or less independently. This duality of the mind would seem to be proven if the existence of the dual consciousness with separate memories can be demonstrated, namely, the primary or waking consciousness and the secondary or sub-consciousness. The usual distinction made between them is that the first includes all knowledge obtained by the aid of the five senses and reason, and the second includes all knowledge gained through intuition and immediate perception.

The physiologists, Carpenter and others, recognized two kinds of mental activity. The unusual kind, not belonging properly to the conscious phenomena, they called "unconscious cerebration" for want of a better term. These we now know as the sub-conscious phenomena of the mind.

There are no unconscious activities of the mind for the very essence of mind is consciousness. These are sub-conscious, but not unconscious phenomena. Many of the sub-conscious phenomena never rise above the floor of ordinary consciousness.

Consciousness may be illustrated by two circles, the smaller one within the other, both having a common centre. The smaller circle represents the ordinary consciousness for the waking consciousness contains only a small part of our whole conscious activity. The sub-consciousness is represented by the larger circle, for it contains all that is in the smaller circle and much more that lies beyond the limit of its circumference.

The double aspect of the mind is observed also in the blend-

ing with the physical and spiritual realms; the mind through the senses and reason adjusts itself to its physical environment and through the intuition and immediate perception reaches its spiritual environments.

The very latest statements of physiology emphasize this duality, although strangely enough many of the physiologists stick to the old materialistic explanations. Vincent, in a chapter upon the "physiology of hypnosis," reaches the following conclusion: Thus there seems to be in the human nervous organism a dual nervous action, one automatic and intuitive, the other rational, volitional and deliberative."

A detailed discussion would be out of place here, but it can be easily shown that there is abundant evidence to prove that the theory of double consciousness is well founded. These groups of phenomena are urged as proofs, namely: spontaneous, induced and diseased states of mind, in which sub-conscious activities are observed. Let us examine examples of each:

In the normal states these sub-conscious phenomena are seen in such actions as are common in the so-called "unconscious cerebrations," and the "automatic and nervous activities," where the mind performs two acts at once, as adding up a column of figures while carrying on a lively conversation. Such actions require the conscious employment of two separate trains of memory in their performance, but we have only one conscious memory, hence the other must be sub-conscious.

The phenomena of dreams and spontaneous somnambulism point in the same direction, for sleep is not merely an absence of waking activity, but it is a phase of personality with distinctive characteristics. The intimate relationship between sleep and hypnosis will serve to emphasize this statement. The actions and movements of somnambulists prove that they are not automatic, indeed they often perform most complicated actions which would be impossible without consciousness, and yet, after awaking they usually have no conscious memory of their actions. A patient of mine, a young lady, was accustomed to arise and dress herself at night while asleep and walk about the house and only knew that she had been sleep-walking when she awoke in the morning and found herself in the bed fully dressed.

The induced sub-conscious states are found in hypnosis and they go far to prove the quality of the mind. The phenomena of hypnosis have been given in detail by many writers and may be

referred to. It will suffice to mention the well-known case of Mrs. B., reported by Prof. Janet:

"Madam B., a natural somnambulist from childhood, has for the last few years been under the constant observations of Mr. Pierre Janet, professor of philosophy at Havre. In her normal state, Leonia is an ordinary peasant woman, serious, a trifle heavy, placid and retiring. When hypnotized, she wakes up to another existence; she now calls herself Leontine; her whole aspect changes; she becomes bright and lively and not seldom recalcitrant to suggestions, and shows of humor and sarcasm. Of her waking self she says: 'this good woman is not me—she is much too stupid'—Leone, the first, is a Roman Catholic—Leone, the second, is a confirmed protestant—she has adopted the religious views of her early hypnotizer. In a word, Leone, the first, is an ordinary French peasant; Leonie, the second, is a woman of the world—able to hold her own in polite society, with a circle of friends, and a varied experience of which Leone, the first, has no knowledge whatever."

Some writers say that the double personality of hypnosis proves too much, for not two but several personalities may be evoked. Careful observations, however, shows that these apparant personalities of hypnosis, with their memories tend to run into one, the primary hypnotic personality and memory, and are undoubtedly due to unintentional suggestions of the operator. If we bear in mind the hyper-acuteness of the subject, this will be readily understood.

"Many examples of pathologic double personality are on record. Let me cite the one reported by Dr. Azam, which is a typical illustration of such cases:"

Up to the age of fourteen, Felida H. was quick, industrious, somewhat silent, remarkable chiefly for a varied assortment of pains and ailments of hysterical origin. One day, when engaged in her regular occupation of sewing, she suddenly dropped off to sleep for a few minutes, and awoke a new creature. Her hysterical aches and ailments had disappeared, she had changed from gloom to gaiety—from morose silence to cheerful loquacity. Presently, Felida slept again, and awoke to her usual taciturnity—asked by a companion to repeat the song that she had first been singing, she stared in amaze—she had sung no song. In brief, all the incidents of that short hour between sleep and sleep were as though they had never been. In a day or two the same

sequence was repeated, and so on day by day, until her friend learned to look for and welcome the change, and her lover grew accustomed to court her in the second state. In due course of time, she married, and as time went on, the second state came to usurp more and more of her conscious life, with only short intervals of recurrence of her normal condition. In her first, or normal state, she retained the remembrance of those things only which had come to her knowledge when in the normal state, but the memory of the second, or abnormal state, embraced her whole conscious life."

Sometimes, it is impossible, to blend the two personalities into one, so that the memories will be continuous, as could be done in the case of Felida.

Professor William James, the psychologist, reports such a case in his text-book. The Rev. Ansel Bourne, of Greene, R. I., fell into what appeared to be a spontaneous hypnotic trance, persisting for two months. As the case is undoubtedly perfectly genuine, and important, a part of it will be told in Mr. James' words: "He is of a firm and self-reliant disposition, a man whose yea is yea, and his nay nay, and his character for uprightness is such, in the community, that no person who knows him will, for a moment, admit the possibility of his case not being perfectly genuine:

"On January 17, 1899, he drew \$551 from the bank of Providence with which to pay for a certain lot of land in Greene, paid certain bills, and got on a Pawtucket horse car. This is the last incident which he remembers. He did not return home that day, and nothing was heard of him for two months. He was published in the papers as missing, and foul play being suspected, the police sought in vain his whereabouts. On the morning of March 14, however, at Morristown, Pennsylvania, a man calling himself A. J. Brown, who had rented a small shop six weeks previously, stocked it with stationery, confectionery, fruit and small articles, and carried on his quiet trade without seeming to anyone unnatural or excentric, woke up in a fright, and called the people of the house to tell him where he was. He said his name was Ansel Bourne, that he was entirely ignorant of Morristown, that he knew nothing of shop-keeping, and that the last thing he remembered—it seemed only yesterday—was drawing the money from the bank, etc., in Providence. He would not believe that two months had elapsed. The people of the house thought him insane,

and so at first did Dr. Louis H. Read, whom they called in to see him. But on telegraphing to Providence, confirmatory messages came, and presently his nephew, Mr. Andrew Harris, arrived upon the scene, made everything straight, and took him home. He was very weak, having apparently lost over twenty pounds of flesh during his escapade, and had such a horror of the idea of the candy store that he refused to set foot in it again. The first two weeks of the period remained unaccounted for, as he had no memory, after he had once resumed his normal personality, of any part of the time and no one who knew him seems to have seen him after he left home."

Hypnotism was used as a means to secure the memory of his second personality, and he readily told of his "Brown" existence, but while hypnotized, could not remember any of the events of his normal life. He did not recognize his friends and declared when Mrs. Bourne was presented to him that he had "never seen the woman before." Mr. James concludes:

"I had hoped by suggestion, etc., to run the two personalities into one, and make the memories continuous, but no artifice would avail to accomplish this, and Mr. Bourne's skull to-day still covers two distinct personal selves."

These classical cases have been cited because they carry great evidential value, coming as they do from such distinguished and competent observers. The report of many similar cases are easily accessible and may be studied by any one who wishes to investigate the subject. Surely evidence is not lacking to prove beyond a reasonable doubt that the human mind contains a double consciousness with two separate trains of memory.

The amenability of the mind to suggestion is so commonly accepted, that it is only necessary to state the fact; but a few illustrations will serve to emphasize it. The suggestibility of the mind is found in the waking state, in hypnosis, and in pathologic states.

All persons are more or less suggestible in the waking state. Many interesting facts illustrating its influence are familiar to all. Perhaps no better example could be found than the oft-repeated experiment of "playing a trick" on a person by telling him he is sick. The other day it was tried upon a man noted for his good health, by several of his office mates. He was told by each in turn at short intervals, that he was "looking badly" and he "must

be ill" and the like, all of the forenoon, The result was that he went home ill early in the afternoon.

While the suggestability of the mind is considerable in the waking state, induced sleep or hypnosis is the suggestable state. Hypnotism is the pass-key that admits us to the study of the mind, and it is through it that we have obtained the most positive proof of the law of suggestion. It has not only demonstrated the suggestability of the mind, but has also shown that it is the sub-conscious mind that is suggestable.

The susceptibility of the hypnotized subject is phenomenal and almost unlimited in certain directions. It has been shown that speech, music, and signs, all have marked suggestive influence over our subjects. Sad music, like a sad story, will make them sad, and tears will well up into the eyes and course down the cheeks. Comic pictures, like humorous stories or lively music, will send them off into fits of merriment; their personalities may be changed by a word. Suggest that they are other persons and they will accept it and conduct themselves accordingly.

Certain diseased conditions, as hysteria, furnish further evidence of the impressability of the mind, if more were needed, but it is thought that enough has been given to abundantly establish the fact.

Together with the control of the mind by suggestion, another important fact appears, namely: the functions, sensations and states of the body, are under the control of the sub-conscious mind. The fact that the functions, sensations and states of the body are beyond the control of the will, leads us a long way toward certainty that they are under sub-conscious control, for they must be under the control of either one or the other. It would be absurd to say that they are not consciously controlled in the light of recent demonstrations. It is well known that the functions, states and sensations may be changed and controlled at will of the subjects who are in hypnotic sub-conscious states. Any one who will, can readily prove all that is stated here. In this induced state the voluntary and involuntary actions are easily controlled and the sensations varied as desired.

The action of the heart may be depressed or accelerated and the character of the respiratory rhythm altered as desired. The temperature of the body may be increased or lowered. The

functional activities of the liver, kidneys, stomach, intestines and the other organs may be affected at will. In short, not only functional, but organic diseases may be produced by hypnotic suggestion. The power of the mind over the body is in keeping with its growth and development, for every cell in the complex fabric is placed and controlled by mind processes; therefore, it is not surprising that organic changes have been, and may be produced by suggestion.

Therefore, since the functions, sensations and conditions of the body are controlled by the sub-conscious mind and the sub-conscious mind is controlled by suggestion, it is plain that the derangements of these bodily functions and states may be corrected by suggestion.

We are now prepared to understand the way in which cures are effected by suggestions and are not surprised to find that suggestion is the principle underlying psychic healing. It is easy to show that all cures effected by the various systems of mental medicine must find their explanation in this law of suggestion. A law must be universal in its application and the law of suggestion seems to be broad enough to cover and explain all of the cures resulting from the various psychologic systems.

This is the way suggestion operates: A receptive state of mind is induced in the patient—the suggestion is given that he will soon be well—he believes that he is about to be cured, and his mind determines the result and he is cured. It is plain that it is faith or belief that is the connecting link that completes the circuit of curative powers. There is a law which appears to be almost without exception, namely, that what a person expects is likely to appear in him whether it be physiologic or psychologic.

This is the way the various cures operate: A man who has been ill for a long time becomes dissatisfied with the treatment of his attending physician in whose hands he has possibly suffered many things, and dismisses him. He hears of a "healer" and decides to consult him. The "healer" explains his system and assures the patient that he can cure him. The patient is convinced—pays the fees—and passively submits to the treatment. The result is prompt—he feels better after the first application and soon fully secures his health. Now this is what has happened in this case, namely:—he believed—he became passive—he received curative suggestions and his mind determined the result. All of these cases may be shown to be simply sug-

gestive treatment. They do not result from any merit in the "cure"—but from their belief in it. In like manner belief is the key-note in all of the psycho-curative systems, for it furnishes the opportunity to make the curative suggestions.

The Great Physician used to say, "according to your faith be it unto you," and "Thy faith hath made the whole," and again, "He could do no mighty works (healing) because of their unbelief."

Paracelsus recognized the same law when he said:

"It is faith which gives power—unbelief is a destroyer. Whether the object of your faith be real or false you will nevertheless obtain the same effects. Faith produces miracles and whether it is true or false faith it will always produce the same wonders."

These statements and many others like them from recent writers explain how it happens that systems with such widely differing doctrines and methods have all secured such marvelous results. They have succeeded in winning the confidence and inspiring the faith of their followers and in giving the suggestions which have determined the mind in producing the cures.

It seems plain that the conditions and processes of all psychopathic healing are essentially the same. The conditions are states of receptivity or suggestibility and the processes are the making of the needful curative suggestions to the patients. That these conditions and processes have been induced and given unwillingly is rather confirmatory than otherwise of the universality of the law of suggestion. The law of mental healing will be progressively more appreciated as it is better understood and more used.

Correspondence.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

OFFICE OF CORRESPONDING SECRETARY,

NASHVILLE, TENN., Sept. 8, 1900.

Dear Doctor:—The Southern Homœopathic Medical Association will meet in Knoxville, Tenn., October 16th, 17th, 18th, 1900, under the presidency of Dr. A. M. Duffield, Huntsville, Ala. Arrangements have been made with the railroads to sell return tickets for one-third fare on the certificate plan (certificate taken

on buying the going ticket) *provided that there is an attendance of fifty persons.*

The Imperial Hotel, with a rate of \$2.50 per day, will be headquarters and the sessions of the Association will be held there.

The Knoxville physicians extend the hospitality of their city, one of the most beautiful and historic in the fair State of Tennessee, to all members of the Association or physicians interested in the growth of Homœopathy throughout the South and the success of this Association.

The programme is in the care of some of the "Southern's" faithful and talented members, and will repay all who come, either to listen, or take part.

It is the desire of the Association to make the meeting of 1900 the greatest and most enthusiastic in the chronicles of its history.

Will you not help by your presence to accomplish this end?

Very cordially,

FRANCES McMILLAN, M. D.,
Corresponding Secretary.

PAN AMERICAN EXPOSITION 1901.

BUFFALO, N. Y., July 3, 1900.

EDITOR HAHNEMANNIAN ADVOCATE:

Dear Sir:—The Pan-American Exposition has seen fit to entrust the care of the department of Ethnology and Archæology to a practicing physician. I should be very glad if you would allow me to reach your readers with the following request for assistance.

Many members of the medical profession are interested in the study of American Ethnology and Archæology and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the Exposition. Exhibits which represent study in some special line of American Ethnology and Archæology will be particularly suitable.

Very truly yours,

A. L. BENEDICT, M. D.,
Supt. of Ethnology and Archæology.

Editorial.

CHICAGO BEACH HOTEL—A CARD.

It is with great pleasure that we announce to the profession and their friends that a satisfactory arrangement has been made with the management of this elegant hotel, whereby all the benefits that are derived from the daily association with strong, active people, may be enjoyed by those who feel the necessity of a change in their environments.

Out of the scores of family hotels for which Chicago is noted, this one was selected because of its quiet, restful surroundings, although within ten minutes ride of the roar and bustle of this great metropolis. The hotel is a magnificent structure, 600 feet long and six stories high. It has over 1,000 feet of broad verandas that give opportunities for exercise in all kinds of weather. It is entirely surrounded by parks, and the hotel grounds have a frontage of 1,500 feet on Lake Michigan.

The hotel is elegantly furnished and superbly kept. There are about four hundred guests through the winter months, including many names prominent in the financial, political, literary and social world of Chicago.

Practically the entire lower floor is devoted to the pleasure of its guests and the management are unsparing in their efforts to make the social life the crowning attraction of the hotel.

For particulars, see advertisement or address

H. W. PIERSON, M. D.,
92 State St., or Chicago Beach Hotel.

CONCERNING A FUNDAMENTAL SYSTEM OF CHARACTER READING.

Human Nature is a reality. Heretofore it has been treated by nearly all in a vague, superficial, general manner. This is the only way anything can be treated until the fundamental elements of human nature have been learned. There are forty-two of them. They constitute the chemistry of human nature. There cannot be any scientific analysis of character without a thorough knowledge of this fundamental chemistry. These

forty-two elements constitute all of the *essential* parts of human nature that have been manifested up to this time. They embody the social, selfish, ambitious, esthetic, intellectual, ethical, religious and spiritual sides of human nature. All will admit that human nature is social. None will deny that it is selfish. All fully understand that it is ambitious. These general divisions of human nature are universally accepted to be facts.

Faculties are mental or psychical in their nature. They contain inherently all of the power that builds. They are positively formative in their nature. They can manifest themselves only by means of special brain centers called organs. They are distinctly localized in the brain. Being psychical in their nature they must have physical or material organs by which to express themselves. They are therefore brain builders. They build the brain, strictly speaking. They do not design a brain, because there is no design in it. They simply form it in a certain sense as a consequence.

In other words, these elements of human nature are inherited in very different degrees of strength. Here is one of the most important facts to be distinctly born in mind. A faculty that is naturally weak cannot build a positive brain organ. Weak faculties build correspondingly weak brain organs. Therefore just as much as the forty-two faculties that constitute human nature vary in strength will there be variation in the development of the brain. Uneven development of the faculties will invariably and inevitably result in uneven development in an absolutely corresponding sense of the brain.

This is the reason that we have distinct head shapes. The unequal size of the faculties results in a correspondingly unequal size of the brain organs of the faculties. If a certain division of faculties is weak the particular lobe of the brain that this division uses will be correspondingly weak. This will cause necessarily an unsymmetrical formation of brain. As is the brain so will be the skull covering it. The skull is only the protector of the brain. When natural, it is in no sense a cause of brain formation. It is formed around the brain and its shape is determined by the brain and the brain in shape being determined by the unequal development of the faculties, it follows necessarily that the skull is directly and indirectly determined in shape by the unequal development of the faculties. The size of the brain organs will determine the size of the head. There is no other

reason in a natural case for a head's being large. It is a matter in the first place of the size of the organs of the faculties. In the second place, it is a matter of the predominating faculties. The reason that this is so is that a predominance of certain faculties results in a certain temperamental, anatomical and general physical development. This necessarily results in a certain thickness of the skull. The skull in form is determined by the brain organs. *The thickness of the skull is determined by a predominance of certain faculties.* If a certain set of faculties is predominant the skull will invariably be thin. If another set is predominant the skull will just as certainly be thick.

PERSONALS, NEWS ITEMS, ETC.

Dr. A. F. Swan has transferred his personal belongings from Denver, Col., to St. Louis, Mo.

Dr. E. H. Pratt had a large and enthusiastic class during the annual course in Orificial Surgery at the Chicago Homœopathic College.

It is rumored, and we have not heard it denied, that Drs. H. F. Bigger and Frank Kraft have returned to the Cleveland Homœopathic College.

We are pleased to note that Dr. A. G. Smith, of Louisville, Ky., is again "on his feet" after an enforced confinement with several compound fractures for nearly three years. He has returned to Louisville and will be located in Wilkes Block, 562 Fourth Avenue.

Dunham Medical College opens up with a large class on the first of October. Dr. J. T. Kent assumes his duties as Dean of the college faculty at this time and will be ably supported by an enthusiastic corps of teachers. Dr. Kent will lecture every day at 3 p. m. for two weeks.

Englewood Homœopathic Society opened its winter's campaign Monday evening, September 24, with a valuable paper on Typhoid Fever, by Dr. A. L. Harris, and another equally interesting paper by Dr. J. B. S. King on Sabadilla. Conforming to an established rule of this society every one present is expected to participate in the discussion. We have not the space to report any of the practical points urged but can say that *homœopathy* is not an unknown word.

Dr. A. C. Halphide has returned from an extended visit to Europe and will devote his time almost exclusively to the employment of "Mental suggestions" in the treatment of disease.

Dr. Oscar LeSeure of Detroit has resigned from the chair of surgery in the University of Michigan (Homœopathic Dept.) His successor has not been announced to our knowledge.

The Chicago Materia Medica Society resumes its regular work Wednesday evening, October 17, at the Club Room of the Palmer House. The remedy to be studied will be announced in due time.

The first regular meeting of the Homœopathic Medical Society of Chicago, was held in the Great Northern Hotel, Tuesday evening, September 20. Dr. H. R. Chislett presented a paper upon an ideal view of the life of the medical and surgical man and *woman*. It ought to be real but the selfishness of man will seriously delay its realization. Dr. T. E. Roberts read an interesting paper upon "Observations on the Treatment of Typhoid Fever" which contained many valuable suggestions. He insisted upon the bacillus of Eberth being recognized as the primary *cause* of the fever. Although he conceded that germicides were valueless in the treatment and urged that an abundance of water be employed in all possible forms for the purpose of carrying the bacillus and its toxins from the body. Little objection could be made against his treatment and there was much to be commended. The club room was crowded and general interest manifested by the disputants, although the prevailing opinion regarded the bacillus as an effect instead of the primal cause.

Book Reviews.

Practical Urinalysis and Urinary Diagnosis.—A Manual for the use of Physicians, Surgeons and Students. By Charles W. Purdy, LL. D., M. D. Queens University Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms, and Treatment." *Fifth Enlarged and Revised Edition.* With numerous Illustrations, including Photo-engravings, Colored Plates, and Tables for estimating total solids from Specific Gravity, Chlorides, Phosphates, Sulphates, Albumin, Reaction of

Proteids, Sugar, etc., etc., in Urine. 6x9 inches. Pages xvi-406. Extra Cloth, \$3.00 net.

F. A. DAVIS COMPANY Publishers,
1914-16 Cherry Street, Philadelphia.

The four editions that preceded this last edition, bore the stamp of originality and careful research. This last edition is a thorough revision of the last, and in addition to this, he has given an exhaustive study into the possibilities that the centrifugal machine has as a means for accurate quantitative analysis, and by so doing, has put the profession under great obligations.

Another valuable feature of this new edition is the accurate data with reference to the use of the microscope. If the book contained nothing but the two chapters referred to, they would be of sufficient interest and value to justify the purchase of this book.

The Essentials of Hematology.—The Palisade Manfg. Co., Yonkers, New York. 1900. For free distribution.

Probably no little brochure of equal value has been presented to the profession for a long time. It gives the steps necessary for the examination of the blood and the effort to present this subject in so plain a manner as to enable the general practitioner to employ it in his private work is carried out successfully. If you have not received one, write the Palisade Manfg. Co., Yonkers, New York, and they will send you one. It is free from advertisement except in the last few pages and it will prove of much interest to one who is interested in this line of work. Kindly mention the HAHNEMANN ADVOCATE when you write.

New Home for J. B. Lippincott Company.—An important transaction has just been concluded by which a number of old-fashioned dwelling houses on East Washington Square have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by J. B. Lippincott Company, whose old home on Filbert Street, above Seventh, was burned down some months ago. Possession is to be given by September 14, and it is expected that the demolition of the old structures will begin soon after. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central, and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsome-

ly illustrated with excellent portraits of many of America's leading medical writers.

Many historic recollections cluster about the properties just sold. They stand on the ground once occupied by the old Walnut Street Prison, built before the Revolution, and in which, during the struggle, the English confined American prisoners during the former's occupation of Philadelphia.

Repertory of Homœopathic Remedies, by Dr. C. Von Bœninghausen, embracing the anti-Psoric, Ansyphilitic and Antisycotic Remedies, translated by C. M. Boger, M. D., Bœricke & Tafel, publishers, 269 pages, bound in half morocco, price \$3.00 net. By mail \$3.18.

Dr. Boger has given the profession a very accurate translation of this valuable repertory, but some one was unfortunate in the arranging of the running head at the top of the pages. In the first place it purports to represent a repertory of the remedies to be selected for three miasma, but the running head would convey the information that this repertory was limited to the antipsoric remedies. The second suggestion to be made along this line, is that the running head should contain the name of the rubric in addition to the general title, because as it now appears, the student is frequently compelled to turn the pages either back or forward until he finds the desired rubric and then go to the alphabetical arrangement of the same for the symptom sought. In other respects, every one familiar with the works of that great analytical student will hasten to secure a copy of this valuable work. It will be observed that the investigations of the past 50 years have very materially changed the relative values of these different remedies, and at the same time have extended their field of operation until they cover not only the psoric miasm, but the other two, with equal value.

It will be observed in this work that practically there is no distinction between the antisycotic and antisiphilitic remedies, a small dash separating the predominating group from the last two, and it will also be observed that these two miasma are represented by but one remedy each, viz: mercurius and thuja.

Now that we have an English translation of this repertory, it is eminently proper that some materia medica student give the time that is necessary for the proper grouping of all our well-proven remedies, under a suitable heading, and that the second edition of this work to be enlarged to meet this contingency. Ac-

ording to this translation, there are but fifty remedies in the group of antipsorics, viz:

Agaricus, Alumina, Ammonium carb., Ammonium mur., Anacardium, Arsenicum album, Aurum foliatum, Baryta, Belladonna, Boracic ac., Bovista, Calcareo carb., Carbo animalis, Carbo veg., Causticum, Clematis erecta, Colocynth, Conium maculatum, Digitalis, Dulcamara, Euphorbia off., Graphites, Guaiacum off., Hepar sulphur, Iodum, Kali carb., Lycopodium, Magnesia carb., Magnesium mur., Manganum, Mezereum, Muriatic ac., Natrum carb., Natrum mur., Kali nitricum, Nitric ac., Petroleum, Phosphorus, Phosphoric ac., Platina, Rhododendron, Sarsaparilla, Senega, Sepia, Silicea, Stannum, Strontiana, Sulphur, Sulphuric ac., Zincum.

This list can be more than doubled while the antisyphilitic and antisycotic list, so called, can be increased at least ten-fold. This is no criticism on the translation because the work of the translator has been faithfully performed, but simply a word of caution to the student who for the first time comes in touch with the classification of Hahnemann.

This book makes Hahnemann's *Chronic Diseases* what what Knerr's *Repertory* did for the *Guiding Symptoms*, a *living, working* book; and the two will be transferred to the *working* library of the conscientious student of *Materia Medica*.

Lectures on Homœopathic Philosophy — By James Tyler Kent, M. D. 290 pages. Price \$2.00. The value and scope of this work is so definitely presented in the preface that we give the same in extenso :

"These lectures were delivered in the Post-Graduate School of Homœopathics, and published in the" *Journal of Homœopathics*, and, now in somewhat revised form, are given to the profession with the hope that they will prove useful to some in giving a clearer apprehension of the doctrines of Homœopathy. They are not intended in any sense, to take the place of the *Organon*, but should be read with that work, in the form of a commentary, the object in each lecture being to dwell upon the particular doctrine sufficiently to perceive and emphasize the Master's thought. Not all of the paragraphs in the *Organon* have been considered, as many of them are sufficiently clear to the reader and their teaching is quite obvious.

Homœopathy is now extensively disseminated over the world, but, strange to say, by none are its doctrines so distorted as by many of its pretended devotees. Homœopathics treats of both the *science* and the *art* of healing by the *law* of similars, and if the *art* is to remain and progress among men, the *science* must be better understood than at present. To apply the art without the

science is merely a pretention, and such practice should be relegated to the domain of empiricism. To safely practice the *art* of curing sick people, the Homœopathic physician must know the science.

It is not to be expected that this course of lectures covers the whole subject of homœopathic philosophy, but it is intended to serve as an introduction to further study, and as a text-book for students, that they may have a sound starting, and become interested in the objects of this work.

Writers for the Youth's Companion. The Youth's Companion offers the readers of its new volume, the seventy-fourth of issue, a programme of unusual comprehensiveness, timeliness and variety. Among the famous authors who will write for it are Ina Maclaren, Mrs. Burton Harrison, Margaret Deland, Charles Dudley Warner, Israel Zangwill, Mary E. Wilkins, Ruth McEnergy Stuart, Jane Barlow, Rider Haggard, Paul Laurence and Frank R. Stockton.

Of the men in public life engaged as contributors may be mentioned the Post-Master General, the Secretary of the Treasury, the Attorney-General of the United States, the Hon. Hannis Taylor, the Hon. Justin McCarthy and Sir H. H. Johnstone.

Other distinguished contributors in various walks of life will be John Philip Sousa, Reginald de Koven, Victor Maurel, the Lord Bishop of London, Bishop H. C. Potter, Dean Farrar, Prof. W. M. Sloane, Prof. W. J. Rolfe, Simon Newcomb, Prof. C. A. Young, Prof. John Trowbridge, President Angell of the University of Michigan, Capt. Charles D. Sigsbee of the *Maine*, Capt. A. T. Mahan, Gen. Wesley Merritt, Gen. Joseph Wheeler, Prof. A. S. Packard, the Duchess of Sutherland, Gen. John B. Cordon, Sir Henry M. Stanley, Walter Camp, Dr. Cyrus Edson, Andrew Carnegie, Phil. Robinson, President Morton of the Stevens Institute, Jacob A. Riis, Justin McCarthy and Commander J. D. Jerrold Kelley.

Illustrated Announcement Number, containing a full prospectus of the volume of 1900, sent free to any address.

THE YOUTH'S COMPANION,

203 Columbus Ave.

Boston, Mass.

Transactions of the Homeopathic Medical Society of Pennsylvania for 1899. Over 100 pages have been added to the size of the volume, over that of the preceding year, there

being 476 pages in the present volume, as in the past, so we turn to the different contributions of the present with great pleasure and profit. Especially do we find the bureaus of Clinical Medicine and Materia Medica, being close to the line of the pure Homeopathy. We have suggested in the past, and that a specific price be placed upon these Transactions, so that the general profession may derive benefit from the same; this probably will be made with the assertion that nearly, if not all, of the contributions have already appeared in current issues of various medical journals, and it is quite probable that this explains the plan usually adopted by Medical Societies, publishing their transactions in book form.

Miscellany.

Corks that have been steeped in vaseline are an excellent substitute for glass stoppers, according to *The National Druggist*. "Acid in no way affects them and chemical fumes do not cause decay in them, neither do they become fixed by a blow or long disuse. In short they have all the utilities of the glass without its disadvantages."

Electricity in Renewing the Brain Cells.—There is the suggestion of almost incredible possibilities of human improvement in recent studies of the influence of electricity upon physiological cells. Take, for instance, the cells that constitute the brain.

The present line of investigation, we are informed, demonstrates that the electrical current through the brain rotates its molecules to such a degree as to produce a most noticeable physiological response in the direction of improved memory. The interpretation of this would seem to be that under electric influence a rearrangement takes place among the brain cells, which has the effect of rejuvenation. The elasticity of the brain is restored through the bringing into action of parts of the cells that have not become exhausted, and thus the mental life is strengthened and prolonged.

If this discovery proves to be well founded, there can be no doubt that it will eventually be pushed much further. In the meantime there is food for reflection, as well as stimulus for hope, in the results which have lately been attained in the application of electric influence in the development of plant life.

The *Electro-Technical Society* of St. Petersburg has recently completed a series of experiments along this line whose results are astonishing. The attempt to hasten vegetal growth by means of electricity is not altogether new, but these Russian experiments have been made on an unprecedented scale, and in many of their forms are strikingly original. In general terms they demonstrate that seeds sown in electrolized soil germinate much more quickly than in ordinary soil, and that the yield of edible roots, grains and fruits under electric stimulation is vastly increased. The rate of growth in many cases was found to be increased from two to six times. A plate of copper and a plate of zinc connected by wire and placed in the ground sufficed to electrolize the inclosed soil to such a degree that potatoes and other roots grown within it gave three times the ordinary yield. Extraordinary results were also obtained by placing above the ground a network of wires supported on posts with metallic terminals. Seeds sprouted in the soil beneath, and plants grew and developed there in a surprising manner.

While it is true that no direct connection appears between these experiments with plants and the observed action of the electric current on the cells of the brain, yet manifestly the two phenomena have a common ground. In both cases there is a stimulation of the vital powers, very suggestive from the point of view of future investigation.—*Garrett P. Serviss.*

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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Gynæcology.

GYNÆCOLOGY.*

WM. D. FOSTER, M. D.,

PROF. SURGERY KANSAS CITY HOMŒOPATHIC MEDICAL COLLEGE, KANSAS CITY,
MISSOURI.

This term is defined to mean a treatise on the disease of women. I find in Dunglison's Dictionary, 1846, Gynecologia is defined to include the doctrine of the nature, diseases etc., of women. It would appear from the study of modern writings, that the term gynecology is much restricted in its meaning. It might be proper to say the word is misconstrued. There is a popular impression that when we talk upon the subject of genecology, reference is always had to some surgical proceeding. Further confirmation of this notion may be found in the fact, that in correspondence begun in May, looking to the collection of papers, for this section, members of this association give utterance to the following expressions: One distinguish gentleman declines furnishing a paper for the reason, that, to quote his language. "As my special line of work is Materia Medica, I do not feel that I have the time to give to the preparation of papers that are almost entirely outside my diggings." Another eminent confrere in reply to my request for a paper, states: "My gynecological work is all of a medical nature, and would be better adapted for the bureau of practice than that of gynecology."

If the Homœopathic physician does not study materia medica,

Southern Homœopathic Association, Knoxville, Tenn.

and apply his knowledge to the treatment of the manifold diseases of women, the writer is unable to see wherein he may claim superiority for his method of treatment, over the allopath, the eclectic, the hydropath, the osteopath, the christian scientist, the method of Weltmer, or the use of adjuvants.

As medical practitioners we should not forget that surgery is a branch of medicine. It is no more practicable to sever medicine from surgery, than it is to sever medicine from anatomy, or medicine from obstetrics. A true estimate of the physician's responsibility impels him to make himself familiar with all known methods of cure. The correct and judicious application of medical principles, will guide the physician rightly in his choice of the methods of treating his patients. There would be no more propriety in treating a case of fever and ague by putting patient in a plaster of paris cast, than there would be in administering to a person a potentized dose of arnica for a dislocation of the hip joint and stop at that.

The treatment of diseases of women clearly comprehends, first, medical treatment; second, surgical treatment.

First: Medical treatment. The vast majority of diseases are treated by the general practitioner. He brings to his aid his knowledge of drugs. The remedy is carefully chosen, and judiciously administered. The patient is instructed in hygiene; rules of diet are laid down. The patient is made to know the use of adjuvants, such as the application of heat and cold, posture, the aid of the trained nurse, etc. The action of the remedy is watched and carefully studied, repeated at stated intervals, and changed when found to have exhausted its action, or to have been illy chosen.

It is pointed out by Hahnemann and other medical philosophers, that diseases may be conveniently put into three distinct classes: viz:

First: Those diseases which are self limited and cured by the restoration powers of nature alone.

Second: Diseases which are curable by the aid of medicines, viz: drugs, surgery, adjuvants, nursing, etc.

Third: Diseases in their nature incurable.

Without dwelling in detail, it is not wise to say, that because a disease is incurable therefore no treatment is needed. It is the province of the physician to alleviate pain and suffering, when he cannot cure.

This brings us to a consideration of the second proposition:
Surgical treatment.

In order to make plain my position, and at the risk of a little prolixity, I venture to make some quotations from a decision of the Supreme Court of the United States, rendered by Chief Justice Waite, in regard to the legal status of surgery.

"If an art is progressive, like operative surgery, the principles cannot all be fixed and permanent, but must change with the advance of scientific improvements.

In order to determine, therefore, the principles of an art susceptible of constant improvement, it is necessary to consult the opinions of its acknowledged exponents at the particular period under review. An adequate knowledge of the principles of operative surgery, as that established, is a part of the civil obligation of the surgeon, for the standard of judicial estimation of his responsibilities, in any case, is an intelligent application of those principles in practice. Whoever undertakes to practice any art or profession assumes an obligation, both civil and professional, which though implied, has all the force and validity of a formal contract. In legal construction, this obligation requires that every practitioner of operative surgery shall possess knowledge, skill and experience, and that he must exercise due care and his best judgement. An operation is not justifiable when the patient can be cured by any medical or other means. The object of the surgeon is two-fold, viz., to save life and promote comfort. An operation is also justifiable when there is reasonable probability that it will promote comfort though it does not eradicate the disease, as in exercising a fungating tumor."

The most evils now existing in the medical profession grow out of internal dissension.

The duties, responsibilities and interests of all physicians are identical.

"Organon, Sec. 2. The highest aim of healing is the speedy, gentle, and permanent restitution of health, or alleviation and obliteration of diseases in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons."

One will cure by one means, another in a different way.

The writer has been a witness to a heated and ill-tempered contention in a section of the American Institute in regard to the

treatment of cancer. A renowned materia medicist, a man known wherever Homœopathy is cultivated, took the ground that the well chosen homœopathic remedy is alone capable of curing all diseases; that a surgical operation is never necessary. A surgeon of wide repute reported some cases in which cures from operations had been secured, and others in which death had been stayed for many months, and in some cases for years, in which the victims were relieved from most of the suffering of the dreaded monster.

An element of bitterness crept into this intolerant discussion engendering an unfriendly spirit which may never be forgotten.

Let us endeavor to cultivate that spirit of charity which allows to the other that consideration claimed for our own efforts.

"FEMALE MEDICINES."*

R. B. LEACH, M. D., ST. PAUL, MINN.

While, to the strictest nosologist, (if I may be allowed the term) it may appear to be a misnomer to, apparently, apply *sex* to drugs, yet, in casting about for a subject for this bureau, and a title for that subject, "Female Medicines" seems sufficiently proper and I shall endeavor to sustain the title.

I recognize that, while the logic of similia admonishes against generalizing, the logic or the philosophy of homœopathics, *understood*, enjoins, above all else, common sense in our studies and practice; and the latter, the philosophy, prevails in the knowledge, not only of what a remedy may be useful for, *generally*, but what it is *particularly* useful in accomplishing; therefore my present effort to recall to your minds a few so-called "key-notes" concerning drugs I am inclined to believe you will agree are best known as "Female Medicines" (that their names and especial usage, in this line are worthy of remembrance and that they are not commonly found as such in our text books), the same just like any other "keys" being recommended *only* as useful in opening up and exposing to view (or attracting ones attention to) the *whole case* rather than to be accepted as the case, *per se*.

As a sexual patient, if I may be allowed the expression, I find the females of our race particularly subject to maladies referable to the breasts, uterus or ovaries and subject to what our diagnosticians term, generally, chlorosis, dysmenorrhœa, amenorrhœa,

*Southern Homœopathic Association, Knoxville, Tenn.

menorrhagia, mastitis, ovaritis, ovaralgia and hemorrhages directly from the genitals; not one of which maladies for obvious reasons, can be ascribed to the male sex. It is not especially peculiar, therefore, that in the "proving" of remedies, alike upon the males as upon the females, we should find a certain class particularizing female characteristics.

The female of our race, being but human (though we men *will* persist in calling certain ones of them angels), is subject to many of the diseases common to the male; this paper, however, does not refer to these remedies (however often we know some of our so-called "female medicines" indicated in maladies suffered by men) in fact, while I must of necessity name some remedies common to both sexes I shall confine my remarks more particularly to those remedies whose provings we should first recall when a case presents itself bearing the unquestionable "ear-marks" of femininity.

We recognize that while *Ipecac*, *China*, *Sulphur*, etc., are often indicated in maladies as common to the male as to the female, the mere fact that our patient is a female and that she presents a hemorrhage from the mother of females, so to speak, the uterus, *Ipecac*, or *Belladonna* mean something entirely different here than they generally mean, are to be thought of always in such cases (however *generally* considered) and that, though alike indicated, at times, in both sexes, have *special* significance to the accoucher and to the gynæcologist and that their special, "female" indications, so to speak, should never be absent from the minds of such practitioners any more than these same *special* indications should be remembered by the general practitioner, as "the whole thing." Either would be a serious misfortune.

We also know that, while perhaps of all anti-epidimitis remedies, if I may be allowed the expression, *Pulsatilla* is the oftenest indicated, this remedy is one of the very first to be recalled when considering ailments peculiar to the generative organs of females.

We also know that, while *Phytolacca* is one of the very oftenest indicated curatives in sore throats of a certain character, no matter the age or sex of the patient, that aside from *Bryonia*, there is none other so often curative in mastitis of the nursing mother and that its proving, in relation to the breasts must never be overlooked.

We must remember, too, if we will, that while *Apis* is a remedy par excellent, in many maladies common to both sexes young or

old, it is almost the only curative considered in a dropsical condition of the ovaries (and yet it is equally potent against dropsy of the testes) and that while we consider *Calcarea carb.*, in certain male as well as female babies (physically peculiarly characteristic in their similitude to the provings of this remedy), *Calcarea carb.*, is one of our strongholds against menorrhagia, a condition the male must forever be denied—"because he aint built that way."

We know that, while *Chininum sulph.* may be as well and as often prescribed against malarial troubles in the males as in the female of our population, or that *Colocynth* is as often indicated for a male, as for a female, bellyache; or that *Ferrum phos.*, will reduce a certain fever quite as surely and as rapidly, no matter in which sex, yet these remedies are peculiarly and frequently indicated in ovaralgia which the male may stimulate only in an epididimitis. In fact the male must forever forgo many of the wishes to take the place of their "Angemima's;" a wish so often heard by our friend the Accoucher.

The cue then, that I would wish to disclose to you, is that while the remedies already mentioned might be indicated and used to advantage in either men or women, if our patient be of the female persuasion we should more particularly consider (first knowing, from the symptoms and signs that the trouble is of generative origin) remedies known to have made in their provings, especial impress upon the generative or sexual organs of the female.

Amongst such remedies, our malady being recognized as chlorosis, for instance, we will naturally recall *Aletris* (a remedy called by Dr. E. M. Hale, "the China of the uterine organs") almost exclusively indicated for some atonic condition of the womb or congestion of the pelvic viscera, vomiting of pregnancy, etc., all peculiar to the woman. *Helonias* is still another of the strictly "female medicines" indicated in chlorosis, a strictly female misfortune, and has no known provings upon the male sex; and to my knowledge has never been commended in complaints of any kind usual to men.

In hæmorrhages from organs exclusively female in construction, we find the usually indicated remedies, *Ipecac*, *China*, *Sabina*, etc., also potent, when equally indicated, (as they very often are), in sanguineous fluxes in man; but, in a dysmenorrhœa, our *Helonias*, and our equally "female medicine," *Viburnum opulus*

are curative to a wonderful degree and are never indicated in male sexual maladies.

In menorrhagia, while *Ipecac*, *Secale* and *Trillium* (the latter of which might be indicated in an hæmoptysis in either sex) are regarded as good medicines, the usually indicated, and first to be considered remedies are *Helonias* (whose key-note is *anæmia* and *debility*) and *Trillium* (whose key-note certainly is the *feeling of falling to pieces* and *relief from tight bandaging*) and *Cinnamon*, an especially exclusive "female medicine" (whose key-note is a *profuse* and *bright red* hæmorrhage from the uterus) which is often used as a good substitute for ergot in checking hæmorrhages and increasing labor pains to effectiveness. For amenorrhœa, however, we have almost no exclusively "female medicine" unless the condition is due to a chlorosis and then we are led oftenest to recall *Aletris* and *Helonias*.

Phytolacca, *Bryonia* or *Conium*, especially thought of in mastitis, are equally curative in conditions common to men, with only *Chamomilla* as a possible exclusive "female medicine" as a good fourth choice; and while we might congratulate ourselves if we didn't stop to think twice, that in ovaralgia (besides our composite remedies, so to speak, *Cimicifuga*, *Pulsatilla* and *Sepia*), we had in *Ustilago*, a "female medicine," par excellence, it is but too true that *Ustilago* will cure "severe neuralgia pains in one or both testicles" just as readily as it will ease a pain in the left ovary or in the left mammary region.

In ovaritis we have *Apis*, *Cimicifuga*, *Platina* and *Lachesis*, as perhaps, the most often indicated remedials, yet *Cimicifuga* and *Lachesis* are the only ones of these four never indicated in conditions "exclusively male" in character. In fact what we may term as "female medicines" are remedies exclusively indicated, at times, in complaints alone suffered by "female" together with such remedies used by both sexes, at times and for complaints not connected with or derived from the generative organs; the same having a recognized action upon the female generative organs but no similar action upon the generative organs of men.

The first class is very limited, in fact contains but *Aletris* and *Cinnamon*, while the latter, or class showing provings upon the female but none upon the male generative organs, contains a large and important list which I have the honor to present in alphabetical order; omitting key-notes for obvious reasons: *Abies nigra*, *Absinthum*, *Aesculus hip.*, *Aloe*, *Alumina*, *Ambra grisea*,

Ammonium mur., *Antimonium crud.*, *Apocynum cana.*, *Aranca diadema*, *Asafetida*, *Belladonna*, *Borax*, *Bovista*, *Bromium*, *Bryonia*, *Cactus grand.*, *Carbolic acid*, *Caulophyllum*, *Chamomilla*, *Chelidonium*, *Chininum sulph.*, *Cimicifuga*, *Cocculus*, *Colocynthus*, *Cuprum met.*, *Dulcamara*, *Erigeron*, *Eupatorium purpureum*, *Ferrum iodatum*, *Gambogia*, *Glonoine*, *Ipecac.*, *Lachesis*, *Lactic acid*, *Lilium tig.*, *Magnesia carb.*, *Magnesia mur.*, *Melilotus*, *Podophyllum*, *Physostigma*, *Phytolacca*, *Ruta graveolens*, *Sanguinaria*, *Sepia*, *Secale cor.*, *Trillium*, *Viburnum opulus* and *Xanthoxylum*.

With such a list we will see that so far as exclusively "female medicines" are concerned (i. e., medicines *only indicated* and *only prescribed* in maladies *only found* to exist in females) they are few and far between thus *only emphasizing* that old and rare, but emphatic couplet, which says:

"The woman's secrets I have surveyed
 "To let them see how curiously they're made;
 "That, tho' they of different sex may be,
 "Yet, on the whole, they're the same as we:
 "For those that have the strictest searchers been,
 "Find women are but men turn'd outside in;
 "And men, if they but cast their eyes about,
 "May find they're women with their inside out.

LILIUM TIGRINUM, SEPIA AND PULSATILLA COMPARED IN DISEASES TO WOMEN.*

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

PROF. DISEASES OF WOMEN, SOUTHERN HOMŒOPATHIC COLLEGE, BALTIMORE, MD

The *sphere of action* of the *Lilium* is clear and unmistakable. The symptoms all point to the *reproductive organs* as the starting point of its pathogenetic effects. Study first its *direct* effects on the ovaries and the uterus. In these it causes a series of pathological conditions, ranging all the way from simple *functional irritation* up to *subacute inflammation*, and finally, nearly all the uterine *displacements*.

But the action of the drug does not stop here. Through its action on the reflex nervous system, which it renders excessively sensitive, a host of sympathetic symptoms occur. Nearly every

* Southern Homœopathic Association, Knoxville, Tenn.

organ and tissue of the body, even the mental sphere, become involved in the general and widespread irritation.

Select almost any symptom at random from the pathogenesis, and you will be able to trace it back to its origin in the generative organs.

Sepia is one of our most important remedies. Its action pervades almost the entire organism and is very enduring, the effects of a single dose often lasting for many weeks.

The sphere of action comprises, in particular, the sexual organs of women, the gastro-intestinal tract and its appendages, the skin and glands and the nervous system of animal life.

In many respects the symptoms of *Sepia* closely resemble those of *Pulsatilla*.

On the generative system, *Pulsatilla* exerts a marked action outside of its catarrhal sphere, due probably to its influence over the cerebro-spinal system. In the nervous membranes a catarrhal process is established, the secretions are modified, sometimes retarded, more often increased, the functions of the organs they supply are disturbed.

Both ovaries are involved in the *Lilium* irritation—the left in one prover, the right in others, and both together in several provers.

It is homœopathic to *ovarian irritation*, with its consequent effects—frequent and profuse menses. In this it resembles *Sepia*, *Conium*, *Lachesis* and *Pulsatilla*.

Subacute and chronic ovaritis are amenable to its curative action. It rivals *Apis mel.*, *Belladonna* and *Cantharis*, which correspond, however, to the intenser grades of ovaritis.

In *neuralgia* of the ovaries *Lilium* is indicated for *burning, stinging and darting pains*, but especially when attended by *cutting pains in the mamma*, one or both.

Lilium has this symptom: "Menses cease to flow when she ceased walking." This is analogous to the effect of *Cactus* and *Causticum*.

The uterine symptoms of *Lilium* are of a character closely similar to its ovarian; the pathological conditions are similar. *Congestion* is undoubtedly the most potent cause of uterine displacements, flexions, etc. This is the reason that *Lilium* possesses the power of causing *antiflexion and version*.

The *leucorrhœa* of *Lilium* is peculiar in character, being acrid excoriating, causing a rash on the labia, and an intense irritation

of the whole vaginal canal, even to *vaginitis*.

Its primary effect in both sexes is to cause increase of sexual desire, doubtless a result of the local irritation of the vagina, vulva, and other tissues near the clitoris. The sexual desire is controlled by the will and by keeping busy.

On the sexual organs of women, *Sepia* acts very distinctly. Along with *cutting* pains in the abdomen, a *pressure* is felt on the *uterus downward*, as if everything would fall out.

The menses come too early, but are scanty. They are preceded by violent aching in the abdomen, causing even faintness, and by chilliness and shuddering.

During the menses, restlessness, drawing pains in the limbs and abdomen. Palpitation and dyspnoea, with toothache and epistaxis; with depression of mind.

At other times than the menstrual period, frequent stitches in the vagina in paroxysms, with or without a watery yet profuse leucorrhœa.

In the hypogastric zone, *Pulsatilla* has *drawing, pressing* or *constricting* pains, like labor pains, converging toward the pudenda. Such pains are relieved by crouching forward. They come, generally, just before the menstrual period, are attended by a feeling of weight, like a stone in the hypogastrium, and accompanied by chilliness, stretching and yawning. The menses are delayed, difficult and scanty or even fail altogether.

Before the menses, labor-like pains as above.

During the menses, many symptoms such as weight and downward pressure in the abdomen and sacral region; nausea; getting black before the eyes; stomach ache and faintings; all worse in the warm room and by much exertion, better in the open air.

Leucorrhœa of a thick mucus resembling cream. It is sometimes acrid, producing a burning pain, sometimes bland; most profuse after menstruation.

Pulsatilla appears to stimulate the action of the uterus during labor, when the pains diminish and become inefficient.

The aggravation of *Pulsatilla* is *during* menstruation; of *Sepia* *before* menstruation.

In *Lilium* there is great pressure of spirits, with fearfulness and apprehension of an impending fatal internal disease, or that it was already preying upon her; constant inclination to weep (very marked).

Despondent and gloomy, with loss of memory, and great diffi-

culty in expressing her thoughts; great fear and dread of insanity.

Opposite mental states, she feels nervous and irritable, and yet she feels jolly.

The *Pulsatilla* patient is mild, gentle, timid, yielding disposition, with inclination to weep. Hypochondriac moroseness; out of sorts with everything.

The *Sepia* patient is excessively nervous; sensitive to the least noise. Great sadness and depression, with much weeping. She is very irritable, fretful, and easily offended. A very prominent condition produced by *Sepia* is great apathy; indifference to everything, even to one's own family.

SIGNIFICANCE OF LEUCORRHŒA—TREATMENT. *

H. W. PIERSON, B. S., M. D., CHICAGO.

PROF. MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

In considering this subject, we wish to separate the *idiopathic* catarrhal discharge from the inflammatory exudate, because much confusion has arisen in the treatment by reason of a misunderstanding of the real significance of this discharge.

The differentiating points may be stated in a few words, viz: in catarrhal inflammation we always have the pain, heat and swelling of the affected parts. There is the aggravation of these symptoms from the jar, pressure, motion, walking etc. The mucous membrane is red, injected and swollen and the discharge is yellow and more or less acrid. If there be ulceration or organic growth of any kind the discharge may become *purulent, bloody* and have an offensive odor. The cause is apparent even before an examination is made, but in the true leucorrhœa the situation is entirely different. As a rule it is a white, or colorless, bland, albuminous discharge, leaving no stain upon the clothing, simply stiffening the same and easily removed by rubbing after becoming dry. The quantity may simply moisten the parts or become so profuse as to feel like a hemorrhage.

There is no age that is exempt. The babe in the mother's arms and the woman in her second childhood may have this symptom recorded in their totality. In some cases the leucorrhœa shows a relationship to the menstrual period, i. e. it may be intermittent in character and show its peculiarities just be-

*Southern Homœopathic Association, Knoxville, Tenn.

fore, during or after the menstruation. Its significance is, therefore, dependent upon not only its own physical characteristics, but upon the accompanying symptoms to be found in other portions of the body. At all times it is an *effect* and *never* the *cause* of suffering elsewhere.

It will not do to charge the feelings of discomfort in the abdomen, or the periodical feelings of hunger with faintness to the drain upon the system, because the same sensations may be present with an entire absence of any leucorrhœal discharge, although it is a fact that the constipation making one possible, affords at the same time a most favorable condition for the full expression of the other.

This evidence is then made complete by a careful examination of the parts involved.

There is another possible contingency to be eliminated in *every* vaginal discharge before taking up the consideration of leucorrhœa pure and simple, and that is the possibility of venereal infection. If gonorrhœa is present we may be misled by the high position occupied by the family and appearance of the patient, but an examination ought to determine the specific character of the infection by the exclusive method, physical type of the woman, presence of chancre or condylomata, condition of hymen, etc.

With this brief introduction, let us further divide the subject into two types *active* and *passive*.

The active form is usually found in vigorous, full-blooded women and may, as a general rule, be charged to excesses or a manner of living that favors an active congestion of the pelvic viscera. It can be cured by removing the predisposing causes, correcting the manner of living and, as a rule, requires no employment of drugs.

The passive form, however, is an exceedingly difficult malady to treat under the most favorable conditions and almost hopeless under the ordinary forms of treatment, but through the strict application of homœopathic principles and *absolute rejection of all forms of local treatment*, other than surgical or mechanical, there is a favorable prognosis in the great majority of cases.

There is a great variety of causes back of this disorder, but the most prominent cause, without any doubt, is an *inherited predisposition* especially noticeable in women of light complexion, soft, flabby flesh and the general picture of a run-down constitu-

tion. They are susceptible to sudden changes in temperature, dampness, draught, fatigue, either from mental or physical exertion, worry, grief, excitement and uncongenial environment. The leucorrhœa is only a *symptom* of a *constitutional* disorder and must be so considered if the physician would perform a cure. *Insufficient* clothing not only about the abdomen and pelvis, but even on remote parts of the body must not be ignored as a possible cause. Improper clothing, corsets, baths, food, medicines, etc. sometimes present a stupendous aggregate of exciting causes which must be removed before medicine can be expected to perform its legitimate work.

Not infrequently do we find a leucorrhœal discharge following the sudden suppression of a nasal catarrh, diarrhœa, perspiration, suppuration or ulceration on the surface of the body through exposure or the local application of powerful drugs.

Treatment. Two great mistakes are committed by the majority of physicians: meddling interference in the form of surgical measures, local applications and mechanical supports; and a positive neglect upon the part of a smaller number to make themselves acquainted with the actual state of affairs. One is as reprehensible as the other and *all* should acquire that intimate knowledge of *all* the causes contributing to every case of leucorrhœa coming under their observation in order that the unfortunate woman may have the advantage of every possible chance for recovery.

Instead of placing medicine at the head of remedial agents it should be placed at the foot. There are a score of things to be done before medicine is even to be thought of. In the first place a *record* should be made, whether the case be due to a mechanical cause or result from a vitiated constitution. This should be followed by a *careful examination in every case* for the purpose eliminating every possible *local* cause even though the history may seem negative in that particular; a careful analysis of the record must now be made for the purpose of determining how much of the trouble, both local and general, may be the direct result of local causes already present. Again, we must be careful not to mistake an *effect* for a *cause*, because the mechanical removal of an *effect* can never accomplish more than the temporary alleviating of the few symptoms directly connected therewith. It is absolutely necessary that the woman afflicted with a persistent aggravated form of leucorrhœa live in a dry, well-ventillated

house, with good sewer connections; that she should be instructed with reference to proper clothing and food; that tea, coffee, injections, hot baths, cathartics, etc., should be prohibited; that the effect of all depressing mental conditions should be neutralized by hopeful, cheering suggestions on the part of the physician and all with whom she may have intimate associations. In a word, that there be a concerted effort made to build up her general constitution regardless of the local manipulations.

The discussion will undoubtedly hinge upon the employment of local means, in the form of surgical measures or topical applications, for the purpose of assisting by their efforts in repairing the injuries already present; and I would not be misunderstood as condemning the legitimate requirements in any individual case because we purpose simply to enter a protest against the indiscriminate employment of *medicinal* substances in a *local* manner with the idea that a cure can ever be accomplished where the cause is due to a vitiated constitution. If we have a lacerated cervix or perineum and the evidence points to the cicatrix as the *exciting* cause, it would be the height of folly to promise relief until after this offending tissue had been removed. If the supports to the vaginal walls had been destroyed whether by the natural wasting process of constitutional disease or through some mechanical means, we must be guarded in our prognosis until an opportunity had been given Nature's force to restore this lost support or some mechanical support has been substituted, but there should be no haste in employing the mechanical support unless it was self evident that Nature is entirely inadequate for the duty imposed, when you can only promise comparative ease for the rest of the natural lifetime.

It is impossible for us to go into the specific indications of each remedy or to give every remedy under the different groupings, because it would cover almost the entire range of therapeutic action of our remedies, but the following general summary may be studied with profit:

Leucorrhœa.

Simple	Calcarea, Pulsatilla, Sepia.
Obstinate	Alumina, Borax, Calcarea, Iodum, Kreosotum, Mercurius, Mezereum, Pulsatilla, Sepia.
Copious	Ammonium, Graphites, Lachesis, Natrum mur.
Inflammatory	Alumina, Ferrum, Mercurius, Phosphorus.

Active	Calcarea, Carbo veg., Ferrum, Mercurius, Phosphorus, Pulsatilla, Sepia, Silicea, Sulphur.
Passive	China, Cocculus, Ferrum, Pulsatilla, Sul- phur.

WITH RELATION TO MENSTRUATION.

Before	Calcarea, Lachesis.
During	Alumina.
After	Alumina, Pulsatilla, Ruta, Sabina.
In Place of	Calcarea, Conium, Mercurius, Pulsatilla, Sepia.

CHARACTER OF DISCHARGE.

Bloody	China, Cocculus.
Bluish	Ambra.
Burning	Calcarea, Pulsatilla.
Brownish	Cocculus, Nitric acid.
Corrosive	Alumina, Ferrum, Mercurius, Phosphorus.
Fetid	Kreosotum, Sabina.
Fresh Colored	Cocculus
Greenish	Sepia.
Itching	Calcarea.
Milky	Calcarea, Pulsatilla.
Mucous	Borax, Pulsatilla.
Purulent	Cocculus, Mercurius, Sabina.
Reddish	Cocculus.
Thick	Pulsatilla.
Viscid	Borax, Stannum.
Watery	Graphites, Pulsatilla, Sepia.
White	Calcarea, Pulsatilla.
Yellow	Sepia.

WITH REFERENCE TO EXISTING CAUSES.

After Coition	Natrum mur.
Intermittent	Calcarea, Silicea.
During Walk	Strontiana.
Motion	Magnesia carb.
Night	Ambra, Natrum mur.
After Stool	Zincum.
During or after Urinating	Carbo veg., Silicea, Calcarea.

CONCOMITANTS.

Abdomen Distended	Graphites, Sepia.
Headache	Natrum mur.
Colic	Magnesia mur.
Uterine Cramps	Magnesia mur.
Diarrhœa	Natrum mur.
Stinging in Parts	Sepia.

Face Yellow	Natrum mur.
Face Pale	Pulsatilla.
Weakness	Kreosotum.
Backache	Magnesia mur.
Voluptuous Dreams	Petroleum.
Trembling	Alumina.

Materia Medica.

THE THERAPA OF ANEMIA.*

GEORGE ROYAL, M. D., DES MOINES, IOWA.

PROF. MATERIA MEDICA, IOWA STATE UNIVERSITY.

When your chairman assigned to me the task of writing Therapa of Anemia and making the paper short, I thought he was asking that which was impossible. But upon further reflection I realized the fact that my hearers would be physicians instead of students—men and women already familiar with the symptomology of the remedies—men and women met for the purpose of exchanging ideas upon the subject rather than for the purpose of acquiring new ones. With this understanding, I will simply give you my experience and observation.

Foremost among the remedies for anemia I have found *China*. This remedy is frequently indicated in all stages and forms of the disease, but more especially for the symptomatic variety. I have often given it in five drop doses of the tincture, in water, every fifteen minutes, immediately following a profuse hemorrhage; and at longer intervals for twenty-four hours thereafter, and am confident it has not only acted as a prophylactic, but has also proven curative when low in such cases. I think however, a great many physicians make a mistake in giving *China* too low for symptomatic anemia when much time has elapsed since the drain was made upon the system. When the patient comes to me complaining of ringing in the ears—with a pale, sallow complexion—with pulsating headache—with bloated abdomen—with anorexia—painless diarrhoea, worse at night—stools of undigested food and cadaverous odor—with a tendency to dropsical effusion—with too profuse perspiration—and a history of some heavy drain upon the system, I have found the 30th has produced better results than the lower preparations.

*Missouri Valley Homœopathic Association.

Ferrum.

Next to *China* the remedy which I have found to be most frequently indicated is some form of iron. *Ferrum* has done me the most service where there has been a decided change in the blood tissues. Of the different preparations of the drug, I would place *Ferrum phos.* at the head. When you have the *Ferrum* headache, the pallor and peculiar flushing of the face, the cold hands and feet, the pale mucous membrane, in persons of hemorrhagic diathesis and of *Phosphorus* build, or where there is a tendency to tuberculosis, I prefer *Ferrum phos.*, which seems to act better in the lower preparations, serving, as Doctor Hughes would say, "both as a remedy and a food." The metallicum I have used for two conditions, one of which resembles *China* in the character and modalities of the diarrhoea. The mucous membrane and skin of the patient are more pale than in *China*, and you have the peculiar flushing of the face. The patient is rather of the *Calcarea carb* build than the tall, slim *Phosphorus*. For such cases the 30th is better than the lower preparations. The other condition differs from the first in that you have the peculiar color of chlorosis together with the anemic murmur and characteristic symptoms in addition to the symptoms enumerated above. It is in such cases that I have been in the habit of giving the 3 x.

Calcarea Carb.

Prominent among the symptoms which have led me to give this remedy is diarrhoea, the stool of undigested food, sour, fermented, coming on soon after eating or drinking; distension of the stomach and abdomen; palpitation of the heart; great weakness after exertion; and the peculiar *Calcarea carb* condition of the bones. But the special indications are the disposition to take cold, the tendency to excessive perspiration about the head, the disgust for meat and the craving for unnatural things. These symptoms I find in my patients of both sexes. In the females I have observed too frequent and too profuse menses; profuse, bland, white leucorrhoea; cold hands and feet. But most marked of all is the constant worry about what is in store for them. They imagine all sorts of dire calamities. This last symptom together with aggravation from wet, I have considered more important than all the others put together.

Phosphorus.

The hemorrhagic and tuberculous diathesis peculiar to the drug I have always taken as guiding symptoms. There is always the marked tendency to fatty degeneration of special organs, notably the liver and heart. The symptoms of these conditions peculiar to *Phosphorus* are the pale membranes and skin; chronic diarrhœa; stools being painless and fetid, containing undigested food and covered with little white particles. The last condition I consider characteristic of the stool. The *Phosphorus* patient is always exhausted; the brain is always tired; the body is tired from the least exertion; palpitation of the heart is marked and the patient is unable to lie on the left side; tenderness of the liver and spleen is most always present.

Pulsatilla.

As in *Calcarea carb*, so in this remedy, the mental symptoms, with which you are all familiar, will be your guiding symptoms. The peculiar signs of anemia are the vertigo; amenorrhœa or menses, which are scanty and appear too late; the pulse is irregular; there is constant chilliness; the stools are diarrhœaic; and we have frequent, hot flashes which produce more or less coloring in the face, which at other times is sallow. This remedy will find most frequently indicated in chlorosis.

Picric Acid.

Picric acid is a remedy which I believe to be sadly neglected in this affection. It is known to cause disintegration of the blood corpuscles; it produces a violent occipital headache, with a heavy sensation as if the occiput was filled with lead. This headache is greatly aggravated by any mental exertion; is accompanied by vertigo and frequently, deafness, showing, I believe, changes in the optic and auditory nerves. In the urine of the provers were found granular cylinders and epithelium showing fatty degeneration. The prostration which it has produced is very marked and profound. When with the above, I find the patient suffering from diarrhœa with light colored or yellowish stools and the history of the case shows excesses in venery or brain-work, I have been in the habit of giving *Picric acid*, where formerly I used to give *Phosphoric acid*. The result of the change has been very gratifying.

Chininum Arsenicum.

This remedy differs from *Picric acid* in that it has received

much more credit than it deserves. From reports in our journals I had been led to believe that *Chininum arsenicum* was as near a specific for pernicious anemia as we have for any disease, but repeated trials with the drug disappointed me. I did have one desperate case, however, in which the spleen was very much enlarged and tender, the stool was diarrhoeaic, brown and offensive, where there was constant cold perspiration, the patient was extremely restless, the prostration was profound, the proportion of red and white corpuscles was only about ten to one. The patient had had a long siege of malarial fever and had taken quinine in enormous doses. *Natrum mur.* and *Arsenicum alb.* produced no results and I pronounced the case hopeless. The patient wanted me to continue treatment, however, and I gave him *Chininum arsenicum* 6 x which brought about complete restoration of health.

Arsenicum Album.

Arsenicum album is the main stay of the dominant school for anemia. It is not so frequently indicated as some of the other remedies, but it is very reliable when you have the following symptoms: rapid emaciation, tissues seem to melt away; prostration which keeps pace with the emaciation; there is irritability of the alimentary canal; the stomach refuses to retain either food or drink; thirst is intense; the stools are watery, dark and excorating; the skin is dry and unhealthy; the tongue has a thin, white coating with a red streak in the centre. In several cases with the above symptoms *Arsenicum* 30th has checked the downward course of the disease. In one or two cases it cured completely, but as a rule some other remedy was used after *Ars.* in order to effect the cure.

I will not trespass further upon your time than to mention *Calcarea iodine* and *Arsenicum iodine* to be given when in addition to the symptoms which I have enumerated for *Calcarea carb* and *Arsenicum alb.*, the mesenteric glands are involved. Please do not forget *Sulphur*, which, although it has not cured many cases, has assisted in bringing about a reaction much as does *Arsenicum* and gives the indicated remedy an opportunity of performing the cure.

A STUDY OF SOME OF THE PRIMARY PHYSIOLOGICAL EFFECTS OF OPIUM, AND THEIR RELATION TO THERAPEUTICS.*

ELDRIDGE C. PRICE, M. D., BALTIMORE, MD.

PROF. MATERIA MEDICA, SOUTHERN HOMŒOPATHIC COLLEGE.

In its action Opium is undoubtedly one of the most peculiar drugs to be found in the *materia medica*; its effects in many instances being most difficult to classify in relation to therapeutic principles, when applied to the healing of the sick. As Dr. Hughes says, in his *Pharmacodynamics*, "Its action is as complex as its composition, and it has been as easy to unravel." It has, therefore, been a task of no mean proportions to carefully consider all the obtainable data bearing on the physiological action of Opium, and particularly the primary action of medium, or non-toxic, doses of the drug. The following, therefore, embodies in a condensed form the views of some of the leading writers and experimenters upon the salient points bearing upon the question of the primary action of medium orthodox doses of Opium.

Pareira teaches that Opium is a stimulant, though from the knowledge of his day he recognizes the fact that the symptoms are not always uniform.

Beck says, unqualifiedly: "In *moderate doses*, its primary effect is to excite the system."

George B. Wood remarks: "At first, moderately stimulant to the parts to which it is applied, and to the circulation, and energetically to the nervous system generally, and especially to the brain."

Isaac Ott, in his "Action of Medicines," says: "The action of Opium is very similar to that of Morphia. Morphia causes excitement, acceleration of the pulse, followed by its reduction, the breathing is hurried, and then slowed; the skin is at first red and tingling, then pale, with sweating, headache, nausea, vomiting, dryness of the mouth, and narrowing of the pupil, and sleep."

Here we can also trace a suggestion of belief in the primary stimulant effect of the drug.

Phillips calls attention to a "sense of fulness in the head, which seems to commence in the nape of the neck, and to spread therefrom," which may be due either to arterial excitement, or to venous congestion.

*Southern Homœopathic College.

Nothnagel and Rossbach state that "Opium produces all the acute and chronic symptoms that Morphia does." Their conclusion is that Morphia is a stimulant in moderate doses, which is another way of stating their belief that Opium is a stimulant.

One important point these authors call to our attention, which should always be remembered in our researches about the action of Morphia or Opium, is as follows: "No proper conclusions can be made from experiments on brutes," when endeavoring to secure information of the effects of the drug on human beings, because of the well known fact that human beings are so much more susceptible to the action of Opium than are the lower animals. This fact seems to have escaped some of our experimenters, to judge of the large number of experiments made upon the lower animals with Morphia.

H. C. Wood throws doubt on the primary action of Opium being stimulant, except in the case of those who are accustomed to the use of the drug as a stimulant: "The stage produced is rather the fabled calm of the lotus-eater than the energetic activity of production."

Bartholow says of the action of "small medicinal doses:" "The action of the heart becomes stronger, and the arterial tension rises. When Opium agrees, the sense of fatigue vanishes, and muscular movements become more rapid and easy. The face flushes a little, the pupil contracts slightly, the conjunctivæ may be somewhat injected, and the expression of the eye more brilliant. At this stage the ideas flow more rapidly, but are less sustained and orderly."

John V. Shoemaker declares unqualifiedly that "Opium is a stimulant." Shoemaker further denies the statement of Nothnagel and Rossbach that Opium and Morphia are practically the same in their effects. He says: "The drug is not perfectly represented by Morphia." A still later authority, however, Cushny asserts that, "The action of Opium is, therefore, practically identical with that of Morphine." His laboratory experiments do not include an investigation of the effects of Opium, but Morphia engrosses his attention. He says: "The action of Morphine on the central nervous system seems to consist then of a mixture of stimulation and depression, which are not equally marked, however, throughout the divisions of the central axis. The depression seems to be produced mainly in the brain, especially in those parts associated with the higher intellectual

faculties, while the stimulation affects first the spinal cord."

This suggests the idea that the centres of animal life are primarily stimulated by moderate doses of Morphia, though the higher or intellectual centres are depressed by the same dose. It is, however, more especially the physical life of the organism with which we are concerned when speaking of stimulation, (not so much with the intellectual life), and consequently we are at liberty to regard Morphia as causing a stimulant effect primarily in the sense which concerns us, similarly to Opium.

Butler agrees with Shoemaker when he states that "The Physiological Action of Opium differs in some respects from that of Morphine or codeine." Of Opium he says: "Small doses accelerate the pulse, rendering it fuller and firmer, and dilate the arterioles, though increasing arterial tension. The action is due to stimulation of the vaso-motor mechanism of the circulatory apparatus. Opium seems to act differently upon the brain and spinal cord. Upon the former it produces a temporary period of excitement, varying in duration according to the size of the dose administered, small doses greatly stimulating the imaginative faculty. Opium first stimulates and afterwards depresses the higher centres, the same action being subsequently manifested in the lower centres." "The cerebral exhilaration is doubtless the result of an increased blood-supply to the brain." "In very small doses Opium slightly stimulates respiration." "The temperature is at first raised, but later lowered when free diaphoresis is established."

In the proving records to be found in the Cyclopædia of Drug Pathogenesis, may be noted sufficient evidence corroborative of the experiments and views already stated of the stimulant effects of moderate doses of Opium.

Within certain limits of dosage Opium always causes primarily a stimulant effect. The larger the dose the shorter the stage of stimulation. Some persons are, of course, more susceptible to Opium than are others, and this possibility must always be remembered when studying the drug. For example, the fourth proving-record in the Cyclopædia of Drug Pathogenesis shows $2\frac{1}{2}$ grains of the drug to have stimulated the pulse in a few minutes. Record 8 a. notes, pulse "large, full, and quicker than usual," after 2 grains; while the same condition was recorded by prover 14 a., a woman, after $\frac{1}{6}$ th of a grain. Further, record 22 contains a statement that both pulse and respiration were in-

creased after taking the 12th and 30th dilutions, record 25 credits the first dilution with producing an "excited condition," while under the 31st record is a quotation from Sharp's Essays on Medicine which states that "I have tried many experiments with doses from gtt. 1-100 to gtt. ij of tinct., and in every instance the pulse has been quickened, and sometimes rendered sensibly fuller, in 2 or 3 m., e. g., from 66 to 68 and from 70 to 76."

Finally, evidence may easily be discovered in these Cyclopædia records, that Opium has produced *acute* primary symptoms. For example, in the 5th record, Guentz took 4 dr. of a tincture by dissolving one part of purified tinct. in three of distilled water; within a few minutes noticed slight pain over whole head, bordering on congested feeling. In record 6, Heisterberg took 1 gr. "After one hour, cutting pains in abdomen set in." In record 7 a, Kneschke took $\frac{1}{4}$ gr., and in $\frac{1}{2}$ hour "pressing frontal headache followed." Also after $\frac{1}{4}$ gr. Lippert felt "dull gentle headache," and "slight aching in bowels." Record 13 a, notes that Edward Jörg took one drop of tincture, and in a few minutes had "cutting pains in abdomen." Frau Ch., record 14 a, took $\frac{1}{6}$ gr. and in half an hour "was seized with confusion and severe pain in head." The same prover took half dr. of tincture, and in 25 minutes had "uneasy movements in stomach." Again, she took 1 dr. of tincture and in 5 minutes felt "pains in stomach approaching nearer to actual cutting." Prover 26 a, took 3 dr. first dilution, and of him it is recorded: "Soon, pressive headache in forehead, pressive pain in 1. hypochondrium." Prover 35 reports having taken one dose of four grains of Opium: "One hour after swallowing it I had violent headache."

All this evidence of the acute action of Opium must be considered, even in the face of the assertion made by Hahnemann in his "Materia Medica Pura," (Vol. II, p. 287), in italics, that, "*Opium is almost the only medicine that in its primary action does not produce a single pain.*"

Of the action of Opium, Dr. Richard Hughes says: "Various theories have been formed to account for the phenomena—as that the drug is stimulant to some parts of the nervous system, but depressant to others; that it stimulates at first, but narcotises afterwards; that it is stimulant in a moderate dose, but a narcotic in a larger one. None of these explanations have ever satisfied my own mind." (Pharmacodynamics, p. 699). Dr. Hughes then gives his views, which are that "Opium is throughout its ac-

tion a direct paralyzer of the nervous system, and that the apparent stimulation present during its earlier effects is due to the removal of the restraint exercised on the circulation by the vascular nerves." His explanation of the cerebral excitement due to Opium is, "by supposing a heightened cerebral circulation to be present through depression of the inhibitory influence of the vasomotor nerves of the organ."

Assuming this to be the case, how can we explain away the fact that small doses of Opium cause heart action to become stronger, and arterial tension to rise, together with greater ease and rapidity of muscular movements? (Bartholow). It is true that the arterioles are dilated by small doses of Opium, but it is also true that arterial tension is increased. Increased rapidity of action of the heart may be present with a paralytic tendency and venous congestion, but the latter conditions will not be found when the heart strength is augmented and arterial tension increased, as is found to be caused by Opium. (Cushny, Butler).

Certainly, Dr. Hughes theory very much simplifies the question of the principles governing the therapeutic application of Opium, but the most recent investigations in this corner of the field of physiological medicine, compel us to believe that Opium in moderate orthodox therapeutic doses acts primarily as a stimulant, whether used for physiological experimentation or for healing the sick. In large, or anodyne doses, there is no doubt of the sedative action of Opium. Unlike Dr. Hughes, I am not at all surprised that exactly opposite results should follow the administration of small and of large doses of Opium, respectively, even though greater variation in the size of the dose be required for this difference than half a grain of the drug. Few drugs, probably, elicit a greater variance of individual susceptibility than does Opium, and while four grains may be required to produce as much effect in on one experimenter as half a grain in another, we need not be surprised that half a grain may act as a stimulant in one patient and one grain act as sedative—causing a paralytic tendency—in another.

From all the evidence adduced the conclusion seems obvious, that Opium in moderate orthodox therapeutic doses causes stimulation of the organism as its primary effect. Of course, when given in large doses, such as are used therapeutically for hypnotic purposes, the drug primarily causes an opposite effect, the subject of the experiment being plunged into a stupor from the mo-

ment the full effects of the whole amount of the drug are felt. But this latter fact of the action of large doses of Opium I am not considering.

Therapeutics.

As a stimulant to the brain and spinal cord, where there is great depression, Opium is sometimes prescribed by physicians of the older school. Such conditions exist in the "collapse sometimes attendant upon the cold stage of fevers." (G. B. Wood). "Small doses of Opium—5 drops of the tincture, for instance—have an excellent stimulant effect in the case of a weak or dilated heart." (Shoemaker.) "As a supporter of the system when the vital forces are weakened by acute or chronic disease or injury there are few drugs as efficacious as Opium. It calms and strengthens the debilitated heart, and secures to the patient refreshing sleep, soothing and invigorating his system by means of the much-needed rest." (Butler).

Such cases of relief depend upon the relationship of dissimilars.

Opium is largely *used also to relieve pain*, regardless of the cause, whether from inflammatory or neurotic disturbance. Sleeplessness is one of the conditions in which the drug is largely used; but it is not a safe drug in cases of chronic insomnia, as the Opium habit can readily be contracted in such cases. Both in pain (colic) and insomnia, the drug must be given in large doses, and it may be readily seen that the principle involved is that of contraries, because of the fact that in the healthy, doses of the same size will produce a similar benumbing effect as in the diseased. Under these circumstances Opium is simple palliative, and the physician may be justified in its use as a choice of evils; the inevitable continuance of pain or the temporary relief by the drug. After surgical operations the active principle, morphine, is almost universally used by all surgeons, whatever be their therapeutic beliefs; and antipathy is the principle upon which this temporary relief is secured.

In *respiratory disorders* this drug and its alkaloids are often used. Morphia, codeia, or the new derivative heroin, are prescribed to lessen the sensibility of the irritated mucous membrane, but where there is copious secretion of mucus the use of these agents is not safe, because of the danger of suppressing the secretion, or subduing the irritability of the nerve centres of sup-

ply without affecting the mucous secretion, whereby suffocation may be induced by the accumulated secretion. The principle of action is here that of antipathy, and temporary results only are to be expected.

The use of Opium in *asthma* depends upon the same principle, and temporary effects only are obtainable, and furthermore, there is more or less risk of establishing the Opium habit in such cases. In fact Opium is not a safe drug to use in material doses in chronic difficulties of any kind, because of the danger of becoming habituated to its use.

In *hæmorrhages*, whether from the intestines or other parts of the body, Opium (or Morphia) is used because of its power to quiet the restlessness that so often accompanies hæmorrhagic conditions, thereby allowing the parts requisite rest for clots to form. In bowel hæmorrhages peristalsis is checked by the drug, and hence clot is allowed to form. Of course the matter of rest is merely mechanical, but when small doses are used the quieting of the attending pain depends upon the law of similars.

George B. Wood says: "*The antiperiodic action*, which is often strongly evinced by Opium, may be considered as dependent directly upon its stimulant operation upon the cerebral centres." "This would suggest that relief from intermittent and remittent fever paroxysms, for which Opium is sometimes used, is dependent upon the law of similars; ten minims of the deodorized tincture of Opium being the dose recommended under these circumstances." (Bartholow).

In cases of *diabetes* in which Opium is said to produce good results, the action of the drug upon the nerve centres is doubtless responsible. Whether this is because of the anodyne effect—the nerve activity upon which the formation of sugar depends being inhibited—or because of the possible power of Opium to stimulate the glycogenic function of the liver, is difficult to say. Dr. Richard Hughes calls attention to this latter possibility in his *Pharmacodynamics* (fourth edition, p. 709). He says: "Opium has a certain amount of reputation in the treatment of diabetes. If it does more than palliate symptoms, it must be, I think, in virtue of its homœopathicity to disease. Dr. Coze, of Strasburg, wishing to determine its action on glycogenesis, injected fifteen grammes of a solution of muriate of morphia in distilled water into the jugular vein of a rabbit. The urine was not examined; but the quantity of sugar in the urine was found more than

doubled, and likewise that contained in the arterial blood. Bernard, too, has lately informed us that Morphia determines glycosuria after the same manner as woorara and puncture of the floor of the fourth ventricle, viz., by increasing the circulation through the liver."

For the *suppression of morbid intestinal discharges*, Opium is an old remedy. Here the result is brought about by quieting peristalsis, (as in hæmorrhages, as stated), and also through the general paralysis of sensation and of all function. This effect is produced in the healthy experimenter by large doses of the drug, and consequently when large doses are prescribed to give relief in morbid conditions the principle of action is that of dissimilars. It must not be forgotten that small doses of Opium primarily stimulate physiological peristalsis; while, as said, large doses primarily check intestinal activity.

"Many kinds of *nausea and vomiting*, stomachal or reflex in origin, are arrested by Opium preparations." (Bartholow). Small or moderate doses are used for this purpose, and consequently, the principle here involved is that of similars, because Opium in moderate doses has produced nausea as a primary effect. [Cushny, Ringer (Morphia), Cyclopædia of Drug Pathogenesis, records 5a, 16b, 26a, 29a.] Where large doses are used for relieving nausea and vomiting, the nervous supply of the stomach is temporarily paralyzed, and the condition of nausea is thus overcome. The principle of contraries is here responsible.

In *the various neuroses* in which Opium and its alkaloids are prescribed, including chorea, epilepsy, tetanus, and hydrophobia, full doses are given. As Morphia has caused both anodyne and convulsive effects in mammals, (including children especially in the convulsive action), it is somewhat difficult to say whether or not the relationship here is that of antipathy or of homœopathy. Certainly in hydrophobia, where the special senses are acute, the relationship is not that of similia, because Morphia in large doses blunts sensibility. (Cushny, p. 200). In convulsive states of the organism the nerves are in a hypersensitive condition, and Opium and Morphia reduces this hypersensitive condition of subsensitiveness.

In *simple constipation* Opium is sometimes prescribed. Here the drug must be used in small doses; the fractional amount which relieves may not exceed the thousandth of a grain. "Round,

black, hard balls," characterizes the appearance of the fæcal discharge. In the torpid condition of the intestinal tract which causes the pocketing of the fæces, character of which has just been stated, the drug evidently acts by stimulating peristalsis, the therapeutic principle being that of dissimilars.

In *lead constipation*, however, the condition is different, the metal constipating "not only by its astringent action, but also by the tetanic spasm of the intestines caused by the irritating action of the lead upon their mucous membrane. The fæces are held by spasmodic intestinal contraction, relief of which by a small dose of Opium, sufficient to induce peristalsis, will be followed by evacuation." (Butler). From this spasmodic state of the intestines results the colic which frequently accompanies this constipation condition, and here we are strongly inclined to believe that the law of similars underlies the relief given by Opium in small doses. This belief is founded upon the experiments noted in the Cyclopædia of Drug Pathogenesis, in which the provers of small material doses of Opium, (to which attention has already been called), suffered from abdominal pains, which were most probably due to an increased peristaltic activity which could readily be converted into a spasmodic condition of the intestinal muscular fibres, whereby pains closely simulating those due to lead poisoning could be produced. I can imagine no other cause for the intestinal pains alleged to have been produced by Opium.

In *febrile conditions*, Opium may sometimes be homœopathically indicated, from the fact that together with other evidences of a primary stimulant action the temperature is raised by moderate doses of the drug.

In *coma*, whether uræmic or not, Opium in small doses will sometimes give relief. This is because of its power to cause stimulation, acting here somewhat like Digitalis. The same may be said of *apoplectic tendency*. In this condition of cerebral congestion, or even in apoplexy itself, we find a strong resemblance to the effect of toxic doses of Opium. We are, however, not dealing with such profound toxic effects of Opium, but with the physiological effects of medium doses, and the conclusion to be adopted from the facts in the case, is, that the relief afforded by Opium in such condition is due to its stimulant action, and consequently the law of dissimilars is responsible.

In cases of *retention of urine* due to paralysis of the detrusor

muscles, the drug gives relief by stimulating the paralyzed muscles, and hence antipathy is the principle involved.

In *lock jaw*, and in *all convulsive conditions* in which Opium is prescribed in stupefactive doses, the conditions are relieved by relaxing muscular tension, and consequently the principle of dissimilars is more than probably responsible for the relief,

Summary.

As a summary of the various uses of Opium to which attention has been called in relation to the two great therapeutic principles, the following is submitted:

1st. The primary effect of medium, non-toxic, doses of Opium is in a general way stimulating to organic function.

2d. This knowledge may be applied in treating the sick, in accordance with the law of dissimilars in some instances, and in accordance with the law of similars in others instances.

3d. The law of dissimilars is probably responsible for results in the following conditions: In nervous depression, cardiac debility, and even tendency to collapse; in irritability of the respiratory mucous membrane; in asthma; coma; apoplectic tendency and in retention of urine from weakness or paralysis of the detrusor muscles. Stupefactive doses come under this principle in all convulsive conditions where it is desired to benumb nervous sensibility.

4th. The law of similars is probably responsible for results in the following conditions: In intestinal hæmorrhage. (Here this law is responsible for relief, depending upon the amount of drug administered). In periodic conditions; in diabetes mellitus; in relief of nausea; in lead constipation with colic; and in febrile conditions. In such conditions as epilepsy, chorea, tetanus, and hydrophobia, small doses may prove curative because of the homœopathic relationship between the condition and the excitent effort of medium doses of the drug upon the nervous system.

Medicine.

CONSTITUTIONAL EFFECTS OF AMALGAM FILLINGS AND RED VULCANITE PLATES UPON THE HUMAN ORGANISM.*

H. W. PIERSON, B. S., M. D., CHICAGO.

PROF. MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

Your invitation to prepare and read a paper upon this mooted question has been interpreted by me to mean a desire on your part for a definite statement of the rule governing the determination of effects produced by foreign substances upon the human organism, as held by the homœopathic branch of the medical profession.

Man has a love for the truth; time will not permit a personal investigation of every question, and consequently we are compelled to accept the opinions of others without the opportunity of carefully testing and determining the truth or falsity of same. To a large degree, man is controlled by his environment. The prevailing influence of those with whom he associates, help, and, to no small degree, mould the individual opinion. It is a hopeful sign, therefore, when men possessing honest differences of opinion are willing to come together for an impartial investigation with reference to the merits of any particular question.

We recognize the fact that three men out of every four who may listen to us this evening have failed to see any deleterious effects in their practice from the indiscriminate use of mercury in its various forms for the preservation of the teeth; but it is not among the impossible things that this failure to detect or to recognize that possible injury has been due to the fact that their observation has been limited to the visible material effects and that the opportunities for investigation in each individual case may have been restricted to infrequent consultations with particular reference to material defects; while the family physician with his frequent opportunities for coming into closer relations with these same patients has had better facilities and greater reasons for detecting the presence of some morbid agent.

It will be our purpose, therefore, to direct your thoughts

*Read before the Chicago Dental Society.

along a line of investigation that, to a certain degree, will enable you to select the cases that will suffer the least disturbance from the action of these substances.

It is within the memory of almost every one present when the dentist was looked upon as a mechanic, nothing more and nothing less; and it is only within the last quarter of a century that the dental profession, as a body of men, have realized the wonderful possibilities opening up for their specialty in medicine. By a process of evolution they have passed through the preliminary stages until it is now recognized as one of the legitimate functions of their profession to take into consideration of *all* the causes that may contribute to any imperfection in the natural development and preservation of the teeth.

To-day it is not sufficient that the dentist have manual dexterity, but he must have such expert knowledge of the relationship existing between the process of mastication and the functional activities of the different organs of the body, complications arising from chemical action and reaction, susceptibility to the presence of morbid agents from without, etc., as will make him master of his art and secure for his specialty a standing equal to that of other specialties in medicine. In short, his knowledge of the functional activities of life itself should be as comprehensive as that of any other specialty in medicine. It is only when he shall have attained to the mastery of these many and varied lines of investigation that he will have reached the ideal position of the modern dentist. In this process of evolution, rapid strides have been made, and many substances which were looked upon as harmless can find no advocates at the present time. In medicine, the persistent use of mercury covers a history measured by centuries. It was considered an indispensable agent for the treatment of the sick. To-day its administration is restricted to a very limited sphere, and even in this limited sphere a very small amount is found to produce better and greater results than could be obtained through the administration of the ponderous doses of the past.

So, with the dentist, investigation must be along the lines of maximum good with a minimum evil; and substances employed for the repair of the ravages of time and ignorance must be brought as near the constituency of the original substance employed by nature as the art of man can fashion. So the time will come when the dentist will work hand in hand with the physician

for the conservation of health instead of being content with the inferior position of the mechanical repairer of the ravages of disease. This leads us up to a consideration of the most important question before us to-night.

What is disease? Would you call a deposit of tartar upon the teeth a disease? Or a deficient proportion of carbonate of lime in the dental substance a disease? Or the destruction of the proximal surface of a tooth a disease? Or are we not simply looking at the local manifestations of some impairment of the functional activities of the body? You know that some of these conditions may proceed from a disturbance in a remote part of the body, and that the cure of the same may be brought about by the restoration of the normal activities of that part. The *Century Dictionary* defines disease as "Any deviation from the normal condition of any of the functions of the body." Huxley defines disease as "A perturbation of the normal activities of any of the functions of the body." Gould defines disease as "A condition of the body marked by inharmonious action of one or more of the various organs." We would go a step further and still carry out the meaning of the above, by defining disease as a disturbed relationship between the vital force and the organism over which it has control.

You will see that the tendency has been to mistake the effect for the cause, and to be content with the removal of the effect regardless of the consequences that logically must follow.

Let us again consult authorities with reference to the meaning of vital force, because honest differences of opinion often arise from a misunderstanding of the real meaning of the word or term employed.

The *Century Dictionary* defines vital force as "The animating force in animal plants." Gould goes a little further and says: "It is the energizing force on which individual life depends." Hahnemann, the vitalist and father of Homœopathy, gave this comprehensive definition: "It is that immaterial, automatic energy which animates the material body of the organism, rules with unbounded sway and keeps all parts in harmonious operation as regards both sensation and function."

You will readily see from this that our definition of disease is in perfect harmony with that of the above authorities. The only reason why there has been any difference of opinion upon these matters is because you are inclined to let your investigations stop

with the material substance, and refuse to look beyond for the cause which animates all living organisms.

It will be conceded by every one present that material substance, in and of itself, does not possess the property of action. It must be acted upon. It is equally self-evident that the energy or force which permeates the material substance must be the cause of all activities. It follows as a logical sequence that all chemical action and reaction in the human organism is due to the primary elements which constitute the substances thus brought into intimate relation. A corollary to this statement explains the fact that all organized matter separates into its original elements with the disappearance of the animating force or energy that was instrumental in bringing about the combination. A third statement may not come amiss at this point, which is that all growth and development is dependent upon the power of this vital force or energy within the individual cell to appropriate, from the common supply of nutritive material, elements as may be necessary for the repair of all defects. Anything that will interfere with the appropriation of this new material will naturally disturb the harmony which exists between the activity of this cell and the rest of the organism.

This brings us to another statement of fact that every substance exerts its peculiar influence upon other substances only through the medium of the vital force. You speak of chemical action and reaction, which is only another name for this same manifestation. Especial emphasis is put upon this statement and you are to keep in mind throughout this discussion the one fact that all influence, all effect, all action is dependent upon the presence of this vital force.

The natural, normal function of the vital force is to so act upon all material substances coming within its influence that new material may be prepared in Nature's laboratory for the maintenance and development of the functional activities of the organism. This leads to the inevitable conclusion that any substance which cannot be prepared for assimilation must necessarily, by its very presence, act as a disturbing influence upon the economy of nature. In other words, its presence tends to the production of disease.

How are we to determine the deleterious effects of any substances? There can be but one answer to this question, and that is to bring that substance into close relations with the vital force

of the healthy or normal organism, and note the result. Fortunately, Mercury in all its forms has been subjected to the most rigorous applications of this test. We are therefore able to give you a complete picture of the action of quicksilver, which forms the base of amalgam, upon the human organism, and as we present this picture to your consideration we venture to make the assertion that there is not a man before us who will not recall, as a result of his own personal experiences, many instances in which similar effects have been noted for which he was at a loss to assign a satisfactory cause. Mercury has a peculiar affinity for the mouth and its contents; consequently any excess of the drug is likely to leave its strongest impression upon the same.

Among the most important effects of Mercury in the mouth will be the following: The gums are swollen, spongy, frequently bleeding at the slightest touch. They may have a bright red margin, or they may be covered with thin white patches. The upper margin may have a torn, ragged appearance, and as a result of the swollen, spongy condition of the tissue are frequently separated from the teeth. You may see them at a time when the aggravated condition has subsided, and in place of the swollen character there may be actual atrophy.

The teeth become loosened in their sockets, almost drop from the mouth; especially is this true with reference to the molars. The lower incisors have a chipped, irregular, serrated appearance with a brown spot in the center of the proximal surface. Caries begins in the crown of all except the incisors. The teeth are painful to touch, and sensitive to both heat and cold. There is an aggravation of all painful conditions during the night. The pain is a sort of grumbling, tearing, jerking, pulslike, seemingly at the root of the tooth, during the day, gradually increasing during the night.

The tongue may be swollen, red or white, inclined to be tremulous and show the imprint of the teeth on the edges. There may be small superficial ulcers on the tongue. This characteristic will be noted throughout the body—that the ulcers are superficial, irregular and spreading in character. Speech is difficult on account of the tremulous, swollen condition of the tongue.

The salivary glands are swollen and very painful, the opening of Stenson's duct being swollen, white and frequently ulcerated. Aphthæ may be present in various places throughout the mouth,

inclined to be bluish red in color, and spongy in character. These spots change to a dirty, whitish color, but as the mucous membrane breaks down an ulcer with an irregular flat surface presents. With this inflammation of the salivary glands there will be found an excessive amount of saliva, sometimes offensive in character, but generally of a sweetish taste.

There is a tendency for the inflammation beginning at the roots of the teeth to extend into the periosteum of the jaw, resulting in a severe and obstinate periostitis. This may extend to the degree of actual necrosis, resembling in this respect the action of Phosphorus. With a subsidence of this inflammation we frequently find atrophy of the alveolar process. Another sequence, not of rare appearance, is that of partial ankylosis of the jaw. You will find a tendency to a form of hypochondriasis in which they imagine themselves possessed of all manner of diseased conditions; believe they will actually go insane if the dentist or physician does not give them immediate relief. This hypersensitiveness is a characteristic of the drug. The patient is easily agitated, inclined to talk hurriedly. You may fail to notice any pathological changes within the mouth but will notice that their speech is very hurried—seems as though they can hardly get one word out fast enough to give place for the next one to follow. There is a feeling of anxiety and apprehension, a feeling as if they could not endure the thought of suffering. In place of this hurried, senseless talking, they may go to the other extreme, and be very slow in answering questions. Almost give the impression of mental weakness. This condition is more frequently associated with that physical condition noted by atrophy of alveolar process, of the gums, etc.

Up to this point in the discussion of this question the effect has been measured by the power of the disturbing agent alone but now we come to an equally important element, the resistance offered by the organism to morbid agents—*susceptibility*. The word speaks for itself. No two individuals possess equal power for aggressive work, or offer equal resistance to the attacks from without. Every one is a law unto himself, and it therefore becomes imperative for us as conservators of public health to know how to gauge the vitality of each individual coming under our protection, so as to leave them in a better condition by reason of our ministrations than they were. Three factors contribute to this susceptibility: First, an impairment of the vitality of the

organism transmitted from the parent to child; Second, an environment, physical or mental, that is constantly using up the reserve strength or resisting force of the body; Third, a willful or ignorant violation of Nature's laws. Perhaps to these a fourth factor might be added, namely, ignorance on the part of medical advisers with reference to the deleterious effects of dissimilar substances in the form of drugs in the treatment of the sick; and in this fourth group we would place the use of Mercury. It is a notorious fact that for centuries calomel and other preparations of Mercury has been given in massive doses, indiscriminately, for almost every conceivable disease, and the effect produced thereby is present in many of the descendants of these unfortunate victims of crude medical practice. This explains, to a large degree, the reason why a protest has gone forth against the use of amalgam fillings for the preservation of the teeth and red vulcanite as a base for the retention of artificial dentures. Not every constitution requiring the employment of a filling or an artificial denture is susceptible to the action of these substances, but the constant exposure to their influences will be inevitably followed by characteristic results. We will be met at this point with the assertion that the amount of Mercury employed is so small and the exposure so slight that the effect is purely hypothetical; to which we would reply that the effects presented in this paper, with the exception of the necrosis and ankylosis of the jaw, were produced through the employment of infinitesimally small amounts of quicksilver. We therefore feel it incumbent upon us to urge such investigation as will lead to the selection of some substance or compound that will prove of equal durability with a minimum amount of evil.

1. Truth is invincible and sure to prevail.
2. Honest differences of opinion only serve to demonstrate the presence of error and give evidence for seeking truth.
3. The true scientist denies nothing until it has been subjected to repeated tests.
4. Disease is not always attended by anatomical change in tissue.
5. Every substance exerts a peculiar influence or effect upon every other substance with which it comes in contact.
6. The degree of permanence of the effect depends upon two factors, namely: quantity or quality of force expended, and quantity or quality of resistance offered.

7. Everything that finds no counterpart in the human organism tends by its presence to disturb the functional activities of the organism. The degree of disturbance measures the extent of the disease manifestations.

8. Constitutional effect of any substance is determined by testing the same upon the healthy organism.

9. Degree of effect depends upon the susceptibility of the individual.

10. Mercury, in any form, being inimical to the human organism, amalgam and red vulcanite must exert a deleterious effect and consequently should be substituted by something possessing less pernicious effects.

IS THERE SCIENCE IN MEDICINE? IF SO, WHERE?*

CHAS. H. BRESEE, M. D., AUBURN, N. Y.

Mention is often made, in our hearing, and in medical literature, of the science of medicine.

The laws of our state recognize three distinct systems of practice. Among these where do we find "the science?" In order that we may better understand the scope of our subject, we must find what the term, "science," implies. The Standard Dictionary treats the word as follows:

First. "Knowledge gained and verified by exact observation and correct thinking especially as methodically formulated and arranged in a rational system; also, the sum of universal knowledge."

Second. "Any department of knowledge in which the results of investigation have been worked out and systematized; an exact and systematic statement of knowledge concerning some subject or group of subjects; especially a system of ascertained facts and principles, covering and attempting to give adequate expression to a great natural group or division of knowledge; as the science of astronomy, botany and chemistry."

Third. "Knowledge obtained individually by study of facts, principle causes, etc., the habit or possession of exact knowledge."

Fourth. "Expertness or ability to do, resulting from knowledge."

Knowledge is given as the synonym, with comments; knowl-

*Read before the Medico Chyical Society of Syracuse, N. Y.

edge of any single fact not known as related to any other, or of many facts not known as having any mutual relations, or as comprehended under any general law, does not reach the meaning of science. Science is knowledge reduced to law, and embodied in a system. After having defined the term, the question arises where do we find this element of exact knowledge in medicine? Do we find it in the so called regular, or eclectic therapeutics? Is there enough of exact knowledge in either school, to give either one the right to be called the science of medicine? Has the physician, in prescribing according to the tenets of either school for a given case of sickness, any knowledge that the medicine prescribed will act in a way that will be advantageous to the patient. Morphine, for the relief of pain, has often proved *not* to have the desired effect in every case.

The astronomer, in making calculations as to the distance of some remote star from the earth, or its weight, or the time a comet may appear to our sight, bases his calculations on certain laws, which if not observed, reduce his calculations to naught. The chemist in making delicate analyses of various substances must follow the laws of proportion, if he would obtain the desired results. Can we ask less? or expect less of the physician? Is not human life and health of more value than a knowledge of the weight of a distant star, the measure, in miles, between the earth and sun, or the composition of some unfamiliar substance? We plead for more of the true science, or the application of exact knowledge, in the treatment of the sick. Can we have it? Is there science in medicine? I emphatically answer *yes*; in the Homœopathy of Hahnemann.

It may be answered that the physician can not act with the same degree of exactness as other scientists not having definite quantities with which to deal.

In other words he cannot expect definite results from an exact application in every case of sickness. This may be true in a measure, the main reason for which is the lack of scientific procedure in the past, the many years of pernicious treatment, and the education of the laity in the wrong direction. These have been, and often are, responsible for the incurable conditions that confront us. Even this condition of things will not excuse us from the law. By it life may be lengthened and our patient may be saved from much suffering, even though not restored to perfect health. The advantage is not all to be gained in the present

generation, but future generations will reap the reward of having a better birth and the chance of living a life not bound down by constant illness. This can be gained in no other way than through observance of the laws of health and the application of medicine by the most exact methods.

History shows the most wonderful cures—and by cure, I mean a patient restored to a state of perfect health, instead of having the disease dissipated to some other part of the economy, to appear in another form at some future time—are made by Masters of Homœopathy.

Through the strict observance of the law of cures, "*similia similibus curanter*," with the minimum dose of the dynamized drug, keeping a written record of the symptoms, and applying the remedies to the totality, they have been able to make cures that are a little short of miraculous. They have, also, won for themselves glory, and proved that Homœopathy *is* the science of medicine.

Psychology.

FUNDAMENTAL ANTIDOTES OF DISEASE.

PROF. L. A. VAUGHT, CHICAGO.

If disease is inharmony of action, obstruction, want of nutrition, improper action, or loss of any kind of equilibrium, it can be large rectified by fundamental faculties. The antidotes of all of these inharmonious conditions can be found in natural faculties. We are all endowed with natural antidotes of disease. Especially is this so of every mental disease and nearly as directly so of nearly all physical conditions, however remote from the mind.

One in a state of nervous *excitability* is in a state of disease. The antidote of this directly is in the fundamental faculty of Self-Esteem.

One in a state of nervous *fear* is positively excited in the faculty of Cautiousness, which can be antidoted by a positive development of the power of Combativeness. Combativeness is the positive antidote of fear. It could be cultivated to such a degree that so far as all kinds of physical fear are concerned it would be a perfect antidote. It is an armour that will shield one.

But it is more than that because it counteracts Cautiousness and prevents this faculty from reaching that high state of action that is called fear.

One in a state of *despondency* is certainly not under the influence of the faculty of Hope. This faculty is the positive, natural antidote of dependency. It is probably not quite strong enough in itself to positively antidote all kinds of depression, because there are depressions that come from faculties like Approbativeness that are not depressions of despondency exactly but depressions of humiliation. So far as the blues are concerned in the true despondent sense, Hope is the natural antidote. When this faculty is predominant in one it is almost impossible for him to become despondent. Hope prevents it. If one is positively cheerful, this faculty is predominant. It is to despondency what sun is to darkness. When Hope rises it lightens up the whole mental field as the sun lights up the earth some clear morning.

Impatience is a state of disease. This can be antidoted also by fundamental faculties. When one is weak in Continuity, Self-Esteem and very strong in Approbativeness, Combativeness, Firmness and Destructive, he wants to go ahead. He has strong forces without good regulation. Weak Continuity and Self-Esteem are responsible for the larger share of impatience. To antidote this condition we should bring into positive action the faculties of Spirituality, Causality, Conscientiousness and Self-esteem. These four faculties alone would knock impatience higher than a kite. By means of Causality one can philosophically consider a situation and restrain himself, or these impatient faculties, by means of logical thought. With Spirituality in connection with Causality he can take an eternal basis and therefore will not feel in a hurry. Millions are in a hurry. They are impatient. If they had large faculties of Spirituality and Causality they would realize that they have only commenced life; that eternity is before them; that there is no need of hurrying. These two faculties alone will largely counteract impatience. If to these are added a strong faculty of Conscientiousness there will be that feeling of love of thoroughness that will restrain impatience to a great degree. Neither Abraham Lincoln nor George Washington were impatient. They were judges. They had Conscientiousness to give them a desire to consider both sides, or all sides of a question. Those who are weak in Conscientiousness, with strong faculties of Approbativeness, Destructiveness, Com-

pativeness and Firmness like to go ahead without regard to the rights of others. Therefore Conscientiousness is a antidote of the mental state of disease called impatience. To these three might be added a strong faculty of Self-Esteem. This faculty is never impatient. It does not know what impatience is. It permits impatience by being negative; but in itself it is not at all hurried. It is the very antithesis of nervous impatience. The German and the Englishman are endowed with this faculty, as a rule. They are not impatient, but more stolid and plodding.

These are some of the positive fundamental antidotes of disease. Let us say in conclusion that all of the mental states that produce physical conditions of disease can be positively rectified by specifically developing the fundamental faculties that in their inherent nature are the antidotes of these mental states. One can largely be his own physician if he but understands the elements of his mental constitution and their relative development.

ENERGY.

V. G. LUNDQUIST, DENVER, COL.

The word energy springs from *ev*, in, and *epvooy*, work—in work, or from the Latin word, *energia*. This, however, is only the birth of the word, but not of that force which we call energy. Energy is that power and force by which anything acts effectively. It is power in motion. It is potency, vigor, force and efficiency. We have active powers, and also passive powers. That force, which impels to action, and energizes the possessed powers, we recognize as energy. Therefore power and energy are not the same; although great power when energized leads to great energy. According to its various forms of expression, this force has received various names. We speak of physical energy, mental energy, vital energy, natural energy, destructive energy, kinetic energy, potential energy, electric energy, molecular action, conservation of energy, motion, action, velocity, activity, intensity, etc. All these terms have a meaning as true as *life itself*, and are living proofs of the *existence* of that force, which we call energy. This force exists everywhere throughout the entire universe, from the smallest molecule that the microscope can detect, to the largest celestial orb in the blue heavens. Every leaf and plant, every animal organism, every blastodermic cell, and everything that relates to the universe, whether in the world of matter

or in the world of mind is moved, is acted on, is energized and put in motion by this universal force which we call energy. Wherever we turn we find nothing but energy, life, motion, elemental action, force and fury. What are the volcanoes but fiery energy at work in the bowels of the earth? What else was the Texas disaster but the same force at work in another form? What are the ocean currents but energy in action? It has been estimated that the gulf stream carries past Florida the enormous amount of 436 trillion tons of water. The sun, what is it, but a central source of energy. An energy which find expression upon the surface of the earth in the forms of light, heat and life itself. Through its prodigious power and energy it controls and guides the entire solar system. It has been estimated that the solar energy or heat, lifts annually, by evaporation, 159,731,477,920,000 tons of water from the surface of the earth, which it returns in the form of rain. The motion of the planets is nothing else than active energy. The huge and unwieldy planet Jupiter, whose diameter is 88,000 miles, and its volume 14,000 times that of the earth, travels through space at the energetic velocity of 500 miles per minute, completing his journey of 3,000,000,000 miles in twelve of our years. The very birth of this earth itself was caused by the action of this force. Truly has Hudson Tuttle said in that wonderful book *The Arcana of Nature*: "Grand and awful was the scenery presented during the infinite period in which the forces of radiation and segregation worked on to their destiny. The lurid firmament glowed with the internal fires. The blue sky and the mild beaming enlivened not the scene of wild commotion; but the terrific forces of the conflicting elements of the new-born world labored on in convulsions of fire." The human being is said to be an epitome of the universe. A microcosm in miniature, and being an expression of organized, concentrated elements, an evolutionary creation of the forces of nature, he should be no exception to the presence of this force which we call energy. Nor is he an exception. He has it incorporated into his very soul. He has recognized it. He is cognizant of its presence; its forms of expression; its power and intensity. He has named it, measured its strength, studied its laws, utilized its power and regulated its intensity. He is a living proof of its existence. It is a part of him, a forty-second part of him, if you please. He has it in his very brain. He has localized its cortical center, measured its cerebral area, estimated

its dynamic capacity, ascertained its mental function, given it a name, taught its uses and abuses, its direction and cultivation, its cerebrational combinations and mental idiosyncracies. The mental faculty of this force with its brain organ, has been and is now called Destructiveness, a very improper and unscientific name, indeed, but to philosophical phrenologists this faculty represents, nevertheless, that force which we call energy, and which, as we have seen, is represented by various names, according to its different forms and expressions. The cerebral organ of the mental faculty of this force is situated anatomically in the inferior temporal convolution of the brain, above and immediately around the top of the ears. Phrenologically speaking, this faculty may be called the dynamo of the mind. It is the ballistic engine of the faculties. It is the caloric element, the pressure, the force, the push and the heat of the soul. It is frictional and voltaic in its nature. It is capable of mental ignition, so to speak. It can be ignited by the other faculties to a high degree of action. This mental action and degree of mental action we have given various names, such as executiveness, temper, hatred, violence, extermination, indignation, severity, revenge, fury, etc., depending on the combined action of the other faculties. Thus, when this force acts with the faculties of Combativeness, Firmness and Self-esteem, we have force of character and resolution of some kind. When it acts with Conscientiousness, we have moral force, and if the faculty of Conscientiousness is displeased or pained by some wrong action, and acting with this faculty, we have moral indignation as a result. If the faculty of Approbativeness has been outraged, our honor involved, our name involved, our name injured and our reputation slandered, the faculty of Approbativeness experiences painful feelings, this calls the faculty of Destructiveness into powerful action, and we feel anger and a desire to retaliate. Add to this combination the faculties of Causality, Combativeness and Secretiveness and this feeling arouses those faculties to action, giving rise to destructive plans, military strategy and courage. Here we have a fourfold energy, viz. Ambitional, courageous, strategic, and cogitative, of a revengeful kind. When the religious faculties are in the lead, and are served by the forceful faculty, we have energy in the direction of administrative justice, philanthropy, religion and ethics. Combined in action with the intellectual faculties of Ideality, Causality and Spirituality, it gives energy in the direc-

tion of idealism, speculative philosophy and occultism. Large Destructiveness with the eating and drinking appetites give us grogshop and slaughterhouse energy, cannibalism and carnivorousness, especially in this the case in low and coarse people and animals. In combination with the faculty of Acquisitiveness, the energy is manifested in the direction of plutocracy, monopoly and gain. Coupled to the perceptive faculties and the faculty of Constructiveness it energizes in the direction of the concrete sciences, architecture, electricity, etc. Add to this combination strong developments of the faculties of Ideality, Imitation and Acquisitiveness and we have industrial and artistic energy combined with force and action in mechanics, statics, industrial arts, etc. If we join the faculty of Destructiveness to Combativeness and Inhabitiveness, we have what we may call patriotic energy. If joined to the faculty of Language, there will be an energetic desire to express ourselves. I do not mean to say that the faculty of Destructiveness is all there is to energy, since each faculty possesses a certain amount of individual, inherent power of a potential passive kind, which we may call passive impulse; but I mean to say that the faculty of Destructiveness is the center of energy, the dynamic nucleus, the voltaic battery which energizes the whole mind. And I sincerely believe that if this motor center was entirely blotted from the mind, that there would be but little action in any direction. The mind would be a bundle of dreaming, sleeping, dormant and passive impulses, unable to act energetically and vigorously. This faculty, therefore, phrenologically speaking, is identical with that force in nature which we call energy. It leads to effective action, to force and energy, to vigor and potency, in the world of mind, as well as in the world of matter. The direction it takes depends altogether on the other faculties. It may lead to hatred, cruelty, murder, incendiarism and devastation or it may lead to active charity, executive justice and religious enthusiasm. But it is always a battery of force, vehemence and pressure in any direction it may be used. All it needs is proper guidance, moral direction and intellectual discipline. Then and then only will it be a force for that which is good and beneficial to every creature.

Comment and Criticism.

ANALYSIS OF "A CRITICAL ANALYSIS OF THE PHYSIOLOGICAL ACTION OF EUCALYPTOL."

There are 27 cases, or provers here recorded.

It is proposed to examine them in the light of "a definite physiological state," since the summary, which constitutes a "definite state," is the same as the "totality of symptoms."

What can we learn from these 27 cases if we look at them as presented? We will see.

Mind.

I. Anxiety, depression, apprehension and prostration. *Abrot.*, *Ail.*, *Alum.*, *Amb. gris.*, *Ars. alb.*, *Aurum*, *Calc. carb.*, *Cannab. ind.*, *Cimic.*, *Cocc.*, *Colch.*, *Coloc.*, *Croc.*, *Graph.*, *Helon.*, *Helo.*, *Hep.*, *Hyosc.*, *Ignat.*, *Indigo*, *Iris vers.*, *Iod.*, *Kali brom.*, *Kali carb.*, *Kali hydr.*, *Lach.*, *Leptand.*, *Lil. tig.*, *Lob. infl.*, *Lyc.*, *Merc.*, *Naj.*, *Nat. mur.*, *Nux vom.*, *Petrol.*, *Platina*, *Puls.*, *Senic.*, *Silic.*, *Staph.*, *Stram.*, *Sul.*, *Tarant.*, *Verat. alb.*

Here are 44 drugs each of which has these same four symptoms, according to Lillienthal's Therapeutics, (p. 485 et seq.).

How are we to distinguish Eucalyptol from any one of these 44? Plainly not by the record of Case I.

Let us compare the 27 cases reported and see what light will be shed on our benighted but enquiring minds.

Mind.

- I. Anxiety, depression, oppression and prostration: equals 44 other drugs.
- II. Low spirits, sensitive, anxiety and vexation, equals at least $\frac{3}{4}$ or more of the 44 drugs.
- III. Cross, irascible, will not work: equals at the most reasonable calculation about the same, or 75 per cent.
- IV. Excited—sluggish—irresolute—indolent—ill humor—very sleepy, equals same as last.
- V. Ill humor: ditto.
- VI. Very lively and talkative.

Here we seem to have struck a definite state: let us see.

Ac., *Agarac.*, *Anac.*, *Ant. crud.*, *Apis.*, *Ars. alb.*, *Aurum. m.*

Bell., Camph., Cann. ind., Canth., Cicut., Croc., Cup., Euphor., Hyosc., Lach., Lyc., Merc., Moch., Natr. c., Nat. m., Nit. ac., Nux m., Nux vom., Op., Paris g., Phos., Phos. ac., Plat., Sabad., Sel., Stram., Tabac., Verat. alb., Verbasc., Zinc., equals to 37 drugs. In about 75 per cent of these *this* is a strongly marked symptom (see Lilienthal p. 479 etc., and Allen's Handbook).

This is by no means an exhaustive list of the drugs with this symptom. Careful research would probably raise the number to 50 or more.

Mind.

VII. Very ill humored—sensitive—disposition to weep.

More than 50 per cent of the combined lists given above.

VIII. Gloomy, fretful and peevish, slight, confusion, ditto.

IX. Ditto.

X. Ditto.

XI, XII etc. to XIX inclusive ditto.

From prover XX to and including XXVII, *no mental symptoms?* We now reach the summary of *Mind*.

This summary is worthy of special attention, because the symptoms are *differentiated* by the type.

Class 1. Anxiety, depression, irritability.

Class 2. Confusion.

Class 3. Apprehension, prostration, peevishness, sullenness.

It will hardly pay to affix the forty or sixty well known drugs to each of which this "picture" will apply with "*equal fitness*."

What has been said of *Mind*, may with equal fitness of application be said of the whole list as given.

The "to-~~rate~~ate drugs" from which volume a single "ear-mark" given in the whole pathogenesis would tend to separate eucalyptol, are numbered by the score.

How would you make an intelligent homœopathic prescription on these twelve pages?

Mt. Vernon, N. Y.

M. W. VANDENBERG, A. M., M. D.

[This is a fair illustration of the superficial generalization of many of our materia medica students. An exhaustive analysis of the summary of Eucalyptol with *Allen's Bœnninghausen* reduces the number of remedies bearing any great similarity to Belladonna, Phosphorus, Pulsatilla, Nux and Sulphur with the last three in the lead. It is therefore worthy of more extensive proving at the hands of the profession.—EDITOR].

ERRATA—JULY NUMBER.

- Page 412, 9th line from bottom for activity, read *inactivity*.
- Page 418, 17th line from bottom for tough, read *tangle*.
- Page 418, 5th line from bottom for *Sulphur*, *Calcareea*, read *Sulphur* and *Calcareea*.
- Page 419, 11th line from top for first, read *fourth*.
- Page 419, 11th line from bottom for first, read *just*.
- Page 420, 9th line from bottom for marked, read *masked*.

M. F. UNDERWOOD.

CALIFORNIA CLIMATE AGAIN.

MR. EDITOR: I notice in the *ADVOCATE* for August some statements by Dr. Duncan that I would like to correct.

First, he says "the pictures in the California Number (July) show the attractive summer side or rather spring or fall side." Now allow me to speak for those pictures as I know who made them and how and when taken.

"Dr. Eischelmann's home in Fresno" was taken Christmas day. "Palms, Roses and Snow—Pasadena," was taken Jan. 20. "The Fallen Monarch" and "A Mariposa Big Tree" were taken Dec. 27th. "Mt. Hamilton" and "Lillies and Palms in Santa Monica," were taken on New Year's day.

The Doctor also stated that the trade winds blow from 10 to 4 *towards* the ocean and the rest of the time *from* the ocean.

Now, I have spent the last twelve years in California, have traveled its length and breadth, but have never found any such condition of the winds, with the exception of a few days in April and Sept. the winds blow continuously from the north-west.

The impression may go forth that the winters are long and wet; but such is not the case. The winters are more delightful than the summers. Last winter there were but thirty-three rainy days. Last January was a most delightful month with all the flowers in full bloom and the verdure at its best.

If our winters were so wet I don't think about fifty thousand people would journey thousands of miles every winter to enjoy the wetness.

I am not desirous of booming this climate, but I don't want it misrepresented. If Dr. Duncan will step over this way some fine day, I will be pleased to "show him around."

M. F. UNDERWOOD.

San Francisco, Oct. 1st, 1900.

INJURIOUS EFFECTS OF AMALGAM FILLINGS.

HONOLULU, Haw. Islands, Aug. 5, 1900.

H. W. PIERSON, M. D., Chicago, Ill.

Dear Sir: While in a dental office in San Francisco, Cal., last June, I saw the *Dental Review* of May 15 and read your article on "*Constitutional effects of amalgam fillings and red vulcanite plates upon the human organism,*" and the discussion. What you have known some time ago, I have had the sad misfortune to suffer from and discover myself during the last two years, but could not find a medical doctor or dentist to believe me, until last June. It seems to me that a great many dentists keep journals, but do not read them. Two years ago, in this city, I was obliged to give up all work on account of a completely run down constitution. I was treated during four months by four of the "best" doctors and also one dentist, but got no relief and became a complete wreck. I was then sent to San Francisco on a sailing vessel, trip 21 days. German Hospital 10 days, no relief. Then gave up all M. D's and commenced to study and treat myself. In Sept., 1899, I went to a dentist in Oakland and asked him to take out an amalgam filling in the *first* left lower molar. He objected, but I insisted, and he finally took the filling out and said: "Well, it is no wonder you were sick." I asked what he found? Cotton and ill smelling pus. In October I went to him again and asked to examine the *second* left lower molar, again he could not find any trouble, but I insisted upon having it pulled. He pulled one-half of it, and later the other one-half. It took about an hour to stop the running of pus and blood. I now felt greatly relieved, but only for a short time. Finally in May of this year I went to Dr. T. J. Frazer, cor. Market and Fourth sts., San Francisco, and asked him to remove one or both gold crowns that I had. He objected and said that he would treat them without removing them, but after two weeks daily treatment he called my attention to a deposit on the gold crowns and said it looked like *mercury*. I told him that I had diagnosed mercurial poisoning right along for nearly two years, but *all* the learned doctors had laughed at me. I then insisted upon removal of all crowns and all amalgam fillings and had my teeth filled and crowned without mercury. I therefore say now, that my case of neurasthenia, could have been cured in less than one hour, two years ago, and I would have saved thousands of dollars and two years of sleeplessness and suffering. After discovering all this myself I found your article on amalgam fillings and that hardly anyone believes you. You may use my case and name as you may like, but would be pleased to hear from you.

Wishing you success in your fight against ignorance, I remain,

Yours truly, H. HEITMANN.

VAGINAL INJECTIONS IN PUERPERAL WOMEN.

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

Kroenig gives the reports of *Zweifel's Clinic* in Leipsic, of 1114 puerperal women of whom about one-half were given anti-septic injections during labor and child bed, the remainder being not treated. The experiments were so conducted that disturbing factors such as differences in the patients and of the disinfection were as far as possible eliminated. The following table shows the results.

	INJECTED (515).		NOT INJECTED (465).	
Temperature above...	88.9 (C)	100.4 F.	45.6 per cent.	38. per cent.
" " ...	88.5	101.8	23.5 " "	18. " "
" " ...	89.	102.2	14.5 " "	9.6 " "
" " ...	89.5	103.1	7.96 " "	5.1 " "
" " ...	40.	104.	3.8 " "	2.5 " "

These agree with the former returns from the same Clinic, which cover 3499 births. It is thus seen that anti-septic injections (except for some particular cases) are not only useless but positively injurious. More definite information is to be found in the original report.

BUFFALO, Sept. 29th, 1900.

Dear Doctor:

The Hahnemann Monument perfect does stand,
 A triumph of Art and of principles grand,
 On Uncle Sam's gift, a most beautiful site,
 Which shows that "Similia" has won the great fight.

A debt still remains and I come to your door
 To tell you I'm pledged for a few hundred more.
 We ladies are eager to add to our fund
 And hope you won't feel as if you'd been dunned

When I ask you to send me a *two* dollar bill
 By return of the mail if so kindly you will,
 Or a Post Office order, or may be a check;
 Pray help me of these, to secure a full peck.

This solicitous letter I've tried to make "fetching"
 And hope like the measles 'twill prove very catching,
 So send the amount and swell our bank book
 And gladden the "Pres." Mrs. Joseph S. Cook,

636 Delaware ave., Buffalo, N. Y.

Editorial.

PHRENOLOGY.

During the past three months we have had nearly fifty letters congratulating us upon the addition of the department of Psychology and recently two letters have questioned the wisdom of the step. Taking the position that it was foreign to the general purpose of the HAHNEMANNIAN ADVOCATE to present anything but pure Homœopathy and that there were magazines devoted to the study of Psychology and inferred that they could present the subject in a much better manner than we would. The two letters were sent because of their belief that remedies administered in accord the principles of Homœopathy were sufficient to remove every diseased condition not of a mechanical nature and that it was poor policy to introduce any other therapeutic agent.

We received the letters in the spirit of the writers and wish to define our position upon this and kindred topics in this brief editorial.

No two individuals are exactly alike, the differences depending entirely upon the relative degree of development of the mental faculties which enables them to overcome the seeming difficulties which prevent others from accepting the principles of Homœopathy as laid down by Hahnemann. It would be the height of folly to even try to make all investigating scientists think alike or see the same *facts* from the same *standpoint*. We have *one* cause to promote and that is the *healing of the sick* in the *shortest, safest and surest* manner. We believe the *law of similars* is the *best* guide to follow, but there is much to be done before the law will be effective and one of the most *important* factors is a *correct* knowledge of the *significance of the symptoms* presented. In order that you may properly *guage* the *sayings* of an individual you must *know* the *individual*. This can only be obtained through a study of the brain—psychology—because not only the *form* of the body, but the *size* and *quality* of tissue is dependent upon energy expended upon various parts at the direction of the mind. The *record* of every impulse is impressed upon the brain and we read that record in the *degree of development* of the different convolutions as shown upon the outer sur-

face of the skull and find this confirmed in the facial expression, posture, texture, etc., etc.

For thirty years we lived without a knowledge of Homœopathy and did not know what we had lost. For forty-five years phrenology was an unknown science to us and we made sport of the pretensions of its devotees, but when the opportunity presented for knowing the *truth* of both Homœopathy and phrenology, we accepted the same and commenced our investigations. We have found valuable truths in both departments and feel that they should become intimately blended together, because the one is a perfect complement of the other.

It is true that there are magazines devoted to the exposition of phrenology, but how many of them have you ever read? It is our purpose to select such fragments of this great work as are especially adapted to the work of the physician and through them try to induce those, who have the inclination, to make a thorough study of this fascinating field of human knowledge.

LEGITIMATE SCOPE OF MEDICINE.

A physician should have, among other requisites, an intuitional knowledge of human character, good comparison, strong reasoning faculties and clear perceptives, because he is compelled to combine all of these faculties in the making of every prescription.

Drugs will not cure any form of disease because it is their inherent property to produce disease. Their legitimate scope must be understood, therefore, before any satisfactory results may be expected through their use. Failure to give them their proper place in the special plan outlined for the treatment of any particular place not only materially affects the result in that case, but tends to establish the relative place that physician will occupy in the medical world.

The true physician is resourceful and not only has many curative agents at his command, but is constantly adding to his supply and is carefully studying and arranging them in order that their fullest power may be utilized.

Let us see some of the effects arising from a misuse of drugs:

A strong, apparently vigorous man comes to the office complaining of a pain in the right arm and shoulder, with occasional pains of a similar character in the right leg and hip. He thinks

it is rheumatic in character because it is worse in damp weather, aggravated on beginning to move, and finds some relief from heat. The routinist will be satisfied with this superficial report, and give one remedy or perhaps combine two or three in a shotgun prescription, but the patient reports after a few days trial that there has been no improvement, so a fuller report is secured and the repertories are called to the aid of the superficial prescriber and another prescription is made. No better result follows and, figuratively speaking, the doctor takes off his coat and gets down to business. His inquiries cover a still wider range and a more thorough study of the materia medica follows with the hope of finding the *simillimum* to this *peculiar* case. No remedy actually covers the totality *presented*, but a third prescription is made only to have failure reported at the next interview. There is nothing to do but change the power of the drug and when this is of no avail the patient seeks further advice. He is disgusted with medicine and seeks one who has no knowledge of the legitimate scope of medicine but thinks he knows all about the mechanical cause of disease. It requires but a moment for him to diagnose the trouble as a dislocation of the shoulder joint with the consequent impingement upon some nerve fibres. A very simple matter to cure and he may be foolish enough, in his ignorance, to volunteer a general tirade upon all practitioners who are so antiquated as to cling to the old fashioned idea that there is any virtue in medicine, while the patient was reclining upon a bench and submitting to a most thorough form of manipulation.

A positive cure is promised and hopeful suggestions are poured in without ceasing. The patient is relieved and delighted with the treatment and looks forward with pleasure to the next visit.

Note, two lines of treatment have been started—intelligent manipulation and the potent influence of healthful mental suggestion. There was enough vitality to repair the injury as soon as a proper adjustment of the parts had been made without the aid of medicine.

Another patient seeks the assistance of a physician for the relief of pains somewhat similar to that of the first patient, only they were in all parts of the body, shifting from one place to the other without any apparent reason. The pains were characteristic and the indications seemed to clearly point to a single rem-

edy, which was given with particular assurance that a cure would be made. The air of certainty was very encouraging and the patient took his departure with strong hope of relief. Day by day went by without the hoped for relief. The case was retaken and every part of the history was carefully weighed when it was learned that for years the man had made a slave of himself for the gratification of his appetite. He lived to eat and would not heed the warning until forced by actual suffering. The exciting cause was removed and plain diet with an abundance of pure spring water substituted. The same remedy repeated and a slow but certain cure followed.

Another patient presenting a similar history, so far as suffering was concerned, with a previous diagnosis of chronic rheumatism that had been treated by all schools of practice with unsatisfactory results; a loquacious talker with a "tale of woe" that had to be cut off and swallowed in bits. She had been drugged for years until it certainly seemed as if a favorable prognosis was out of the question; She did not expect one and seemed to enjoy the reputation of being a hard case. The body was well nourished notwithstanding she had been dieting for a number of years. Medicine had been used and abused and it was decided best to employ the power of suggestive therapeutics. To test this to its fullest extent she was removed from her home and placed in a different environment where people did not want to hear the complaints of sick people.

Daily suggestions for a period of one month with an occasional prescription to meet incidental demands broke up the *habit of complaining* and she went back to her home with higher and better purposes—a well woman—both physically and mentally.

A boy three years old with incontinence of urine; pale face; sensitive to draft, weakness, nervousness, etc., was apparently anemic and it was thought the excessive flow of urine was the *cause* and the treatment directed along that line. The anemia was treated instead of the child. Naturally the results were unsatisfactory. A consultation revealed the presence of an elongated foreskin without any adhesion and a surgeon was called in to operate. The operation was a success but the recovery was slow and the effect upon the original trouble *nil*. After several months faithful prescribing the case passed into the hands of another physician who felt convinced that the cause of the trouble must be found in the parent. A thorough questioning of the

mother disclosed the fact that for years she had suffered from chronic malaria, as the doctors diagnosed the case and during her pregnancy the trouble had been especially virulent, requiring "heroic treatment to keep down the chills." This supplied the "missing link" and the "indicated remedy" brought forward results that seemed little short of miraculous.

Clinical cases might be reported until our patience would be exhausted but sufficient has been given to point the moral "First be sure you are right then go ahead."

Book Reviews.

A Treatise of Diseases of the Nose and Throat by Ernest L. Shurly, M. D., Prof. of Laryngology in Detroit Medical College. Published by D. Appleton & Co., New York; 744 pages and beautifully illustrated by 6 colored plates and 288 wood cuts.

The publishers have co-operated with the author in giving to the general practitioner a work upon the nasal and laryngeal passages that possesses considerable merit.

Exceptions will be made to the deductions of the author regarding the ætiological causes of disease, in that too much importance is placed upon the causes from *without* and too little to the *susceptibility* of the patient.

There is little along therapeutic lines that merits favor because of error in the ætiology, but the general make-up is a work of art.

A Manual of Otology by Gorham Bacon, A. B., M. D., Prof. of Otology in Cornell University Medical College, N. Y. Published by Lea Brothers & Co., Philadelphia.

The author evidently sees little beyond the local expression of disease and directs his attention to the correction of the derangement regardless of the *causes* that may be contributing to the *effect*. His operative procedure is good but there is little to make this book of *peculiar* value to the general practitioner or even the aural specialist. To say that it is good, conveys the impression made by a careful investigation.

A Treatise on Mental Diseases by Henry J. Berkley, M. D., Clinical Professor of Psychiatry in The Johns Hopkins University. Published by D. Appleton & Co., New York; 600 pages and 15 full page lithographic plates and 57 half tone illustrations of the text.

The profession are under obligations to the author and pub-

lishers for this valuable contribution to the english literature of mental diseases. Time and space will not permit of an elaborate resume of the many valuable features incorporated in this book, because it will not admit of extracts. Of especial interest to the writer was the histology of the cortex showing the localization of faculties.

The author brings the fruits of extensive research, critical analysis and close observation to the eager investigator and the result is not disappointing. The investigations of the future must discover the origin of the human faculties in the brain and through that determine the pathologic changes that *follow* mental derangement.

A Practical Treatise on Physical Diagnosis for Students and Physicians by John H. Musser, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Fourth Edition, Revised and Enlarged. Illustrated with 250 wood cuts and 49 colored plates. Lea Bros. & Co., Philadelphia, Publishers; 1105 pages.

This is the most perfect complement to Hahnemann's method of recording and studying a case that we have ever seen. His *method* is the true *inductive* method that lies and the foundation of a skillful investigations into the nature of disease and determines the significance of the symptoms, both *subjective* and *objective*.

This book should lie side by side upon our working tables with our best repertories and materia medicas where it could be easy of access, because it gives the best interpretation of the meaning of symptoms to be found. The author recognized the fact that the entire individual is sick and that symptoms are only expressions of the internal disturbance. This work teaches accuracy, precision and thoroughness; it cannot be commended too highly.

The Youth's Companion's Seventy-Fifth Year.—The new volume of *The Youth's Companion* for 1901 will mark the paper's seventy-fifth year of continuous publication—seventy-five years, during which it has had the approval of three generations of readers. The constant aim of *The Companion* is to carry into the home, reading that shall be helpful as well as entertaining—reading that shall contribute to the pure happiness of all the family. Strong in the assurance that every reader gained is a friend won, the publishers offer to send *The Companion* free for the remaining weeks of 1900 to those who subscribe now for the new vol

ume for 1901. There will not be an issue from now until 1902 that will not be crowded with good stories and articles of rare interest and value. Diplomats, Explorers, Sailors, Trappers, Indian Fighters, Story writers and Self-made men and women in many vocations, besides the most popular writers of fiction, will write for *The Companion* not only next year, but during the remaining weeks of this year.

The subscriber will also receive *The Companion's* new "Puritan Girl" Calendar for 1901, lithographed in 12 colors.

Illustrated announcement of the volume for 1901 will be sent free to any address, with sample copies of the paper.

THE YOUTH'S COMPANION, Boston, Mass.

Studies in the Psychology of Sex.—The Evolution of Modesty. The Phenomena of Sexual Periodicity.—Auto-Erotism. By Havelock Ellis, 6 $\frac{3}{8}$ x 8 $\frac{3}{8}$ inches. Pages xii-275. Extra Cloth, \$3.00, net. Sold only to physicians and lawyers. F. A. Davis Company, Publishers, 1914-16 Cherry st., Philadelphia.

This is one of the most interesting books that has come to our table during the present year, because it deals with one of the least understood functions of life. We have only had time to study the First Part—*Evolution of Modesty* but feel that it alone proclaims the value of the book from a psychological standpoint.

Expressed in different language the author confirms the uniformity of phrenologic analysis.

As we would interpret the "Evolution of Modesty," where there is a negative development of the following faculties, Approbateness, Cautiousness, Ideality, Conscientiousness and Self Esteem there is no modesty. Following the law of evolution, the development of different faculties are dependent upon environment, past and present and naturally some one of these five faculties will take the lead and thus determine the character of the reserve, timidity, bashfulness or modesty. It will be noted that all of these faculties belong to the mental temperament. Now when one or all of these faculties become combined with Alimentiveness we have modesty about eating—a complex element of fear (Cautiousness) combined with desire to please (Approbateness) that is so intense as to produce a feeling of actual distress, unless modified by the faculty of Self Esteem which give the possessor a feeling of equality that is not easily disturbed. True Modesty is usually a combination of the higher faculties with Amativeness, the magnetic center of attraction of the sexes. This

faculty is usually a potent factor in the production of much of the artificial, false, prudish, social and economic problems of civilization.

This brief review only touches one of features of this book, but it will be sufficient to create a desire for more intimate knowledge of its contents.

Manual of Diseases of the Eye—By Charles H. May, M. D., Wm. Wood & Co., Publishers, New York.

It is a difficult thing for an author to so accurately gauge the size and character of the book as to merit the approval of a large class of students, but Dr. May has been very successful in this particular. In a book of 400 pages he has arranged a large amount of valuable information so that the book may be conveniently carried in the pocket. It would seem as though he had given pretty nearly the entire substance of the matter in such a simple manner as to be easily understood by the general practitioner and the medical student.

Most of the illustrations are original and at the same time accurately supplement the text. There are 243 of these illustrations including 12 colored plates.

Electro Therapeutics and X-Rays—By Charles Sinclair Elliott, M. D., Boericke & Tafel, Publishers. 850 pages, price \$2.50, by mail \$2.70.

Simplicity is the evidence of knowledge, and the most attractive feature of this work is the characteristic simplicity of its author. As he states in his preface, "the chief object of this work is to place before the student and practitioner, a 'Materia Medica' of Electricity." In this the author has adopted a very satisfactory method for the presentation of this interesting subject. The plan is to first give the current to be used and the general indications calling for that particular current, followed by the consideration of different diseases with the reasons for the selection of the one particular current indicated, together with its degree of intensity, length of treatment and frequency of application. The matter is made so simple that the tyro in electricity can comprehend the scope of this therapeutic agent and be able to give it a practical test. Great prominence is given to static electricity and the X-Ray, so that taking it in all of its special parts, the reader will find it a valuable contribution to the literature of electric therapeutics.

Should the Sickly Marry? A child born weakly—of weakly parents, may be—perhaps weds precociously a weakly wife or husband, “produces weakly children, and they weaker children still,” of whom it may be emphatically said, “better they had not been born,” “for life is not to live, but to be well.” Without being actually ill, however, they are ever ailing, never healthy, never strong, sturdy and active, as are many others; appetite is capricious, seldom good; food not taken with relish, hunger a sensation unknown to them; the poor, puny, pining things may be said to vegetate from day to day, instead of thrive and enjoy life; the pleasures of childhood are not theirs. “A hale cobbler is a better man than an ailing king,” tersely and truly wrote somebody, for “life consisteth not in the abundance that a man possesseth,” and compared with a good constitution, all the wealth of all the world is as nothing; yet how marvelously little do some, in their thirst for riches or position, “appear to think of this, when sanctioning or encouraging ill-assorted or non-assorted marriages, regardless of physical and mental fitness, and that common sense should tell them can only result in disaster.” Were parents careful as to the companionships their children form, instead of anxious for them to ally with those of every wealthy *roue*, who bear about them the too manifest constitutional deterioration it is desirable to avoid, we should be less often shocked by the pitiable objects we sometimes encounter.

Minor Ailments. The multiplication of insidious, chronic, organic diseases, such as locomotor ataxia, multiple sclerosis, Bright's disease, cirrhosis of the liver, consumption, and others, furnishes food for thought. Why are they becoming increasingly common, and how shall we prevent them?

Diseases like the above are due to the neglect of minor ailments of simple, functional disturbance, which nature has not the vitality to throw off, and which gradually become engrafted on the system, increasing and extending in their morbid influences until organic changes in cell function and structure are established.

For these dire results of simple ailments, such as a cold or a spell of indigestion, we, as a profession, are mainly responsible. We have failed to impress upon people the importance of immediate treatment in every such case. Forgetful of the stitch taken

in time, we have encouraged them to trust blindly to nature and the good offices of time. We are willing, says "*Medical Brief*," to believe that the man whose surplus vitality is drained off through his brain or muscular system from day to day, can recuperate without assistance in the midst of depressing and exhausting influences; that a woman can throw off morbid conditions, notwithstanding her nights are rendered sleepless by a fretful baby, and her days crowded with sordid, anxious cares. As for children, we take it for granted that high-pressure education and the demands of a developing body, leave an abundance of vitality for them to "outgrow" abnormal conditions.

The people do not know any better than to believe in this in-olent, shirking wisdom of ours. It suits their book to sit still and wait for nature to perform a miracle in their behalf. But there comes a time when the policy of deferred payment is no longer tenable. Minor ailments—simple functional disturbances—do not stand still. They get better or worse, and in this fast age it is usually worse. Then the physician is confronted with the accumulated consequences of what was originally an easily curable disorder. And again we resort to the ostrich-policy, humiliate medicine and stultify our calling by pronouncing the disease incurable.

Civilization makes such draughts on the natural force, which we call vitality, that the system does not, and cannot, combat disease with the energy of a ruder age. The profession must teach men this. Hygiene, sanitation and the prompt treatment of simple ailments must be made to replace this loss of vital combativeness if the race is to enjoy health and longevity. Because a departure from health does not entail pain or inability to work, it does not follow that it may be safely ignored. On the contrary, it is just such slight breaches of physical integrity which gradually wreck the constitution.

Educate your patients to come to you at the first sign of something wrong. When they have trouble getting to sleep, when headache becomes common, when food tastes like ashes, when they have hard thoughts of friends and neighbors, when there is always a bad taste, when they bloat up after meals, and smother on slight exertion, when they suddenly increase in weight, and so on.

Once the profession has educated the people up this far, and courageously decided to meet the responsibilities so incurred by

hard thought and active measures, we shall have few cases of incurable disease, and the calling of the physician will be revered and paid beyond all others.

Health Aphorisms. For the half of life we waste health for fortune; during the other half we expend a fortune for health."—*Voltaire*.

"The soul says eat; the body would feast."—*Emerson*.

"A healthy beggar is happier than an ailing king."—*Schopenhauer*.

"Get health. No labor, pains, temperance, poverty, nor exercise that can gain it must be grudged. For sickness is a cannibal which eats up all the life and youth it can lay hold of, and absorbs its own sons and daughter."—*Idem*.

A good deal of rheumatism is rum-atism.

The carving-knife is mightier than the sword.

Mustard improves a lobster, but ruins a chicken-salad.

A good digestion is more to be desired than great riches.

It is brutal to drench an oyster with vinegar or pepper-sauce.

He is a fool who indulges to excess either in eating or drinking.

Peace at a dinner-table assists digestion; angry words stir up bile.

The tinkle of the dinner bell is a pleasanter sound than the blare of the trumpet.

Praise your housekeeper for her successful dishes, and regard leniently her failures.

Never accept the invitation of a man to take "pot luck" with him. He degrades the name of dinner, and also insults you.

Let an invalid have whatever he calls for to eat; it is not he who craves it, but Nature, and she will not permit him to eat to excess.

A few spoonfuls of soup, possessing body, taken on an empty stomach, gives it tone and prepares it to receive acceptably more substantial fare.

In the progress of civilization the frying pan disappeared with the advent of the gridiron; which in turn has been superseded by the wire broiler.

A drop or two of lemon-juice and a dash of cayenne on an oyster may be tolerated, but it is best eaten directly from the shell flavored with its own juice.

"The Arab in the desert dividing his last handful of dried dates and his few remaining drops of water with a wandering brother represents the highest type of hospitality."

Home Maxims. To be womanly is the greatest charm of women.

"There is no human life so poor and small as not to hold many a divine possibility."

Nature, time and patience are the three great physicians.

Washington Irving, although never married, has paid some of the most beautiful tributes to women in our language, here is one:

"There is in every true woman's heart a spark of heavenly fire, which beams and blazes in the dark hours of adversity."

Companionship and comradeship is the surest basis of happy marriages. The wives of successful men have always shared their husbands' confidence in all their affairs, a husband's business should be his wife's knowledge. She should be his best helper and comforter in time of trouble, therefore she should understand and be kept in close touch with all that concerned him.

Sleeplessness and its Remedy. Sleep is that condition of rest both of body and mind that seems necessary for the continuance of either pleasure or work, or of life itself. The phenomenon attending this condition of repose is most interesting, and has engaged the attention of sages, philosophers and physicians of all ages. We do not know definitely what sleep consists in; whether it be a purely physical change in the blood brought about by an altered blood pressure, or whether it is a result of mental processes alone. Certain states of hypnotism or artificial sleep are so analogous to the state of natural sleep as to argue in favor of the latter hypothesis. Most persons who are

willing to be put to sleep by hypnotism may be made to pass into this state of artificial sleep by the ordinary methods; and we know that is induced by the mental state of expectancy due to suggestion on the part of the operator. In many people, too, this state of expectancy is sufficient alone to induce natural sleep; and the well known mental processes of counting, repeating poetry, etc., by which thousands of people induce sleep, are precisely the things which induce hypnotism. The withdrawal of the attention from external circumstances and surroundings and the concentrating upon one monotonous unexciting line, with the expectation of attaining sleep, will produce natural sleep in many persons and a hypnotic condition when artificially induced.

It may be safely affirmed that no one can be hypnotised who resists the influence, and who does not expect to feel any influence. So, too, wakeful people will not go to sleep so long as they are in a state of apprehension that they will not sleep. Indeed, it is the frequent experience of physicians that such people who do not expect to go to sleep will withstand considerable narcotic medicine without effect. All this is to impress upon you that sleep is not wholly a matter of unaided natural process, but it may be promoted by judicious management or lost by unskillful attendants.

When, therefore, you have a wakeful patient, see to it that she gives herself up to it. A patient of mine who had been for a long time wakeful, consulted a mind cure physician, who told her that every night at ten o'clock she would put herself to sleep by thinking intently of her case, and she did it. Of course, the patient herself had firm faith and expected sleep to come at a certain period, and it did come. Now, if you can so arrange the sick-room that nothing from the external world excites the patient, and when it is proper time for sleep, tell her that she will sleep and impress upon her the necessity of wholly giving up to the influence of sleep, and you will secure your result. On the contrary, if you show some distress, and express some fear that she will have a bad night, and, above all, if you leave some depressing thought on the patient's mind, sleep will not come. As to the importance of sleep and the amount of sleep necessary in any given case, circumstances will vary greatly, but it is always desirable that a nurse should have the knack of putting her patient to sleep. If, therefore, you will bear in mind these few

rules as to the methods of inducing sleep you will often be of inestimable value to your patient. A troubled sleep, filled with vivid dreams and accompanied by restlessness, is either due to fermentive changes going on in the stomach or intestines.

If, in the care of children, you will find this restless sleep accompanied by such vivid dreams as to cause sudden wakening with crying, you may be almost certain that digestion is at fault. You all know how frequently grown up people see their grandmothers every time they dine late. There are many devices for promoting sleep in diseased conditions which we must more minutely describe. A small cold compress to the nape of the neck in cases of hysterical sleeplessness, the hot sitz bath in the sleeplessness from internal disorder, the hot spinal sponging and rubbing in cases of sleeplessness, in cases of great muscular restlessness, the hot bath for the feet and legs in sleeplessness with a feeling of fulness about the head.

Insomnia and Nervousness. There can be no doubt that many persons suffer from insomnia which has its origin, or at least its principal strength, in their own nervous apprehension that they are or are about to be afflicted with it. Any one of the dozen causes may induce wakefulness, and yet the person lying in bed with the faculties alert at the moment when they would naturally be expected to be wrapped in slumber, has nine times out of ten, or ninety-nine times in a hundred, nothing serious to apprehend. The stomach may not be in quite its normal condition—and there is no more potent cause of wakefulness. Now an hour—ten minutes, even—seems a long time in the middle of the night, when a person wishes to be sleeping and cannot. If a sensation of dread, of apprehension, is allowed to enter the mind, such a period simply becomes interminable. The nervous apprehension increases the difficulty, and feeding upon itself, the derangement may quite possibly increase till it becomes a dangerous malady.

In such a case the very best treatment, if the patient has any degree of will power, is simply to pay no attention to the fact of wakefulness. Make no effort to court slumber, either by counting, repeating the alphabet, or imagining any monotonous thing. Keep the mind away from any business or domestic perplexity, but let it roam in full wakefulness where it will, among pleasant things, old associations, the friendships of the past or the present

—anything that is not of a disagreeable nature. As the physical or nervous system recovers its balance, or as the stomach becomes master of its complications, slumber will come along, searching for the individual, and the morning will find the night's rest quite satisfying, after all. Drugs and dosing are out of place; they merely aggravate and fasten the necessity for their own use. A simple bath, if no more than of the face, hands, and feet, is helpful, especially if followed by a generous rubbing with a dry towel, which will equalize and invigorate the circulation. If there is chronic trouble with the stomach, that may properly receive medical attention; when the disordered condition is remedied, the wakefulness, which was simply a symptom, and not a part of the disease, will take care of itself.

How Not to Get Sick. Never lean with the back upon any thing that is cold.

Never take warm drinks and then immediately go out into the cold.

Keep the back, especially between the shoulder blades, well covered; also the chest well protected. In sleeping in a cold room establish the habit of breathing through the nose and never with the mouth open.

Never go to bed with cold or damp feet.

These are the sensible suggestions of a writer in *Table Talk*, who then goes on with the following hygienic advice:

Never omit regular bathing, for unless the skin is in active condition the cold will close the pores and favor congestion or other diseases.

After exercise of any kind never ride in an open carriage or near the window of a train for a moment; it is dangerous to health and even life.

When hoarse, speak as little as possible until the hoarseness is recovered from, else the voice may be permanently lost or difficulties of the throat be produced.

Merely warm the back by the fire, and never continue keeping the back exposed to heat after it has become comfortably warm. To do otherwise is debilitating.

When going from a warm atmosphere into a cooler one, keep the mouth closed, so that the air may be warmed by its passage through the nose ere it reaches the lungs.

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Medicine.

DIAGNOSIS FROM A HOMŒOPATHIC STANDPOINT*

THOMAS C. DUNCAN, M. D., CHICAGO.

PROF. OF MEDICINE IN DUNHAM MEDICAL COLLEGE.

I want to briefly review some of the salient points in medical diagnosis and emphasize their value.

Diagnosis is one of the fine arts in medicine. It is one in which every physician should be an expert. You should be expert in both disease diagnosis and remedy diagnosis, according to similia.

Let us look at the usual methods of diagnosis. Go to the "examining rooms" of our great charity hospital. You will hear the inquiry: "Well, what is the matter with you?" In private practice you will also be told what the disorder is or if you follow another physician what he said the disease was.

In the examining room they make a careful physical examination of the whole body, and on the "admission card" write the diagnosis. The physicians (internes in the wards) to whom the case is assigned go over the case carefully and if they find that the examiner's diagnosis is wrong he gets "a roast." You know that these schools are represented in the hospital. The internes take turns in the examining room and the cases are distributed to the wards in charge of the various schools. So you see that all are expected to be equally expert in diagnosis. In the private rooms adjacent to each ward the cases are examined again,

* From lecture delivered at Dunham Medical College, Chicago, Nov. 19, 1900.

this time more carefully and the history written up. Our juniors have taken about 40 to 50 of them and know that they give: general number, ward number, name, age, nationality, residence, etc. Then comes the family history, personal history, the record of the physical examination (urine, blood etc.) and the daily record of temperature, pulse, respiration, medicine, food etc. I called your attention to one omission and that is a general description of the patient, a point that is most necessary in remedy diagnosis. It is said that old Dr. Lippe often made his prescription as the patient was walking into his consulting room. Along this line I have tried to drill you. I was pleased the other day when Mr. P. came to our clinic. You noted that he was of a nearly pure nervous temperament. You noted that he was spare and a decided blonde; he belonged in the acid division. I asked what disease tendency his constitution suggested, and you said "nervous." What system was defective? and you readily answered "lymphatic." When I asked him his age and he answered with a muffled voice "53," you readily detected that his disease was located in the larynx. After telling us that he had nervous prostration, you observed that he hawked, coughed and spat into an envelope. Our Colorado boys who had seen those cases, readily made out "tuberculosis." Yes, laryngeal phthisis and that suggested three remedies: *Causticum*, *Belladonna* and *Phosphorus*. We decided, that the latter remedy corresponded best to the *status presens*, as well as the previous history. *Phosphorus* is a great nervous remedy, you know. The climate selected was mid-continent—warm and dry.

I have drilled you on the temperaments, for they are I believe the deviations from the normal man and the substratum of chronic diseases. This makes up the individuality of the case.

In acute diseases, we old practitioners come to study the genius *epidemicus*, the course of the disease and then the individuality especially in convalescence, as determining factors in remedy diagnosis. The old family physician comes to know well the individual constitution and here is his strong hold on his people.

I have pointed out that nationality develops along temperamental lines and remedies divide there also; e. g. some years ago I asked a physician from Kankakee what new thing he had discovered (we are always discovering new things) and he said: "*Belladonna* is the Irish remedy. *Belladonna* seems to help them, whatever may be their trouble." He added "it seems to be the

epidemic remedy this year" and it was that year for the acute troubles. The epidemic constitution, as it is called, brought out more prominently the national characteristics of the impulsive Irish people.

Now you understand why we note the nationality as well as temperament. They have disease tendencies as well as remedies therefor.

Grauvogl's constitutions and my division (of acid and alkaline) take us into the chemistry and digestive organ activity of the body, that also have a natural effect upon the development. These help us to determine the chronic diseases of the organs. All this we may see at a glance and help us in objective diagnosis.

Every physician who follows the law, *similia*, must be well up in the art of correct diagnosis—objective as well as subjective. I know that there are those who pretend to ignore diagnosis; but do they? I have met many of these. Let us look at the elements of diagnosis and see. A true physician practically makes his analysis along four lines at least.

First. He makes a survey of the organs, group the symptoms and with the most astute, names the disease. Perhaps it is bronchitis. Does he stop there and fire in a remedy? No.

Second. He goes back along the history of the case and gets a good picture of the course of this attack. Still he is not satisfied.

Third. He delves still deeper and tries to find out the constitutional condition—the chronic state of the system that develops bronchitis on the least exposure. A healthy body does not have this disease often. Now we hear some say that they treat the patient and not the disease when the fact is that they do both. Let us see how they go about the diagnosis of the remedy.

Fourth. They follow the advice of the Master to fire at the last symptoms first. The last symptoms belong to and make up the disease, e. g. the acute disease that they are called to treat.

Fifth. The sharpshooter, however, is not satisfied to make the acute disease retrace its steps, but he also selects a remedy or remedies that will cure the disordered body as well, if possible.

Here we see practically five different steps in diagnosing the disease and the similar remedy. Should the physician ignore the first steps and magnify the others? Verily not. The superficial man may stop with the disease diagnosis as dropsy and prescribe therefor and not follow back the disease course to the

constitutional condition (chronic) that is responsible for the course of events.

The attack of bronchitis, e. g. may not be arrested and the pleura become inflamed in one or more spots. The sharp pain suggests *Bryonia*, then the next choice to hasten the return of the disease back along its course may be *Phosphorus* or *Sulphur* or some other drug; now, depending not upon the nature of the disease, but upon the constitution of the patient. The pain in the side must have had the previous cough history, or the disease may be one of pleurodynia, and the remedy not *Bryonia*, but *Kali carb.* Coming back satisfied that our disease diagnosis is correct and that we have a broncho-pneumonia, now we turn our attention to selecting for the constitutional or individual expression of the disease. If the expectoration is frothy, showing there is much loss of oxygen, we cling to *Phosphorus*, but if the mucus is purulent showing great systemic degeneration, we suspect a sequelæ of hydrothorax and give, perhaps, *Sulphur*, the indicated constitutional remedy. We aim to cure the patient.

Now suppose the case is a so-called chronic one—that means that one or more organs are diseased. It may be one of the organs of digestion and elimination exhausting the nervous energies and central circulatory pump. Is diagnosis to be ignored? The careful physician will trace the course and get a history of the case. The disease tendency among the organs may be hereditary or acquired. A chronic disease as Grauvogl's states is a tangled skein. The paramount disease may be readily ascertained and that may not be the last one to receive the first attention from the similarly selected remedy. Here are three stages again in the diagnosis.

Gentlemen, let the world know that we are skilled in (1) disease diagnosis; in (2) constitutional diagnosis and (3) in remedy diagnosis, according to similia. Homœopathic diagnosis is therefore the highest art in medicine.

The more we study remedies, especially the chronic or constitutional ones the more rapid is the ability to make the third step in the triple diagnosis of chronic diseases. The frowsy head, the dirty skin and the stinking body suggests *Sulphur*. *Sulphur* works out a course of its own that is easily recognized, but the diagnostician, should not jump at his remedy diagnosis. He may be correct but it is more scientific to go over the ground carefully. I may put my finger on a pulse and find it intermitting

and mentally, say a "muriate" or *Nux*. All the chlorides have an intermittent pulse. So do other remedies. I must examine the heart and all the other organs to find out (1) the real disease; (2) the course of its development; (3) the constitutional condition; then comes (4) the selection of the similar remedy and (5) those to follow.

All of these points may be settled at a glance by the skilled diagnostician who is posted on remedy diagnosis.

A fleshy body suggests to me general systemic obstruction and half a dozen remedies from which to select. We must also select the food, the exercise and climate. (These are physiological adjuvants). We see that diagnosis may be an octogen problem— if we would prolong life to octogenarian years.

THE IMPORTANCE OF AN EARLY DIAGNOSIS IN LOCOMOTOR ATAXIA.

E. R. MCINTYER, B. S., M. D., CHICAGO.

PROF. MENTAL AND NERVOUS DISEASES, DUNHAM MEDICAL COLLEGE.

Every little while some poor fellow comes staggering into the clinic or the private office of the specialist, to give a history of treatment for months or years for rheumatism or neuralgia, with a steady progress of the disease.

Examination reveals marked diminution or obliteration of all tendon reflexes, and inability to stand with closed eyes. He gives a history of pains in legs, or not. The pains, when present, are shooting or a tired aching, but they are not confined to any single nerve trunk, nor do they leave sore or tender spots on the nerve. He may or may not give a history of venereal disease, or it may have followed some depressing disease, or exposure when heated etc.

It is hardly necessary to say that the diminished tendon reflexes should have pointed his doctors to a more serious trouble than simple rheumatism or neuralgia. Were they only isolated cases in which this mistake has been made, it would be of little importance. But it is by no means an uncommon error, even in the largest hospitals, and in the private practice of some of the most noted men of both schools of practice. I knew a leading surgeon of our school to treat a case for rheumatism until it had reached that stage of destruction of nerve elements which rendered it absolutely hopeless, rather than refer the case to some one who

knew something about it and could have done something for it.

If anything is ever to be done for these cases, it must be done early, because neither the homœopathic remedy or anything else can do anything after the nerve elements of the cord have been destroyed. *Locomotor ataxia can be cured if proper treatment is applied early.* This consists not alone of the indicated homœopathic remedy, in proper potency, but the removal of all direct and reflex causes, and the use of such adjuvants as are calculated to assist in the absorption and removal of the morbid tissues in the cord. This cannot be done intelligently, unless we know something of what the conditions are in the cord, and how they got there. *It is utterly impossible to even get the totality of the symptoms without considering the pathology and etiology.*

Therefore we cannot apply the indicated remedy without a diagnosis. By diagnosis I do not mean simply giving a name to a lesion, but seeing it in all its different phases of development, and the cause leading up to it. So it may not be out of place to study briefly the pathology of the lesion under discussion.

In order to get a definite idea as a starting point, it is well to know the synonyms relating to the morbid anatomy. These are posterior spinal sclerosis, sclerosis of the columns of Burdach and Goll etc.

Now what does sclerosis mean? Some one says it is from the Greek word *skleros* which means hard. True, but it means much more in pathology than simple hardening. It means an increase of connective tissue in the part, an increase of connective tissue means an over supply of nutrition, this means an increase in circulation or congestion to the part, and this means some disturbing influence on the vaso-motor nerves controlling the vessels of the parts or their centres.

A brief study of the arterial supply of the cord, may assist us to reach the beginning of the pathological changes in the cord. The blood reaches the cord mostly by branches from the *vertebral* and *intercostal* arteries. Those from the *vertebrals* are given off just before they unite to form the *basilar*, hence pass directly into the spinal canal. Those from the *intercostals* reach the cord by the nerve roots. The *anterior* branches mostly pass inwards to the anterior median fissure, where they unite with vertical branches that anastomose to form the *anterior spinal* artery from which a series of branches pass backward in the anterior median fissure at the bottom of which each divides into right and

left *commissural* arteries, that pass outward and backward through the commissure, at the end of which each divides into an *anterior central* artery that supplies most of the anterior gray horn, and a *posterior central* artery to supply the intermediate gray matter and most of the posterior horn. Before dividing into *anterior* and *posterior central* arteries each *commissural* artery gives off a branch which immediately divides into an upward and a downward branch. These anastomose with corresponding branches from those above and below to form a continuous vertical vessel, the *anastomotic* artery, thus forming a vertical continuity within the cord as well as outside of it.

The *posterior median* artery is found in the posterior median septum, giving off branches to each side, while an *intermediate septal* artery passes in the septum external to the column of Goll. Midway between this point and the posterior root furrow, a branch enters and passes through the column of Burdach to supply the posterior horn. This is the *posterior cornual* artery. The *posterior radicular* artery passes in on the inner side of the posterior root, to supply the it and the caput. A series of *anterior radicular* arteries pass in with the anterior roots and between them and the posterior horn, are *anterior*, *middle* and *posterior lateral* arteries. The anterior arteries having so much more tissue to supply are normally much larger than the posterior. But in cases of posterior spinal sclerosis the calibre of the posterior is greatly in excess of the normal, while that of the anterior vessel is decreased. The walls of both the anterior and posterior arteries are thickened. The increase in the calibre of the posterior artery tends to favor hyperæmia of the posterior columns, which results in excessive nutrition and consequent abnormal development of connective tissue in these columns. This connective tissue becomes organized, and finally contracts resulting in final destruction of the nerve elements caught in the meshes. In the beginning of the process of contraction, the sensory fibres passing through it are irritated, and the lightning like or tired pains are the result. Right at this point in the development of the lesion is where the mistakes are so frequently made, in diagnosis, and this is the stage when treatment may arrest the whole pathological process. Hence the patient can ill afford to spend time and money with some one who knows nothing about the case, and the doctor cannot afford to risk his reputation by attempting to treat a case that is beyond his ability to compre-

hend. If the general practitioner finds there is some decrease in the knee reflex in a case he has been treating as rheumatism or neuralgia, he should lose no time in temporizing, for he should know by this one fact that it is neither of these, but some more serious trouble. If he waits long enough he will be able to make a correct diagnosis, when the contracted and hardened connective tissue has squeezed the life out of all nerve elements, and pains give place to anæsthesia and consequent incoördination of motion, abolition of reflexes, inability to stand with closed eyes proclaim total degeneration of the columns involved. But this is very poor consolation either to the doctor or patient, for the case is now hopeless.

DEAFNESS, ITS CAUSE AND TREATMENT.*

JOHN STORER, M. D.

PROF. OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY IN DUNHAM MEDICAL COLLEGE, CHICAGO.

"Deafness, its causes and treatment," is, in this trying climate, a vital one, too often affecting and incapacitating our people, and is no respecter of persons. One short paper cannot expect to deal with this large subject, except in a general way.

Very much depends upon early intelligent treatment. As a rule the family physician first sees the case, and upon his treatment or advice, often hinges the patients future hearing.

Diagnosis of course, is to my mind, most necessary. One could hardly hope to treat such conditions successfully without removing the *cause*, which as a rule, is located, *primarily* not in the organ itself, but in adjacent parts. Usually you can quickly locate the trouble, and proceed intelligently.

A simple and satisfactory test, in order that it may be decided if the cause lies with the auditory nerve, or within the middle ear, in the deeper parts, or more superficially, in the outer parts, is by the use of the tuning fork. If caused to vibrate and placed in the centre of forehead, the patient, if the disease is located in the inner structures, will hear the tuning fork more distinctly in the ear which is *not* deaf, and if such is the case, the prognosis of necessity would be grave, and constitutional treatment indicated. Should, however, the patient hear the tuning fork more distinctly in the *deaf* ear, it would be a much more favorable condition, and point probably to the one of four causes.

*Homœopathic Medical Society of Chicago.

First. A closure of the external canal, as by cerumen, foreign body, polypus, furuncle, etc.

Second. A thickening of the drum membrane.

Third. Collection of fluids within the middle ear.

Fourth. A closure of the eustachian tube.

Of these causes, by far the most common is cerumen. A patient complaining of sudden complete deafness, without previous history of disease, and often noticed after a plunge bath, from swelling of the wax, will almost surely be found upon examination, using the head mirror, reflected light and ear speculum, to have impacted cerumen. One can never mistake the characteristic, yellowish brown or almost black mass closing the canal and obscuring the tympanum. A diagnosis of polypus, foreign body or furuncles in canal, are as surely recognized at the same time. Should the drum be thickened or fluids be contained in the cavity of the middle ear, such a condition will be revealed. An absence of drum and ossicles following a chronic purulent otorrhœa, would in itself, from the history, demand a most unfavorable prognosis as regards the restoration of hearing in that part.

There now remains the fourth cause of deafness, and the most common, with the exception of impacted cerumen. I refer to a closure of the eustachian tube, or its outlet, and one is surprised at the deafness such a condition causes, either by catarrh in the tube itself, by an extension from naso pharyngeal catarrh, or by occlusion of the opening by adenoids. Should this last condition be the cause, it will be quickly seen. You will have the mouth breather, the high palatine arch, loud unnatural breathing in sleep, faucial catarrh, the almost characteristic deformity of the nose bridge and face, as a rule enlarged tonsils, history of repeated colds, the stupid expression, etc. Should this condition not have existed very long, a removal of the adenoids is as a rule quickly followed by the return of hearing, nearly, if not quite to the normal, with cure of the catarrh. The condition so frequently the cause of deafness, catarrh of the nares and fauces, and an extension of the inflammation through that small eustachian tube, $1\frac{1}{4}$ inch to the middle ear, is an easy matter, when we remember that the tube is lined with the same mucous membrane as that of the naso pharynx. In these early stages, our Homœopathically indicated remedies for the cure of the condition will as a rule accomplish great results, the catarrh benefitted, the

swollen tissues return to their normal size, and the deafness leaves. One must follow Hahnemann's teachings if he would have the greatest success. He must take the totality of the symptoms, and then prescribe the constitutional remedy. He will be daily rewarded by the grand results. Singling out the nasal and faucial symptoms to the exclusion of the general, and all outside ones, will lead to very many dismal failures. Prescribing a remedy, the best one, for a catarrhal deafness *per se*, is indeed a difficult matter. We have but a few symptoms common to all such cases, also very many remedies, each having the same general symptoms, each capable of producing its own catarrh upon the healthy, and of curing that same condition when met with in the sick.

How are we to decide upon the one indicated curative remedy in a given case, from a list of probably fifty or more, each of which is capable of doing grand work when indicated? There is only one way, follow our law, prescribe that remedy indicated by the totality of the symptoms. The more peculiar a symptom, no matter where located, the more valuable is it in the selection of a remedy. As a rule, every case will have several of such. **The patients individuality.** Our remedies are equally individual, and the one found, by the aid of our excellent repertories, having these few peculiar symptoms, will also have the common catarrhal symptoms and deafness. Such a medicine will very quickly cure the patient, and they will afterwards say to you that in other ways, they are in better health than for years, and much less prone to the common ills, colds, etc.

I will not burden you with a list of the medicines often curative. As a rule they are the old tried and true friends, some oftener indicated than others, but all of great value when indicated. The Homœopathist can have no routine medicines or favorites for a given pathological condition. Such work is not homœopathic, and leads very often to dismal failure.

A few words now of mechanical aids in deafness. Should the drum be destroyed, but the ossicles remain, an artificial drum of cotton so placed as to support the ossicles, will often improve hearing surprisingly. I would caution against the indiscriminate use of the Politzer bag, for it is capable often, in unskilled hands, of doing much damage even to the extent of rupturing a weak tympanic membrane, and dislocating the ossicles. It certainly is not rational, in a hypertropic case, to use Politzer's bag, and

drive all the catarrhal excretion from the eustachian tube into that small closed cavity, the middle ear, there to often decompose, make a bad matter worse, and set up an acute inflammation, or possibly a mastoiditis. **In cases of chronic catarrhal deafness.** In conjunction with the Homœopathically indicate remedy, I have often gotten excellent results by the use of Siegel's speculum, a vacuum by the aid of the rubber bulb, being formed in the external auditory canal; you thus massage the drum, causing a stimulation of the part, and renewed activity. A machine much more elaborate, manufactured by the Wappler Electric Controller Co., of New York has been in certain cases, productive of much good. The same principle is involved. A vacuum is formed, by the aid of a motor and rheostat, the machine is under perfect control. Should the drum be retracted, you may use an interrupted suction, as many times per second as seems desirable, until the condition is relieved. Should there be a bulging of the membrane, you can use the blowing stroke as you do the suction. A thickened anæmic drum with a history of long disuse, is often much benefitted by the alternate blowing and suction several times a second, a sitting to last perhaps five minutes. As a rule, a very marked improvement in the drum's appearance follows a few weeks of such treatment.

I have written of a few things only in conjunction with this most vital subject. I trust I have touched upon enough points to elicit a general discussion, which I feel will be of value to me.

SELECTION OF FOODS.

FRANK R. WATERS, M. D.

PROF. OF ABDOMINAL DISEASES, DUNHAM MEDICAL COLLEGE.

People are made invalids and kept in that condition often, by so-called health foods. A food should be prescribed for assimilation as carefully as a remedy in any other sick condition. Who has not seen a patient slow in convalescence wholly on account of his or her food? What a study it is should be, as with medicine, so it is with diet, every one should have their food carefully selected, if mal-assimilation is an element in the condition. One sensitive stomach may properly assimilate a starchy, milk or egg diet—another stomach will not tolerate any of these usual light foods, but something entirely out of the line of invalid foods.

A few years ago a patient suffering with an inability to proper-

ly digest starchy articles, concluded upon his own responsibility to take a course of treatment at a sanatorium where the order of diet run along the prepared grains and extract of malt line. He lost about five pounds a week for three weeks and suffered so from flatulency as to be actually miserable. Any meat was proscribed entirely. With his visit to Chicago was included an invitation to luncheon and a suggestion that I select the same for him. The principal article was a steak, thick, juicy and not too well done in broiling. A good, hearty, simple meal made him feel himself again. Starchy, sacharine food would have completely ruined him physically, for he was getting along in years.

It was but a short time ago when a case of typhoid was in such a condition from lack of digestion and weak assimilation that a trial of several kinds of prepared and commercial foods would none of them agree with either stomach or bowels, but would immediately ferment—even the beaten white of a strictly fresh egg would cause such distress that the temperature would rise a degree or more. Exhaustion was to the extreme limit from lack of nourishment. While searching my memory for something to save the patient from starvation and collapse, I thought of clam boullion, immediately procured it and from the first teaspoonful the symptoms began to subside and temperature was normal within a few days.

Materia Medica.

ACETIC ACID.

B. L. HOTCHKIN, M. D.

PROF. MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

It acts especially upon the mucus surfaces, producing irritation, inflammation and excessive secretion. Applied to the skin it acts as a stimulant and astringent. It also possesses escharotic properties.

Acetic acid undoubtedly has a more important place in the medical armament than is generally ascribed to it. The late Constantine Hering in 1875 published this prediction; "Acetic acid will, before long be one of our polychrists like *Natrum mur.* and *Sepia.*" His predictions will undoubtedly in time be verified.

The purest Acetic acid is procured by decomposing acetate of lead by means of sulphuric acid, which, combining with the lead,

liberates the acid and it is then removed by distillation. This is the strongest acetic acid procurable and is called glacial acetic acid, from which the homœopathic mother tincture and dilutions or attenuations are made.

Vinegar when taken in moderate quantities and sufficiently diluted and not too frequently used, increases the appetite and improves digestion and in warm weather quenches thirst. This is in consequence of its power to increase the action of the salivary glands. We have accounts of the Roman armies taking with them on their long marches large quantities of vinegar for the purpose of relieving thirst when the weather was very hot.

Acetic acid, or strong vinegar if taken constantly, will sooner or later causes eructations, heart burn, loss of appetite, diarrhœa, emaciation and debility. It produces thickening of the coats of the stomach.

This property of vinegar, of causing emaciation when in large quantities and for a length of time has been employed by many individuals for the purpose of getting rid of their superfluous fat. Obesity being considered a serious disfigurement of beauty. Young girls who are afflicted with what seems to them an excessive rotundity of person, have swallowed quantities of vinegar for the purpose of removing this defect. This abuse is said to have occasioned serious results in many cases. In the second volume of the London *Medical Gazette* of 1839 the following case is reported, which seems to show that this excessive use of vinegar may develop tubercular consumption, most probably, however only in such individuals as are affected with a constitutional predisposition to this disease. "A young lady in easy circumstances, enjoying good health, was very plump, had a good appetite and a complexion, blooming with roses and lilies. She began to look upon her plumpness with suspicion, her mother being very fat and she was afraid of becoming like her. Accordingly she consulted a woman who advised her to drink a small glass of vinegar daily; the council was followed and the plumpness soon diminished. She was delighted with the success of the remedy and continued it for more than a month. She began to have a cough, but as it was dry it was regarded as a cold and that it would soon subside. It soon changed from a dry to a moist cough. A slow fever came on with difficulty of breathing, her body became lean and wasted away. Night sweats with swelling of the feet followed and a diarrhœa terminated her life." On

examination all the lobes of the lungs were found to be filled with tubercles somewhat resembling bunches of grapes.

This case leads us to infer that Acetic acid given homœopathically and in the potentized form, may prove an excellent remedy in cases of tubercular consumption with fatiguing, tickling cough, profuse expectoration of purulent mucus, oppression of breathing, hectic fever, night sweats and extreme emaciation.

Like *Ferrum*, *Phosphorus* and *Sulphur*, Acetic acid is a dangerous remedy in unskilled hands in tubercular affections of the lungs. When given in the crude state either internally or externally to control the profuse night sweats, it is apt to produce hæmorrhages in the consumptive.

Acetic acid should be thought of for gaströdynia with the burning pain in the stomach, these paroxysms terminating in coldness of the skin and breaking out of a cold sweat on the forehead, or over the whole body.

The habitual user of vinegar will have a number of chronic complaints, they establish a miasm that they never recover from unless aided in some way by art. The effects will often come on after they stop the use of vinegar.

One of the most striking characteristics of the habitual vinegar user noticed, will be the great pallor of the face, these persons look pale, bloodless, waxy and dropsical. The aspect of the face is that of one that has bled out. They have a gray, ashy, sickly look, accompanied with great weakness and exhaustion. Generally there is insatiable thirst associated with copious sweats.

There is one marked feature about this remedy that should not be forgotten and that is the thirst. No remedy has a greater thirst than Acetic acid, the mouth is dry, parched, the teeth ache about roots and the gums bleed easily.

This remedy competes with *China* in complaints from long bleeding, whether the hæmorrhages are recent or of years standing. These patients will bleed until they are pulseless and as soon as they fill up they will bleed again.

Acetic acid will relieve the great burning of ulcers and cancers of the stomach. They vomit everything taken into the stomach. Everything tastes as sour as vinegar. The aggravation is from cold water, it feels like a load in the stomach. It also has with this sour vomiting a coffee ground sediment. The sweat is copious and the exhaustion is great.

It is one of the remedies that should be thought of for general

dropsy, the œdema is general. It is especially useful when the lower parts of the body are swollen. The face and limbs have this waxen, alabaster appearance. So far it resembles *Apis* but it has the great thirst which is absent in the *Apis* case. And there is almost always gastric disturbance present such as craving vinegar, or sours with water brash, diarrhœa etc.

It has another peculiar feature, and that is during the nursing period, the child will be emaciated and go into marasmus when the mother is a vinegar fiend. The milk is thin, watery, blue, has no oil in it. The child will not thrive on this mother's milk. They have a weak constitution and grow lean and develop an unnatural degree of thirst.

In heart affections, we have fatty degeneration with lancinating, cutting pains with dropsy and anxious features. This anæmic state produces sleeplessness, or they are only able to sleep when lying on the face. These patients can not sleep lying on the back, the abdomen feels as though it was sinking in, they sleep best lying on the face.

CICATRICAL TISSUE—GRAPHITES.

A. W. HOLCOMBE, M. D., KOKOMO, IND.

In the early part of June, 1899, I received a letter from a lady who stated that there was something wrong with her baby daughter, as she could not pass her urine well. I at once wrote her to bring the little one to my office so an examination could be had. A week later she brought the child to my office and this is the memorandum I made.

Inez B., age 20 months. For the past five months, the mother had noted a gradual closing of the vaginal orifice, although there was, nor had there been, no unnatural redness or other signs of inflammation. At present time the vaginal orifice was completely closed, with a raphe, with appearance of scar tissue, extending from meatus of urethra to anus, and all signs of there ever having been a vagina completely obliterated. At the upper end of raphe there was a pin-hole opening, through which the urine escaped with some difficulty and much pain to the little one.

The mother was naturally much concerned about the final outcome, and the writer was none the less so, as I had never heard of or seen a similar case. Of course the advisability of an operation, presented itself, and was presented to the mother, who

was anxious to have it done as soon as possible. I advised a postponement of operation for a month or six weeks as I wanted to see if Homœopathy could do anything in a case like that. I remembered a case reported by Dr. Millie Chapman some years ago, where the vagina was partially at least filled with fibrous bands, and which were removed by *Graphites*, administered internally. The appearance of the raphe, suggesting cicatricial tissue and the known effect of *Graphites* on this form of tissue led me to give it to the case in hand.

There were no other symptoms on which to prescribe, as the child seemed perfectly healthy every other way.

June 24th, I gave her *Graphites*^m one powder on tongue, and gave them three powders of *Placebo*, to be taken seven days apart, and told her mother to report in four weeks. Two months passed and having heard nothing from the case, I wrote the father, asking him concerning Inez, and this is his answer:

Dr. Holcombe: In reply to your letter of the 17th inst., will say that the medicine accomplished the work desired. When we took Inez to you in June, the tissue had drawn the edges together making a seam resembling the scar from a deep cut. When about half the medicine had been taken, I noticed the seam became rough and a little inflamed. Just before I gave the last powder, the parts became very purple and she cried a little when being bathed as though she was sore. The next day the seam gave way and has shown no signs of adhering since.

Very truly, Mr. K. B.

SOME VERIFICATIONS.

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

Viburnum op.—Threatened Miscarriage.

Mrs. S. E., age 26. Married.

History of two miscarriages at about fifth month. Ever since she first began to menstruate has had dysmenorrhœa. Menses followed by thin yellowish white leucorrhœa for three or four days. She was a little over four months pregnant at the time I was called, and fearful of another "mishap." Both she and Mr. E. are very anxious for a child. She was having the same kind of pain that preceded the other two miscarriages. "*In the lower abdomen crampy, colic pains, coming on suddenly, with great severity,*" and causing her to toss about the bed and moan as if in great

agony. The severity of the attack would last about two minutes and then gradually wear away—the whole duration of attack being about five minutes. Then for a period varying from ten to fifteen minutes there would be comparative ease, to be suddenly followed by another attack. This state of affairs had been going on about three hours when I first saw her.

Placing the hand on her abdomen during an attack, the enlarged uterus could be distinctly felt to contract. There was a slight flow of blood from the vagina; no dilatation of the os uteri. There was a dull headache in the frontal region, with slight vertigo on attempting to raise herself in bed. Nausea, with sick feeling at stomach, and some vomiting earlier in the evening, the nature of which I could not ascertain.

I put twenty drops of *Viburnum op.* 3x in four ounces of water, and gave her two drachms after each pain. There was an interval of twenty-five minutes between the third and fourth pains, after commencing the medicine; the pain was much lighter and of shorter duration. The next interval was nearly an hour, and only one very slight pain after this, coming about eight hours after the preceding pain.

Advising her to lie in bed for three days, I continued the medicine in one drachm doses at intervals of three hours for twenty-four hours. About the sixth month she had slight pains, and the same remedy acted in a like beneficial manner.

At the end of the term she was delivered of a fine female child after a perfectly normal, and comparatively easy labor.

Turnera Aphrodisiaca—Incontinence of Urine.

Mr. Y. age 63. Complains of an inability to retain his urine—dribbles from him night and day. Four years standing.

Turnera 2x, ten minims in four ounces of water. Dose, two drachms four times daily.

Result. In two months entirely well.

Sanguinaria nitrate—Influenza.

An excellent remedy in influenza. It has been a veritable sheet anchor in a number of my cases. The following symptoms point to its use:

Profuse flow of watery mucus from both nostrils, with burning pain.

Soreness, rawness, and roughness on right tonsil, with difficulty in swallowing.

Great accumulation of mucus in the throat and bronchi, with expectoration in the morning of large quantities of thick, yellow, sweet tasting mucus.

Heat and tension behind center of sternum; sensation of lightness in the chest, inducing a short hacking cough.

Sensation of burning in stomach and œsophagus.

Borborygmus and pains in abdomen, as if diarrhœa would set in.

Grindelia robusta—Asthma.

Not long since I was requested to prescribe for a case of asthma in a male aged about 40. A friend of his came for the medicine, and in endeavoring to obtain a picture of the case elicited the fact that the patient was afraid to go to sleep for fear he would stop breathing. Remembering that *Grindelia* has the symptom, "a fear of going to sleep on account of loss of breath, which awakes him," I sent several powders of the drug, with directions to take one every two hours until he felt some relief, and then as needed. In a few days the friend returned for more of the powders as Mr. D. had not had anything else to do him so much good. He could now sleep for three hours or more at a time, something quite unusual with him.

Ceanothus Virginiana—Enlarged Spleen.

V I wish to add my testimony in regard to the benefits of this drug in enlarged spleen, having had it work with entire satisfaction.

My experience proves it to be of most value in cases of enlarged spleen due to a suppression of chills by enormous doses of quinine. The potency I usually employ is 1x.

Arum dracontium.—This is a remedy too often neglected by members of our school. The following symptoms, many times verified, prove the correction of the above statement.

"A feeling of fulness and slight aching in the middle ear.

Feeling of dryness and smarting in the throat.

A continued disposition to clear the throat by swallowing and coughing.

Throat raw and sore.

About midnight great oppression of breathing, soon passing off, leaving considerable rattling of mucus in the larynx and upper part of the trachea.

Paroxysms of dyspœa sometimes occur, with much aching in

the chest, always associated with a considerable secretion of mucus in the larynx and trachea.

Expectoration of thick, heavy, yellowish white pus from larynx in large quantities.

Croupy cough, with hoarseness and rawness of the throat.

Awake about midnight with great oppression of breathing, a kind of asthmatic attack."

Agaricus—Chorea.

In June, 1900, little Geo. M., was brought to me with the following symptoms:

Persistent desire to get out of bed at night.

Irritable—that is, out of humor if asked questions. Talking, talking, talking all the time.

Pale face with blueness under the eyes, and twitching of the upper facial muscles.

Twitching of the whole head at times.

Tongue tremulous when protruded.

Desire for dinner and still more desire for supper, but no desire for breakfast.

Hacking cough in convulsive bouts without expectoration.

Cervical spine sensitive to touch.

Twitching of cervical muscles.

Slight twitching of large muscles of arms and legs.

Twitching of eyelids all the time except in sleep when all the choreic signs ceased.

Starting when falling asleep.

Agaricus^{10m} cured in two doses one month apart.

Provincetown, Mass.

W. W. GLEASON.

Spongia—Whooping Cough.

E. H. Female, age 10. This was a very severe case complicated with pneumonia in a frail child of fair complexion with light hair. There was a tendency to weep without seeming cause. There were frequent paroxysms of restless anxiety, with aggravation of cough and anxiety from the slightest excitement, with great obstinancy so that necessary measures had to be forced upon her. Cough was worse after sleep. Would often awake in a suffocative condition. The cough was dry, croupy sounding, worse after eating sweet things, or drinking cold drinks.

Worse before midnight, and from the head getting low on the pillows. There was much mucous rattling in the trachea. Dyspnoea; must lay with her head high. Her throat pained her, she said it felt as if burning. There was much saliva in mouth. Face pale and sunken. Soreness in abdomen. Urine scanty, but sometimes involuntary. There was violent palpitation and awaking, with suffocative spells. Pain and stiffness in the legs with trembling of all the limbs. Great prostration; sleep but for a few minutes at a time and awaking in fright. Anxious flushes of heat.

Bovine was given for nourishment, and although the patient went down to death's door, under *Spongia*³⁰ ten drops in a half tumbler of water, given by the spoonful every two hours there was a good recovery.

Provincetown, Mass.

W. W. GLEASON.

Phosphoric acid—Chronic Diarrhoea.

Mrs. H., age 66, came from Germany to Brooklyn to live with and be near her two daughters, the only near relatives left her, where she had a very good home with one of them. But she soon began to feel unwell and a diarrhoea developed, for which she was treated by several old school doctors in succession. But opium, chalk and many other mixtures failed to do anything but cause an occasional aggravation.

After nearly two years of this treatment she came to me, and I elicited the following symptoms: Stools painless, watery, brown or dark yellow, profuse only in the early morning. No appetite or thirst, tongue dry, whitish, despairs of recovery after so much unsuccessful treatment, is very much emaciated. *Podophyllum*²⁰⁰; then *Podophyllum*³⁰⁰. No change. I discovered then that she would have a number of stools any time of the day after emotions of any kind, pleasant or unpleasant, and gave *Gelsemium*²⁰⁰ which produced a decided improvement, but did not cure. After three weeks of treatment one of the daughters informed me that her mother was homesick and wished to return to Germany, although she had not a single relative there.

The early painless morning diarrhoea, aggravation from emotion and homesickness now plainly indicated the remedy. *Phosphoric acid* cured in three days.

Brooklyn, N. Y.

F. H. LUTZE.

Hyoscyamus—Epilepsy.

April 15th, 1900. Miss Lena S., 14 years, has been vaccinated, had varioloid, diphtheria and measles twice.

Two years ago the convulsions began, preceeded during several months by a periodical numb feeling in the left foot which occurred more and more often, spreading upward until it extended over the entire left half of the body and culminated then in convulsions which gradually increased in severity as well as frequency. For the past year they have been very severe, worse and more frequent at night, beginning with a numbness in left cheek, which passes down left side of the body; then the convulsion begins, causing the body to bend forward till knees and shoulders meet, then clonic spasms, with biting of the tongue and bloody froth at the mouth. After the convulsions, vertigo, fainting and drowsiness; both arms stiff, especially the left; she feels generally better in the open air and in cold weather; never yet menstruated.

Pulsatilla produced a decided improvement; has convulsions now only at night, nor so often even then.

July 1st. A new symptom appears again which she had also when the convulsions began first. Great hunger before and also after the convulsion: *Hyoscyamus*²⁰⁰. A powder mornings for a week.

July 21st. No convulsions since the first of July.

*Hyoscyamus*¹⁰⁰⁰. 4 powders—one every 7th day.

October 30th. No convulsions, but tired in the morning and tongue coated white, all passing off as the day advances. *Pulsatilla*³⁰. One powder A. M.

December 1st. Patient is perfectly well and menstruated for the first time the latter part of November.

A Complicated Case.

S. M., age 7½ years, has rheumatism and old school treatment for three weeks, and received during this time, according to the nurse's record sheets: Digitalis in teaspoonful doses, Dovers powders, codein, calomel, castoria, quinine, nitroglycerine, strychnine, cough mixtures and other drugs *ad nauseam* too numerous too mention. When I saw the little girl she was emaciated in the extreme, though she had been forced to take milk, broths, maltine, brandy, whiskey, albumen, etc., etc., and

in the opinion of everyone, the old school doctor included, was not expected to survive many days.

April 17th. The symptoms were so masked by the drugs that I could not see any nor learn any from the family, except that she was in a comatose condition, due to codein, and gave *Nux vomica*³⁰ in water to antidote this, and found the following symptoms the next day:

Extreme irritability, rage so as to bite and tear her clothing with her teeth; wandering pains, worse and excruciating in the head and right shoulder and neck; general aggravation from light, noise and touch. *Belladonna*³⁰.

The following two days and nights were the worst experienced, but I knew it was the battle of the vital force, aided by the Homœopathic remedy, against the ill effects of drugs and disease. Even the parents, though thinking that she was actually worse, admitted that there was a difference between this and her former bad spells. To them there seemed to be more vitality and energy in the little patient, instead of the opium stupor. During the fourth night under the treatment with *Belladonna*³⁰⁰ she had her first night of normal, healthful sleep, and thence forward she progressed rapidly toward health. A blowing sound or bellows murmur heard in the region of the mitral valve and apex of the heart, is also disappearing, and hope to see her soon restored to normal health. *Phosphorus* seemed to produce the best results at first, later *Spongia*, toward curing the abnormal condition of the heart.

These cases are chiefly of interest in the proof they furnish, that the Homœopathic remedy is able to cure even after long continued Allœopathic drugging, which had only tended to aggravate each case, and in last case had placed the patient on the verge of death.

Brooklyn, N. Y.

F. H. LUTZE.

HAHNEMANNIAN HOMŒOPATHY IN THE COMMONER AFFECTIONS OF WOMEN—WITH CASES.

THOMAS SKINNER, M., D., LONDON, ENG.

In order to show the marvellous power of Homœopathic medicines over the commoner forms of the diseases of women, such as leucorrhœa, menorrhagia, and ovarian disease, I give the fol-

lowing cases, out of many similar, *yet all different as regards the therapeutic agent.*

Menorrhagia—Sulphur.

Mrs. — has been complaining since 1868, which was about the time of her mother's death. Then and since she has had profuse menorrhagia with clots, and excessive flow of whites in the interval. Accompanying these symptoms she has the following characteristic symptoms: *Hot flushes to the face and head frequently during the day; a sinking, empty, exhausted craving, amounting to gnawing at times, at the epigastrium, and always worse about 11 a. m.—relieved by food of any kind; her skin is always bathed in perspiration; she has great palpitation of the heart and inframammary pain,* which is on the increase.

Treatment.—On the 5th of August 1874, I gave her *Sulphur* 3d, one globule every morning until next menses, unless an aggravation should occur before then. The menses were delayed to four weeks, and they were very moderate and no clots. The perspirations were completely stopped, and the whites decidedly lessened. Without going further into details, I will simply add that, to this month of December, there has been no return of the menorrhagia or leucorrhœa. This lady was cauterized and otherwise treated *secundum artem*, chiefly by "local-doctoring," for six years without the slightest real benefit, and she was cured by taking about sixteen tiny globules, having neither smell nor taste, weighing altogether two-thirds of one grain, and all in the short space of three weeks. It would be interesting to know what she paid in doctors' bills in Manchester, London and Liverpool during the previous six years, and all to no good!

Menorrhagia With Large Uterine Fibroid Tumor—Platina.

Mrs. W., age 42, came to me at the Lying-in-Hospital Dispensary as a patient. Married one year, no child or miscarriage. The uterine cavity measures $4\frac{1}{2}$ inches, and her girth round the navel is from $33\frac{1}{2}$ to 34 inches. The tumor is sessile, and not removable with safety. The following are her symptoms: She wakes almost daily with a headache; a dull, heavy pain front, back and all through; sometimes also *before* the menses she has headaches. *During the menses, whether she has a headache or not, she is terribly ill-humored, and "just like a spoiled child."* *The flow is profuse, and a bright florid color, with very large clots, last-*

ing for a week or more. The menses return once a month and sometimes twice. Uterine tumor.

On June 3d, 1874, I gave her *Platina*^{2c} (*Lehrmann*), one globule night and morning. On June 24th she was complaining of nausea, and finding she took much tea, I stopped it—to continue medicine. On July 8th she reported herself much better, and is expecting her period. Bowels confined. Ordered her oatmeal porridge for supper, with a little bran in it.

July 22nd. First report of menses. No ill-humor; clots decidedly less; flow lasted only three days, and with less intermission. Three weeks of interval. To continue medicine night and morning, as I was anxious to see if I could reduce the size of the tumor.

August 18th. Complaints of *dull aching pains after menses*, commencing *in back* and coming round the left haunch and down the thigh, sometimes down both thighs.

Pulsatilla^{cm} one globule night and morning. Pain relieved, but it returned on September 15th *during* the menses in another form, namely, swelling and pain of left side of abdomen, as if in a lump. I felt a little puzzled, but having great faith in the *Platina*, I gave it again in the highest potency which I possessed (^{cm}*Swan*), and with the very best result. On September 30th, October 15th and 18th she has always reported herself free from all pain, from all ill-humor and that her menses now give her neither anxiety nor the slightest uneasiness. She continues to take the *Platina*^{cm} (*Swan*) to see if it will have any effect in reducing the size of the tumor. I have another such patient at present, under *Calcarea carbonica*^{30m} (*Swan*), but it would be premature to make any observations.

Menorrhagia—Sulphur.

Menorrhagia of ten years' duration, and profuse flow of whites during the entire interval. The affection dates from her first and only confinement—there is subinvolution of the uterus, the cavity measuring three inches fully. The menses are every ten days, and they last seven or eight days. Headaches two days before and all the time. Profuse florid red flow, dark clots, great pains, like those of labor, back and front. A lump forms in the left iliac region, with a pain, which she says is like a gathering. The same pain occurs when she walks much. The menses are fol-

lowed immediately by a pinkish flow of whites, which passes into the ordinary whites.

She has a sinking, empty, exhausted feeling every day, always worse between 11 and 12 o'clock.

June 8th. *Sulphur* 3d, one globule every night at bedtime. A flow followed the examination with the uterine sound for two days, during which she took the medicine. Reports that she feels much better in the head, and less of the sinking at the stomach.

June 22nd. Headache and pricking pains in left side; menses threatening. *Sulphur* 3d, one globule *statim*. To see me after menses.

July 8th. Nocturnal salivation; mouth and roof of mouth inflamed; sinking at stomach gone. Menses increased in frequency, in quantity, and lasted longer, but not so much pain. She has *ill-humor both before and during menses; dull, stupid feeling in head; photophobia worse by sunlight; quick, nervous temperament.*

Chamomilla^{10m} five globules in one dose, to be taken at bedtime, and no repetition.

July 13th. Better in all respects.

July 28th. Longer interval and less flow. Repeat *Chamomilla*, same dose and potency.

Sept. 15th. Interval one month all but three days; only three days poorly; no clots nor pain; ill-humor gone. Complains now only of distention, worse after meals, and *a sensation as of the movements of a fetus after quickening; worse when sitting, which makes her very nervous.*

Thuja^{mm} three globules in one dose.

Sept. 29th. Movements decidedly less. Repeat *Thuja*^{mm} twelve doses, one night and morning.

October 13th. Movements have entirely ceased.

On the same day (October 13th), this patient informed me of an old symptom for the first time, namely, *an accumulation of mucus in her trachea, all day, but always worse at night.* She must sit up and hawk for hours and cannot sleep, *with great difficulty of breathing about midnight.*

Antimonium tartaricum^{10c} (*Jenichen*), three powders, each containing one globule. One to be taken at bedtime, one if the phlegm troubles, and the last one hour thereafter if necessary.

October 28th. Reports immediate relief to have followed the first powder, the same from the second, next night, and it never returned after the third. *Discharged cured.*

The conclusion I came to on parting with this patient was' that I need never despair of curing any number of such cases as this one. It may be interesting to those who believe in treating *pathological conditions of organs as diseases* that the womb in this case measured three inches at the end of treatment, *when the disease was cured*, as it did at the commencement; therefore the subinvolution or chronic hypertrophy or enlargement was not the disease, nor even the cause of my patient's bodily and mental sufferings, which were really something awful. In my twenty-seven years of practice I have never before come across a worse case. I may have cobbled them before; *I never could cure them until now.*

This patient, before leaving me for good, told me that "there was one thing wanting to complete her happiness, and that was the birth of another child." One would have thought that, after ten years of such sufferings following upon her first and only child, she had had enough of it. My patient was evidently of a different opinion.

Ovaritis, with Pelvic Cellulitis, Etc.

The following case of ovaritis is so unique and interesting I must record it:

Mrs. ——— was placed under my alloëopathic care, just as I was beginning to feel my way to the light. She was sent partly by her friends and partly by her own medical adviser, a staunch old allopath. After her first and only confinement she had an attack of pelvic inflammation, with a considerable effusion into the left broad ligament. She was having constant returns of inflammatory action, requiring her to "lay up" during fifteen months, when I was consulted. On internal and external manipulation, I found a hard tumor, as large as a hen's egg, and very little movable, occupying the site of the left ovary. A course of allopathic tonics, with gentle counter irritation, was prescribed, with a little improvement to the general health during two or three months. At last the case became my own entirely and I at once resolved on treating my patient, *secundum artem*, on Hahnemannic principles. To make sure, I made a second careful examination of the tumor, which I found unchanged in size, locality and tenderness. As the patient was evidently suffering from chronic inflammation with *enlargement and induration of the left ovary*,—on the 26th of last February I gave her one dose of

Lachesis^{mm} (*Boericke*), in a powder containing three pellets, with the direction that she was to return in three weeks. She returned at the appointed time, and, to my great satisfaction and astonishment, minus the slightest trace of the inflamed or enlarged ovary, and she has had no pain nor inconvenience of any kind since—nearly a year. My patient had no other medicine given her, and no local treatment or application of any kind, and she was allowed to go about and do just as she pleased short of inducing pain or fatigue. The patient was not at all aware of any change in my views or treatment. She is now.

I beg it to be distinctly observed that in all these and in every case which I treat, I acknowledge no specifics in any particular disease in Hahnemannian medicine. Every case is as a mathematical problem to be solved, and it takes much time generally, and care and patience, without which there can be no success. In the words of Constantine Hering: “The examination of the patient, to be sure, is troublesome, but you can have no success without it; if you succeed without this troublesome examination, it is by chance, not by skill. If a doctor tells you that he is so learned and skillful that he can prescribe without these questions—that he, for instance, can see by the eyes, tongue, etc., what medicines to give—he is a deceiver, and those who believe in him show that they know nothing whatever of true Homœopathy.”

ADVANCED THERAPEUTICS?

J. C. WHITE, M. D., PORT CHESTER, N. Y.

Pneumonia.

“Winter after winter we find this disease leading the death lists. It is the one disease in which we seem to make no progress. In fact, I believe the death-rate is as great now as it was thirty years ago.

The latest treatment, the ice pack, I have never tried: I am afraid of it. I have frequently seen pneumonia in typhoid aggravated by cold baths.

I am rather successful with my cases. I begin with

Calomel, gr. X

Opii pulv., gr. $\frac{1}{4}$

Mix thoroughly and give at one dose. Follow in about eight hours with Epsom salts if it does not move the bowels freely, (Rather large dose, but I find in this disease it does better than small doses); quinine, gr. V every four hours; envelop chest with cotton batting. If my patient is very vigorous, I blister. As soon

as resolution begins I substitute carb. ammonia, gr. V, for the quinine. If I can begin treatment in first stage I can frequently abort it. To children, I give calomel and Dover's powder, small doses every two or three hours. I have a flannel jacket fitted snugly to the chest; this is greased well with tallow every day, and a little mustard or turpentine sprinkled over it. I never have any cardiac trouble. Try it."

R. T. GOTT, M. D.

We transcribe the above from the *Mid-Council*, of October 18, 1900—a Philadelphia publication. It is well to examine the medical literature of our contemporaries, the old school, and to note the progress they are making in comparison with that of our own school. Below we give their "up-to-date treatment of pneumonia," being a condensed report of the "concensus of opinion" of leading members of the old school. The article is edited by Prof. H. P. Loomis, of New York, and published in the *International Annual*. The reader will note profitably their conclusions in regard to *serum therapy*. And yet, groping under a dark horizon, they feel encourage to "continue along this line of work." He will note also that they have learned the futility of administering crude and nauseous expectorants, and that they have found nothing noteworthy to take the place of these. That they are disappointed in the use of the coal tar preparations for the management of hyperpyrexia and now depend entirely upon the local application of ice or cold water and venesection. The article shows that they are not wanting in all needful sanitary considerations, but like the man mentioned in Scriptures, "lack the one thing needful," the language or pathogenesis of medicine. The true and only guide to the simillimum we would "give them bread, not a stone!" How beautifully our *Aconite*, our *Ferum phos.* and our *Veratrum* control these "arterial storms," often aborting the disease, and most always so modifying conditions that resolution takes place soon and without dangerous or unpleasant symptoms. And then for the œdema of the lungs and the embarrassed heart—should the case go on to this condition—calling for their *Strychnia*, *Digitalis* and whiskey. Our *Phosphorus* comes in like the "angel of mercy" to the wounded spirit, with "healing in its wings." When we compare the light and law with such darkness, guesswork and irregularity we involuntarily exclaim "How long, O Lord, how long!" and in deep sympathy for the subjects dependent on such treatment, we offer the

silent prayer, God have mercy upon them and speed our missionary work!

After reading the subjoined, the consensus of opinion, "given by a recognized leader" of the irregularly regular school of medicine, can even a pseudo Homœopath wonder that converts from that school to Homœopathy endeavor to follow Hahnemann as nearly as possible?

"A study of the work of the past year in the application of *serum therapy* in the treatment of pneumonia, brings one to the conclusion that up to the present time it can scarcely be said to amount to more than an encouragement to continue along this line of work. No really decisive results have been obtained. In some cases the effect seems to have been favorable, but in view of the invariable course of pneumonia under all forms of treatment, it is impossible to assign to injections any positive share in the result. It can be only by the accumulation of a large number of observations that a conclusion as to the value of the treatment can be arrived at. And invariably the difficulties in the way of extensive observations are such as to deter most investigators from pursuing the subject."

Dr. Andrew H. Smith, in the course of an able paper on this subject, says he believes that the first difficulty is found in the short life of the pneumococcus, and its feeble powers of resistance. Cocci that are virulent at the beginning of an investigation, cease to be so as the investigation proceeds. On the other hand, toxins that are expected to produce only a moderate reaction when injected, sometimes display an unlooked-for virulence. Animals apparently progressing normally toward immunity, most unexpectedly succumb to septicæmia from a dose of toxin supposed to be entirely within the limits of safety. Again, animals that were readily immunised at first, lose their immunity in spite of renewed inoculations, and the serum obtained from them ceases to be reliable. This variation in the conditions under which experimentation is conducted is liable to vitiate the most carefully drawn conclusions. If this be true, under the favorable circumstances of the laboratory, what must it be in the exigencies of ordinary practice? If before employing a therapeutic agent we must resort each time to experiment to test the value of the specimen in hand, the usefulness of the agent will be very limited.

The above is from the pen of Prof. Smith, published in the

American Journal of Medical Science, October 1898. *Mutuous consensus*—what is true of the production of one serum is true of another.

“*Dr. Manges* says: “In the treatment of pneumonia too much emphasis cannot be laid upon the importance of watching the stomach. It is often of far more importance than routine examination of the lungs. That the heart must be spared in every way in order that its burden be not unnecessarily increased by upward displacement from the unduly distended stomach and intestines, patients should not be over-fed.

“The disease being a short one, the surplus fat and tissues will supply any deficiency in the diet. All articles of diet that will produce flatulence must be excluded. Water—cold, hot or carbonated—may be given freely, not only to allay thirst and reduce fever, but to increase elimination of toxins by permitting free diuresis. Strychnine is still the drug most freely employed as a cardiac stimulant.

“The consensus of opinion is that it should be given in large doses, and preferably by hypodermic injections when there is any question as to stomach absorption. To control the fever in pneumonia is not considered at the present time of as much importance as it formerly was. Temperatures ranging up to 104 degrees being as normal a feature as dyspnoea and rusty sputa. The true gauge is the patient's general condition, rather than the thermometer.”

“Quite recently a new drug *heroin* has been used as a sedative for the thoracic symptoms of pneumonia and as far as reported experience go, the drug appears to be of value, especially in acute distressing coughs, and has acted well in some cases not > by codine, given in $\frac{1}{2}$ to $\frac{1}{6}$ gr. every four hours.

“Oxygen is of use only in tiding patients over sudden attacks of dyspnoea or cyanosis.”

“In the treatment of pneumonia in children *Dr. Emmett Hobbs* summarises his views:

“First. No depleting measures are admissible.

“Second. Hygienic treatment is indicated such as fresh air, proper feeding and good nursing.

“Third. No unnecessary medication is permissible.

“Fourth. Many annoying symptoms may be relieved by local treatment.

"Fifth. The giving of stimulants must be determined solely by the condition of the pulse.

"Sixth. High temperature is much more safely and effectively reduced by cold water than by drugs.

"Seventh. Greater caution is necessary in the use of powerful drugs than is generally observed.

"Eighth. Rest and quiet."

Maraglino treats pneumonia almost exclusively with large doses of *Digitalis*—not for the purpose of treating the symptom, but with the idea of actually neutralizing the pneumococcus toxin in the same way as is done by the serum. He gives one drachm in infusion first twenty-four hours, and in severe cases the same on second day.

"Pilocapine has not borne the test of extended clinical use, although confirmatory reports of its good effects are published by a number of observers."

Prof. Loomis says, "of late years there have been powerful advocates of *bleeding* in certain cases of pneumonia." *Dr. Strube*, of Berlin, recommends it highly in the following conditions: "When in spite of the use of cardiac tonics and stimulants, the heart's action shows signs of failing. The right side dilating and cyanosis and œdema of the lungs become marked. Then bleeding may be powerful to save life, seven or eight ounces of blood may be removed." *Dr. Strube* believes this method is especially suitable to robust constitutions when delirium and alcoholic history attend.

Dr. Plicque believes that in all cases of pneumonia, when dyspnoea is an urgent symptom, *bleeding* constitutes the sole efficient mode of treatment even when the heart is failing and the pulse feeble, he believes that bleeding constitutes the most rapid means of strengthening its action. *Cafferine* by hypodermic injections and *Digitalis* by the mouth are useful adjuncts.

Dr. Becker advocates the use of salicylic acid in acute pneumonia, believes that if given early it is a true preventative. Has noted that following its use the expectoration becomes liquid at times consists of pure blood, believes that the guiding symptom to its use is the expectoration—should be given until it is free. Cardiac disease and extreme weakness are contra-indications for salicylic acid, he gives seven grains every two or three hours to an adult.

Dr. Chapin objects to any of the coal tar derivations for re-

ducing temperature. He prefers cold water and ice applications for this purpose.

In suming up Dr. Loomis says, "There appears to be an uniformity in the treatment of pneumonia at the present time in the large hospitals of New York. Absolute rest in bed is imperative. The two drugs most extensively used are whiskey and *strychnine*, the latter by hypodermic injections in all cases of impending heart failure 1-30 grain every three or four hours. The former according to the condition of the patient. *Digitalis* is used by some and not by others.

"*Morphine* seems to be the most universally used drug at the present time for the relief of pain and to quiet the delirium and the exhausting sleeplessness. Some believe in enveloping the chest of the affected side with poultices; others prefer the pneumonia jacket; a few, cold compresses. There seems no uniformity in the local treatment of the chest. Cold baths are used only in exceptional cases. Diet consists usually of milk and broth."

Psychology.

PHYSIOGNOMY.

S. R. VINCENT, M. D., TUALITIN, OREGON.

Physiognomy is the science that treats of the relationship subsisting between the external form and the internal character of things. This relationship is nowhere accidental, but is fixed by natural laws. Wells (author of *New Physiognomy*) names the following:

1. **Law of Correspondence.**—*Differences of external form are the results and measure of pre-existing differences of internal character.* The form of every living thing depends upon the nature of the germ from whence it sprung. Like nature's produce like forms. The round head and projecting curved beak (upper jaw) of the eagle are physiognomical accompaniments of a savage, cruel, destructive character, and wherever is found a like form, there also exists the corresponding character; *e. g.*, the owl, the hawk, the lion, the cat, etc. The long narrow head and face of the dove are the outer manifestations of a harmless, peaceful disposition, and whenever such features exist they are

associated with the corresponding mild character, *e. g.* the swan, the duck, the lamb, the deer, etc. Each of the many different animal forms is a perfect index to as many different animal characters.

All of the characteristics of the lower animals are found in man in whom they are strikingly manifest when not properly controlled by intelligence and morality. There are human eagles, human vultures, human buzzards, human owls, human parrots, human lions, human hogs, human doves, human geese, human ducks, human lambs, human rabbits and human deers, the features of each being true to character; *e. g.* the warrior with his eagle's-beak nose; the pugilist with his "bullet" head, the preacher and poet with their tall heads and long faces.

2. **Law of Homogeneousness.**—*Every part of a thing corresponds to every other part and with the whole.* A thorough knowledge of this law enables the scientist, by a careful measurement of a single bone of an animal to determine the correct measurements of all of the other bones and the entire animal to which it belongs. The form of a tree corresponds with that of its fruit, *e. g.* round apples grow upon round-topped trees, long apples, upon tall trees. The cherry tree has a round top, the pear tree is tall and slim. In producing models of the human body, certain rules of correspondence are followed by artists and sculptors. The length of the foot is one-sixth of the height of the body; the length of the hand one-tenth; the distance from the point of the chin to the hair over forehead is the same; the circumference of the wrist is one-half that of the neck, and the outstretched arms should measure a distance equal to the height of the body. The face is divided perpendicularly into three equal parts, the points of division being the nostrils, and the eyebrows. Many other rules are also followed.

3. **Law of Special Development.**—*As exercise, by attracting the vital fluids strengthens and increases the size of the organ or part exercised; therefore, if any part is disproportionately exercised, it is correspondingly developed, and the harmonious relation of the parts is impaired.* The right arm of most people is larger and stronger than the left, and many other disproportionate developments result from habits and environments.

4. **Law of Size.**—*Other things being equal, size is the measure of power.* "This is a universal and undisputed law, the basis

of all calculations and reasonings in mechanics and natural philosophy as well as in physiology, phrenology, and physiognomy. Large bodies over throw and crush small ones; big brains dominate over little ones."

5. **Law of Quality.**—*Size and other conditions being equal, the higher or finer the organic quality, the greater the power.* A small person may be both physically and mentally stronger than a large one, because of superior quality of body and brain tissues.

6. **Law of Temperament.**—*The action proper to any physiognomical development is modified by temperament, i. e., the nature of other co-existing characteristics affects the manner in which any faculty of body or brain manifests itself.*

7. **Law of Form.**—*Length indicates activity, and intensity; breadth indicates comprehensiveness, stability, latent force, and endurance.* A tall person is a keen blade; a broad one is a sledge hammer.

8. **Law of Distinct Function.**—*The form, size, and quality of the brain indicate the absolute power of the mind, while its habitual activity is indicated by the facial signs, and the two sets of indications are not necessarily correspondent.*

Environments often discourage the activity of strong faculties of the mind while they compel the activity of weak ones, in which case the strong is insufficiently, and the weak over-adequately, represented in the face. This law is a stumbling block to the amateur, but a great help to the experienced delineator of character whom it enables to discover in people talents which are unknown to themselves and their friends, and also to see that in some respects they are not as smart as they think they are.

9. **Law of Latency.**—*In the very young; many of the facial signs of character are as yet undeveloped; while in the very old, many of them are partially or wholly effaced.*

General Forms, the Sexes.—In general form, man is angular, the outline of his body is composed of comparatively straight lines; he is correspondingly characterized by plainness, strength, stability, endurance, independence, and force. In general form, woman is oval, curved lines form the outline of her body; she is correspondingly characterized by beauty, grace, delicacy, flexibility, sociability, and tact.

Faces.—Corresponding with the above general forms and charac-

teristics, are the angular, masculine force, and the oval, feminine one. As some daughters resemble their fathers, and some sons their mothers, these forms are blended more or less in persons of both sexes, yet no woman ever has a typically masculine face, nor no man a typically feminine one. As a result of special physical and mental characteristics, various other forms are developed, common among which are the pyriform faces. If the large end of the pear-shaped face be downward, it denotes predominance of physical over mental development; if the large end be upward, it indicates predominance of mental over physical development. The one is the face of a good butcher or grocer; the other that of a preacher or poet.

Relationship of Cranial and Facial Developments.—The brain being the organ of the mind, the character of the latter depends upon the development and quality of the former. The animal propensities which administer to the necessities of the body, are located in the organs of the brain which constitute its lateral portions, located in the region about the ears, and the indications of their activity are found in the sides of the face, in the lateral portions of the jaws.

The organs of sexual and conjugal love are located in the posterior base of the brain, and their different phases are manifest in the various forms of the chin.

Social loves and friendships spring from organs located higher in the brain, and reveal their various characteristics and perversities in the different forms of the mouth and lips.

The executive propensities, located still higher in the brain, place the signs of their activity, or inactivity, out upon the nose, while the intellectual and moral faculties occupying the forward upper portions of the brain, express themselves in and about the eyes and forehead.

Jaws.—Wide, heavy jaws and prominent teeth are signs of a disposition to hustle for the good things of this life, to furnish the animal man with all possible necessities, comforts, and pleasures, in short to "live well."

Chins.—Wells remarks, "No one can fail to be struck with the great variety which exists in the form and quality of the chin. It may be prominent or retreating; long or short; broad or narrow; pointed, round, or square; double or single; coarse or delicate. Few attach any importance to these differences, suppos-

ing them to be merely accidental; but they are all significant, and it is our purpose to show what they mean."

There are five typical forms of chin, the *Pointed*, the *Indented*, the *Narrow Square*, the *Broad Square*, and the *Broad Round* chin.

The *Pointed* chin is prominent, projecting horizontally forward. It indicates strong conjugal love, love of the opposite sex, desire to marry, and a capability of enjoying the most perfect bliss in the wedded state if united with a worthy and suitable object of affection; but also a capability of suffering the greatest misery if joined to an unsuitable and unworthy partner. Possessors of this chin, be sure you are right in your choice before entering wedlock, as it means, for you, either heaven or hell; but don't expect angels to be looking for matrimonial alliances here below. Some of you form such lofty *ideals* of what your partner in marriage should be that no human mortal can attain to it; the result is that you go through life always longing for, but never finding the person upon whom you can bestow your affections.

The *Indented* chin, characterized by a perpendicular groove in the center of the chin, is said to indicate a *desire to be loved*. This is a masculine chin whose possessor is miserable without some one of the opposite sex to love him. This powerful yearning for love causes mighty man to submit himself to the mercy of the fairer sex, and at her feet to sue for the hand, the heart, the love of woman. Ladies with this form of chin can make love and "pop the question" themselves if necessary.

The *Narrow Square* chin indicates a *desire to love*. This is a feminine chin and its sentiment harmonizes most beautifully with the strong masculine desire to be loved. This chin indicates a most unselfish love which "seems to co-operate with benevolence, and is bestowed as a favor upon one who from lack of wealth or personal charms is less likely to win love on other grounds." Women having this form of chin have been known to reject offers of marriage from men of brilliant social qualities and high intellectual standing, and to marry very plain and apparently unattractive men.

The *Broad Square* chin indicates violent, often ungovernable love, worship, jealousy, and mistrust; unrequited it may lead to insanity, crime, suicide.

The *Broad Round* chin indicates ardent, steadfast, permanent,

faithful, unselfish love; broad enough to include all Nature. A splendid chin is this.

The Natural Action of Love consists in throwing the chin directly forward, in women; forward and to one side, in men. You lovers watch for it.

Mouths.—Wells says of mouths: "The tongue may be still but the mouth never ceases to speak. Motionless lips are often the most eloquent; they discourse to the eye, revealing to it what might never reach the ear, never find expression in words. Love and Hate; Mirth and Gloom; Dignity, Firmness, Pride, Scorn, Contempt. The closest mouth can hide no secrets from the physiognomist. Full lips and thin lips; red lips and pale lips; curved lips and straight lips; prim lips, pouting lips, slouchy lips; lips protruded and lips drawn back, all have their meaning. There are lips ardent and electric which open but to utter loving words, and whose kisses thrill with bliss unutterable the thrice happy mortal to whom they are vouchsafed; and there are lips cold and passionless, whose touch sends a thrill to the heart. There are lips on which smiles are at home and laughter a frequent guest; and lips that do little but grumble and scold. There are lips refined and pure; and lips gross and sensual, and the physiognomist recognizes each at a glance. Silence avails nothing."

Large mouths and full lips indicate stronger social affections than do small ones. Fine perpendicular lines in the red parts of the lips are the signs of strong Friendship, while oblique, curved lines in the cheeks opposite the mouth are indications of Hospitality. A straight middle line of the mouth shows strength and hardness; lips narrow and close, lack of affection, reserve, secretiveness, and abstinence; a mouth slightly open, frankness and communicativeness. Self control closes the mouth; impulse opens it. Jealousy is characterized by oblique ridges running downward and outward from the lower lip. Scorn lifts the integument of the chin and purses the mouth, while Contempt protrudes the lower lip. Approbativeness, sensitiveness, too strong a regard for the opinions of others is revealed by a lifting of the middle of the upper lip, exposing the middle upper front teeth; Firmness by the opposite sign of perpendicular length and stiffness of the upper lip. Gravity and Gloom draw the outer corners of the mouth downward; Mirth and Joy curve them upward. The lips are the natural medium for the expression of affection

as is manifest in kissing. Tennyson in one of his poems makes the lover say:

“Many an evening by the waters did we watch the stately ships, and our spirits rushed together at the touching of the lips.”

And again:

“Once he drew, with one long kiss, my whole soul through my lips.”

Noses.—Introducing the subject of noses, Wells says: “Although the nose is a leading feature in the human face, (which is the reason probably why most people follow their noses) we are not disposed to exalt it at the expense of other features, the eyes, the mouth, the chin, or any other feature; but its prominence, the impossibility of concealing it, and its comparative immobility invests it with great interest and importance as an index of character and a measure of force in nations and individuals. A skillful dissembler may disguise in a degree, the expression of the mouth; the hat may be slouched over the eyes; the chin may be hidden in an impenetrable thicket of beard; but the nose will stand out and make its sign in spite of all precaution. It utterly refuses to be ignored, and we are, as it were, compelled to give it our attention.”

A large nose is a badge of authority and power, a small one, a sign of submission and weakness.

A prominent nosed race of people can never be enslaved. They prefer to “fight to the death,” *e. g.*, the American Indian in contrast with the African negro.

Anterior prominence of the root of the nose signifies Architectural ability; of the middle of the nose, Imperialistic propensity; of the point, Inquisitiveness. Width of nose between the eyes denotes Artistic talent; at the middle, Acquisitiveness; at the wings, Secretiveness. Length of nose indicates Discernment, Synthetical and Analytical powers of mind. The presence or absence of these various characteristics is illustrated in the following typical forms of nose; the Roman, the Greek, the Jewish, the Celestial, and the Snub.

The typical Roman nose has a deep notch at the root, is pre-eminently prominent throughout the middle, and depressed at the point. It is representative of the features and character of the ancient Romans. It is a “Fighting nose,” an Executive nose,” but most characteristic of all, the *Imperial* nose; because its owner, wherever found is a Dictator; circumstances determin-

ing whether he be an Emperor, a General, a King, a Colonel, a Governor, a Mayor, or a "Boss." He is a Ruler always, as he would rather be the head of a mouse, than a tail of an elephant. He subverts his own comfort to his propensity for power. If the greatest prominence of the Roman nose be situated above its very middle, it denotes Aggressiveness; if at the middle, Irritability; if below the middle, Defensiveness. This is a decidedly masculine nose.

The Greek nose is remarkable for its symmetrical development. Its width, length, and the prominence of both the upper and lower ends are proportionate with that of its middle, making its outline straight, strong, and artistic. It is a model of Greek form and an index of ancient Grecian character. It has been called "Artistic nose," the "Literary nose," the "Scientific nose," and the "nose of Refinement and Culture." It is all those and more. It is the *Democratic* nose. It appropriately adorns both the masculine and the feminine face. A writer says, "The Greek nosed woman whether born in a cottage or a palace, makes everything about her beautiful. Taste presides alike in the adornment of her person and the furnishing of her rooms. A wreath of green leaves or a little vase of flowers may as truly show it as a tiara of pearls or the appointments of a luxurious *boudoir*."

The Jewish nose, prominent, thick, curved, and drooping is preeminently the *Commercial* nose. It is a powerful nose, combining characteristics of both the Roman and Greek. The *spirit* of commercialism is indicated by the *width of the bridge*, while the Roman prominence and curve, the Greek length, (discernment, which in the droop becomes Apprehensive shrewdness) indicate the methods by which its owner accomplishes his designs. The Jewish national characteristics and features are represented by this nose.

The Celestial nose is characterized by a regular moderate concavity of its profile from root to point, being full at both ends, but not large. This is a charming feminine nose, being entirely out of place on a man's face. Of it, Wells says, "It is certain that women at the present day have by no means too much nose;" though we find this organ in the feminine form so captivating that we seldom have the heart to wish it more prominent, lest it might become at the same time more aggressive, less refined, and less interesting." This is an Inquisitive nose; so are all noses that are anteriorly prominent at the point. Trusting, seems to

me, a more appropriate adjective to apply to this nose, whose form shows a lack of Independence, which causes its owner to depend upon, and *trust* others when independent persons would rely wholly upon themselves; hence the Trusting nose. If the concavity of the nose be considerable or irregular, it loses the Celestial characteristics; and, if coupled with shortness, and a base sloping rapidly up to an elevated point, it is the typical Interrogative nose. The lack of Executiveness shown by all concave noses, is frequently partially compensated for by large Secretiveness, (indicated by *width at the nostrils*) which is a powerful shield against aggressiveness. This is characteristic of the weaker races of mankind; the Ethiopians and Mongolians for examples.

The Snub, is the pretty little undeveloped nose of infancy and childhood, revealing the, as yet, undeveloped character, and indicative of utter dependence and extreme helplessness. Wherever found it signifies an immature, dependent character.

The Roman nose leads in War, in Government, and in Industrial pursuits; the Greek in Art, Science, and Literature; the Jewish in Business, and Commerce; while the Greek, the Celestial, and the baby Snub, are the beloved rulers of the Hearth and Home.

Eyes.—"The eyes," Emerson says, "speak all languages. They wait for no introduction; they are no Englishmen, ask no leave of age or rank; they respect neither poverty nor riches, neither learning nor power, nor virtue, nor sex, but intrude and come again, and go through and through you in a moment of time. The eyes of men converse as much as their tongues, with the advantage that the ocular dialect needs no dictionary, but is understood all the world over. When the eyes say one thing and the tongue another, a practiced man relies on the language of the first. If a man be off his center, his eyes show it. Some eyes are aggressive and devouring. There are asking eyes, asserting eyes, prowling eyes, and eyes full of fate, some of good, some of sinister omen. It is certain that each man carries in his eye the exact indications of his rank in the universal scale of men, and we are always learning to read it."

The eye, "the window of the soul," is capable of flashing in kaleidoscopic rapidity, the expressions of every phase of which the human mind is capable. We will not attempt to analyze its glances, but confine ourselves to an interpretation of the mean-

ing of some of its permanent characteristics. Large eyes indicate an open frank disposition; small ones, a keener more reserved nature. Prominent eyes are a sign of ready fluent speech; deep set ones, show a difficulty in selecting the most appropriate words to convey ones ideas. Wide open eyes signify activity, and a wide range of observation, while eyes whose lids cover more of the ball show more thoughtfulness and closer, more detailed observation. Prayerfulness turns the eyeball upward; Rapture, obliquely upward and outward; Wonder, obliquely downward and inward. Humility casts the glance downward, while Penitence lowers the lid like a half-drawn curtain over the eyeball.

The different shades of color of eyes too, indicate different mental characteristics. As to light and dark, dark-eyed people are the more passionate, light-eyed ones the more sentimental. For a more detailed delineation, I give you the conclusions of lovers of the various colored eyes.

Holmes writes:

“The bright black eye, the melting blue,
I cannot choose between the two;
But that is dearest all the while
Which wears for us the sweetest smile.”

A lover of blue eyes writes:

“Brown her curls are, and her eyes,
(In whose depths, Love’s heavenlies.)
Owe their color to the skies.”

Holmes writes of the blue eyes,

“I look upon the fair blue sky and nought but
empty air I see,
But when I turn me to thine eyes it seemeth unto me,
Ten thousand angels spread their wings
Within those tiny azure rings.”

Still another writes:

“The eyes which borrow their tint from the summer sky—what eyes they are! how they dazzle and bewilder! how they melt and soften! how they flash in scorn or swim in tears till one’s heart is scarcely worth a moments purchase even for a housewife’s sieve!

The large, light blue eye, with its golden eyelash and the faintly traced brow—the type of heavenly purity and peace—the calm, sad blue eye that thrills one’s heart with a single glance, and the well-opened one that flashes upon you with a glorious light—with

a smile that makes your head whirl, and a meaning that you never forget—oh, blue eyes! blue eyes! that have looked upon me here and there, that have stirred my heart and haunted my dreams for ten long years—that have shone upon me in the summer sky at noon, and the winter sky at midnight—that have looked up to me from every page I have written, and almost from every page I have read.”

A writer on black eyes mentions three types: “The small bead-like black eye, that looks like it might be cracked like a cherry stone, and belongs to some vain belle or beauty, the large sleepy, dreamy, black eye, in whose cavernous depths the smoldering fires of passion lie; and the large well set and finely formed black eye; solemn as the hush of midnight, still as the mountain lake, yet full of thought, and intellect, and feeling that rises in a storm till the quiet surface glows again; an eye that has no need of words—that never smiles but knows the warmth of tears; an eye that goes straight to the heart with a single glance, and never leaves it more; an eye that does not intoxicate like the blue, but draws you steadily and surely on, and touches cords in your heart which have been untouched before, and can never wake for a lesser power again. For the blue eye launches a score of arrows whose wounds may one day heal; but this has only one, and if it hit the mark, heaven help you! the poisoned shaft will linger in your heart forever.

Speaking of light-brown or hazel-eyed girls, Mayor Noah once said: “A hazel eye inspires at first sight, Platonic sentiment as securely founded as the rock of Gibraltar. A woman with a hazel eye never elopes from her husband, never chats scandal, prefers his comfort to her own, never talks too much or too little—always is an intellectual, agreeable and lovely creature! Another speaking of brown eyes says: True brown eyes have a softness and beauty peculiarly their own, not belonging to hazel eyes. Some are eager, quick and merry, they generally go with light hair and fair fresh complexions. Others a more decided brown go with black hair and a dark complexion. Others are large and soft with a twilight radiance within that only needs the curling hair, the pale, gentle face, the dainty form, and the tender womanly heart to complete the charm.”

Jessie Carroll sings—

“Away with your bonnie eyes of blue,
I’ll have no more with them to do;
They can be false as well as true.

But the glorious eye of hazel tinge,
With its drooping lid of softest fringe
The flood gates of the soul un hinge.

Graceful and tender, loving, kind,
The wide world o’er you will not find
Eyes that so firm the heart can bind.

So eager some good to fly and do,
Grateful, loyal, brave, and true,
Ne’er fretting nor getting sulkily “blue.”

Sing then of the lovely hazel eyes,
Born of twilight’s deepening dyes,
Of purple that floats o’er summer skies.”

Grey eyes also have their praises sung by poets. Here is an example.

“Let the blue eye tell of love.
And the black of beauty,
But the grey soars far above
In the realms of duty.

Ardor for the black proclaim,
Gentle sympathy the blue,
But the grey *may* be the same,

The blue is the measured radiance of moonlight glances
lonely,

The black, the sparkle of midnight when the stars are shining
only;

But the grey is the eye of the morning, and a truthful daylight
brightness

Controls the passionate black with a flashing of silvery
whiteness.

Sing, then of the blue eye’s love,
Sing, the hazel eyes of beauty,
But the grey is crowned above,
Radiant in the realms of duty.

Eyes set well apart show artistic talent.

Foreheads.—A fullness of the base of the forehead, over the eyes, reveals keen perception, close observation and attention to details; fullness of the central portion indicates a good memory, and literary abilities; fullness of the upper portion signifies the philosopher, and critic. Wide foreheads denote in the following order from below upward, method, music, ingenuity, wit, and poetry, while high foreheads show agreeableness, a keen intuitive knowledge of human nature, spirituality, and benevolence.

Let me say in conclusion that, every feature, every natural action of the human body is a revelation of character. Most people base their estimates of character upon the *actions* of individuals, and are frequently deceived, because actions are so often trained to deception. But the features, when at rest, cannot lie; their revelations can be relied upon as truth.

Society Reports.

SOUTHERN HOMŒOPATHIC ASSOCIATION.

The seventeenth annual session of the Southern Homoeopathic Medical Association convened at the Imperial hotel, Knoxville, Tenn., with about twenty-five in attendance.

The first session was devoted to welcome addresses and preliminary organization.

Dr. A. M. Duffield, of Huntsville, Ala., president of the association, called the meeting to order, after which Rev. J. H. Frazee, invoked the divine blessing.

In behalf of Knoxville, Mayor S. G. Heiskell delivered the welcome address, referring with some degree of pride to the century of history and achievement of Knoxville, of the distinguished men the mountains have given to history. He closed with a cordial welcome to the association and with words of compliment for the worthy purpose of such an organization.

In behalf of the Southern, Dr. A. Leight Monroe, of Louisville, Ky., responded to the welcome.

The remainder of the morning session was devoted to matters of business.

A credentials committee consisting of Drs. W. L. McCreary, J. Henry, A. Leight Monroe, G. S. Coon and J. T. Bryan, was

appointed. This committee then reported the following names for membership: Drs. W. A. Boies, W. L. Harper and Sarah Ellis, of Knoxville, and T. L. Shearer, of Baltimore, who were unanimously elected members of the association.

The following were elected honorary members: Dr. H. M. Paine, of Atlanta; Dr. Charles Meyer, of New Orleans; Dr. John H. Henry, of Montgomery, Ala.; Dr. W. B. Hinsdale, of Ann Arbor, Mich., and Dr. C. E. Fisher, of Havana.

Dr. Henry is seventy-three years of age, and was in attendance at this meeting, having attended every meeting since the organization began, save one.

Afternoon Session.

At the afternoon session the minutes of the last annual meeting were read and the president's annual address delivered. The address was well received. It gave a comprehensive view of the conditions and progress of homeopathy in the south.

President Duffield referred, in rather vigorous style, to other methods used in the medical world, and urged that each homeopath try to locate another homeopath in the south during the year. He spoke in part as follows:

"We must not rest here, it is only the stepping stone to a grand future for homeopathy in the south. Don't be afraid to put the word Homeopathist on your sign, or on your letter-head or business card; on the contrary, you must show your colors, and stand by them and fight for them if need. We are in reality missionaries in a field but very slightly developed, with grand opportunities before us on every hand. We must take every opportunity to enlighten the drug saturated people that there is a way to get well without having first to be puked and purged nearly to death, with much loss of valuable time and health thereby. Teach them that it is nature's own law, and that there is but one law, *i. e.*, Similia Similibus Curantur, and you are its exponent; and be careful that you do not spoil your preaching by tampering with the many samples from the devil's workshop, the modern pharmaceutical products, warranted to cure everything under the sun.

"We must have an interstate form of reciprocity between medical examining boards, looking to the recognition of each others certificates, so that after having become a licensed practitioner in one state removal to another state would not necessitate another inquisitorial examination which it would be almost im-

possible to pass after having been a graduate for over ten years, no matter how successful you may be as a practitioner of medicine or surgery in Alabama, the applicant for examination is examined in everything except the practice of medicine and materia medica, which is very much like the play of "Hamlet" without the ghost. The boards are made up of allopathic physicians, who examine all comers, which is an example of unconstitutional procedure, in that it is a direct example of taxation without representation, and inequality of rights. Would it be right for a Catholic synod to examine a Methodist preacher to pass upon his fitness to preach the gospel? No! and so it is not right for one medical sect to sit in judgment on those opposed to their practice.

"I would therefore recommend that one-tenth of the receipts of this association be reserved until enough has been accumulated to defend a test case and break up this unjust and pernicious practice of one sided examining boards.

"I wish to recommend that all members who have been in good standing for fifteen years be made a body of seniors and subject to an annual payment of \$1 dues, instead of \$3.

"There is no part of the United States that needs a more united effort in order to promote the interests of Homeopathy than that of our promising southland. Wake up and look about you! What do you see? The turning of the tide of immigration and industry into the heart of the south, which is now just budding forth in incipient glory of a magnificent future. A reaction has taken place in the west and north and everything is now turning towards this glorious country.

"Where cotton grew last year, it is being woven into cloth this year. Where there were nothing but fields last year, new industrial enterprise surrounded by growing villages are now in existence. And what about homeopathy? Has it kept pace with the general progress here in the south? Are there any more physicians of our school here now than five years ago? It is hardly perceptible. When you consider that there are only four Homeopathic physicians in North and South Carolina, respectively; nine in Alabama, one less in Mississippi, about twenty in Georgia, and twenty-five in Florida and Louisiana, respectively, and the same in the two Virginias, about forty in Tennessee, thirty-four in Arkansas, while Texas and Kentucky boast of a hundred each, it shows the evident need of fostering the little

hold we have and adding to it as fast as possible from the overcrowded cities in the north and west. Now, as a last appeal, let every one show a record at our next meeting that indicates progress and renewed effort in the right direction. You have the means to make rapid strides, now that the foundation is laid for our practice in this growing section and we must keep up with the procession."

Following the president's address, the meeting was turned over to the Bureau of Obstetrics, with Dr. J. T. Ryan, of Louisville, in charge. Among the papers of special interest was one by Dr. Geo. S. Coons, of Louisville, Ky., on Pelvic Inflammation Complicating the Puerperium. The subject was of great practical interest and the doctor handled it in a very conservative manner, but there were enough new ideas to bring out a spirited discussion from Drs. Walton, of Cincinnati, and Bailey, of Chicago. Among the questions raised was the influence of malaria as complicating pelvic inflammations, also with reference to the frequency with which malarial fever followed confinement, Dr. Hinsdale, of Ann Arbor, affirming that it was a very rare complication, and doubted the wisdom of placing it among the etiological causes of pelvic inflammation, the essayist holding that there was a difference between malarial and intermittent fever and that the intermittent type was due to some other poison than that of malaria.

Dr. Monroe, of Louisville, gave an account of an extraordinary operation, the subject being *Fistulæ in Ano*; operation during six months of gestation. The discussion of these two papers consumed the most of the afternoon and the association adjourned until evening, when the majority of the members preferred visiting the opera house to the discussion of medical or surgical subjects.

Morning Session.

The paper to be considered was a masterly presentation of *Symphysiotomy*, by Dr. E. S. Bailey, of Chicago. This closed the Bureau of Obstetrics, and Dr. Susan M. Hicks, of Atlanta, Ga., read the only paper in the Bureau of Pedology, entitled, "*Constipation of Infants*," but this brought out such an interesting discussion that there would have been little time for the consideration of other papers. The consensus of those present was to the effect that constipation in infants was seldom benefited by any form of drug medication; that it was nearly always attributed to some error of diet and that it was the duty of the

physician to so carefully investigate the food and manner of feeding as to determine the exciting if not the only cause.

Bureau of Materia Medica.

The chairman, Dr. J. B. Gregg Custis, of Washington, D. C., was absent, as was the majority of the contributors to the bureau, but a very interesting paper was presented by Prof. Hinsdale, Dean of the Homeopathic Department of the State University at Ann Arbor, on *Mercurius Corrosivus*—a case of fatal poisoning and a brief consideration of its therapeutic capacity. So unfortunate from every standpoint (because the case had a fatal termination) was the fact that the proving brought out was badly mixed up by the form of treatment employed, and no systematic effort was made to eliminate the extraneous symptoms produced by other drugs—still, the faithfulness with which the record was kept affords valuable opportunity for a supplemental report, that, combined with the original, would make a valuable addition to the literature of this important remedy. The doctor has promised to rearrange the record so as to permit the presentation of this interesting case in our current literature.

The paper by Dr. Eldridge C. Price, of Baltimore, Md., entitled, "The Primary Physiological Effects of Opium," appeared in the October number of the *ADVOCATE*, of which more will be said in another department of this issue.

An interesting paper was read by Dr. Jos. P. Cobb, of Chicago, on *Nux Vomica*. In substance he stated that the effect of *Nux Vomica* upon the nerve centers is that of an irritant, thereby exhausting their reserve force, being similar in action to the effect of overwork or high living; that men were more liable than women to suffer from this premature overwear; that such men were inclined to work too much and play too little; to steal hours from sleep and exercise for mental work; that they are poor sleepers, restless and uneasy until after midnight, sleep late in the morning, only to awaken tired and heavy, more tired than when they went to bed, incapable for any mental work until they feel the effect of their usual morning stimulant, whether it be coffee, whiskey or the cold plunge. The discussion brought out some interesting comparisons between *Nux* and kindred remedies.

This closed the Bureau of *Materia Medica*, and the Bureau of Gynecology was called up. Dr. Wm. Davis Foster, chairman of this bureau, had been unusually faithful in securing contributions for

this important bureau, being actuated by the commendable purpose of rescuing it from the sphere of mechanical procedure and giving due importance to the medical treatment of diseases peculiar to women.

In his absence, the president placed Dr. H. W. Pierson, of Chicago, in charge of this bureau.

The papers by Drs. Leach and Douglas appeared in the October *ADVOCATE* and can speak for themselves.

A short but interesting paper by Dr. Charles E Walton, of Cincinnati, upon Uterine Fibroids and Some Practical Suggestions on Hemorrhoidal Operations, by Dr. A. Leight Monroe, of Louisville, Ky., completed the morning session.

The afternoon of the second day was given over to a delightful trolley ride, under the personal direction of Col. C. C. Howell, president of the Knoxville Traction Co. It took but a moment to make him thoroughly acquainted with his guests, when the title of "Dr." was substituted for that of "Col.," much to his enjoyment. The "Dr." is one of the progressive, and at the same time, aggressive spirits which have been assimilated by so many of the southern cities during the past decade, and is foremost in all of the projects for the advancement of the interests of Knoxville. The street car system compares favorably with all of the most enterprising of northern cities, and future plans will add to its value.

Following in the wake of this rejuvenated company is an excellent system of lighting, both the streets and homes of this beautiful city, but we were especially interested in the elegant city hospital nearing completion, to which the Homeopathic physicians of Knoxville have equal representation with that of any other school of practice. This was largely brought about by the high professional character of the representatives of Homœopathy, added to the fact that those in authority were friendly to the school.

At the conclusion of the inspection of the hospital the party returned to the hotel, where the discussion of the paper on "Significance of Leucorrhœa and its Treatment" was resumed. In the evening the members of the association were tendered an elegant banquet at the Woman's Building by the local physicians. This Woman's Building has a history worthy of being recorded in this report. At the time of the Centennial of Tennessee, in Nashville, the woman of Knoxville clubbed together and put up

a beautiful building on the Centennial grounds for the entertainment of the "Daughters of the Confederacy and their friends," and at the close of the exposition the building was taken down and transferred to the beautiful site in the city of Knoxville, where it has become the social center of that city. The wife of Dr. W. L. McCreary is the official representative of the entertainment committee of this organization and consequently was able to bring to bear all of her social powers in a successful entertainment of the guests of her husband and his conferes. The assembly hall, where the banquet was held was liberally decorated for the occasion, and at the table, which was arranged to form the letter "H," were seated the visiting and local physicians and their friends. The menu was very elaborate, a feature which was especially suggestive to the practice of medicine, was the ices served in the form of human skulls.

Dr. W. L. McCreary presided as toast master. The toasts were bright and entertaining, the sentiments responded to being "Our Guests," Dr. Douglas Caulkins, of Knoxville; Homœopathy Retrospective and Prospective," Dr. W. B. Hinsdale, of Ann Arbor, Mich.; "Trials and Troubles of a Physician," by Dr. W. A. Boies, of Knoxville; "Quacks in Medicine and Surgery," Dr. Charles E. Walton, Cincinnati; "The Ladies," Dr. H. W. Pierson, of Chicago; "When shall we meet again," Dr. H. W. Stout, of Jacksonville, Fla.

After the regular toasts had been responded to, the following were called upon for addresses: Dr. Frances E. McMillan, of Nashville, Tenn.; A. H. Hallman, Hot Springs, Ark.; John Henry, Montgomery, Ala.; Susan M. Hicks, Atlanta, Ga.; J. E. Mann, Louisville, Ky., S. S. Stern, Washington, D. C., and "Dr.' C. C. Howell, of Knoxville, the palm being easily bourne away by Dr. Frances McMillan, who told a "fetching" story on Dr. Walton in connection with the meeting of the association at Asheville, N. C., last year.

Thursday Morning.

The morning session was almost entirely devoted to the selection of the place of meeting and the election of officers.

The Southern Homœopathic Medical Association selected Atlanta, Ga., as the place of meeting next year. The following officers and standing committees were elected to serve until that time:

President—Dr. A. H. Hallman, of Hot Springs, Ark.

First Vice-President—Dr. W. L. McCreary, of Knoxville.

Second Vice-President—Dr. Susan M. Hicks, of Atlanta, Ga.

Corresponding Secretary—Dr. Frances McMillan, of Nashville.

Recording Secretary—Dr. J. S. Stearns, of Washington, D. C.

Treasurer—Dr. George S. Coon, of Louisville, Ky.

Board of Censors—Drs. H. R. Stout, of Jacksonville, Fla.; E. C. Price, of Baltimore, Md.; A. Leight Monroe, of Louisville, Ky.; E. Harper, of Knoxville; John H. Henry, of Montgomery, Ala.

Legislative Committee—Drs. William A. Boies, of Knoxville; J. T. Bryan, of Louisville, Ky., and George G. Lyons, of Mobile, Ala.

Literary Committee—Drs. J. E. Marion of Louisville, Ky.; Lizzie Guthers of St. Louis, Mo., and J. A. Whitman of Beaufort, S. C.

Registration and Statistics—Drs. S. S. Stearns, of Washington, D. C.; L. C. McElwee, of St. Louis, Mo., and D. A. Caulkins, of Knoxville.

Drs. H. R. Stout, J. E. Mann and C. E. Walton were appointed a committee on resolutions, and reported the following, which were unanimously adopted before the convention adjourned:

“Resolved, That the Southern Homœopathic Medical Association extends thanks to the Knoxville press for the efficient reports of its sessions during its meeting in Knoxville.

“Resolved, That the Southern Homœopathic Medical Association extends its cordial thanks to Colonel Howell for the courtesies extended to the society during its stay in Knoxville—that the secretary send to him a copy of this resolution.

“Resolved, That the Southern Homœopathic Medical Association extends its thanks to the Knoxville members of the association who so courteously provided for its social entertainment at the Women’s Building Wednesday evening.

“Resolved, That the Southern Homœopathic Medical Association hereby acknowledge the courtesy of the Imperial in providing a parlor for its sessions and so cordially looking after the comfort of those of us who have been its guests.”

Comment and Criticism.

HEALTH-HOMŒOPATHY.

DAYTON, O., November 14, 1900.

H. W. PIERSON, M. D., 92 State st., Chicago.

Dear Doctor: I have received the initial number of HEALTH-HOMŒOPATHY and after a careful perusal of same I am convinced that it contains, and subsequent numbers promise much that should advance the cause of Homœopathy. I have long thought that our school needed a journal of this class to circulate among the laity. The journal, if properly conducted, should have the support of all Homœopathic physicians.

In examining a new journal comments and criticisms are always in order and usually appreciated by the editor. The journal is rather more interesting to the profession than the laity. It has a tendency to "shoot over the heads" of the people it is designed to reach. One great trouble in publishing a journal of this kind is that contributors will fail to get down to the *common level*. Men like yourself, and other "dyed in the wool" Homœopaths of long experience, from the very heights of your knowledge, may fail to see the plodders on the plains below. A journal of this kind to fulfil its intended mission, must discuss and answer the *common questions* that come up in the minds of the people who do not employ Homœopathy.

"Questions and Answers Concerning Homœopathy," by Dr. J. H. Biddle, of Allegheny City, Pa., has done much to unbias people's minds because it answers the *common* objections which people have to our school. Many allopathic physicians take every opportunity to decry Homœopathy and poison people's minds concerning it. "How can little sugar pellets cure one of a serious disease?" is no argument against Homœopathy, but it does appeal to a great many people as a stunning question and one which cannot be satisfactorily answered and they are content to go on in the "good old way" until by some mere accident they are brought face to face with the results of Homœopathic treatment, when they are forced to acknowledge that it is not a fraud. HEALTH-HOMŒOPATHY should be of such a character that it will interest the great mass of people. It should appeal to them in a *reasonable* way. It should not seek to build up Homœopathy by declaring that there is absolutely no good in allopathy, but

should seek to show that Homœopathy is the better of the two, or the best system of medicine. It is only necessary to present the facts in the case and allow people to draw their own conclusions. It should prove by available statistics that Homœopathy does cure a larger per cent of its cases than allopathy, and that if its mortality rate is *no higher* than the dominant school, then Homœopathy is the *better* because the cure is brought about without any danger from poisonous doses of drugs and their after effects. I believe that the great majority of people would employ Homœopathy if they were fully acquainted with the facts concerning it and knew of its good results.

There is certainly no good reason why people should not prefer the agreeable dose of Homœopathy to the disagreeable one of allopathy if they were convinced that cure would be just as certain under one as the other. People in general who do not employ Homœopathy have some reason, satisfactory to themselves at least, for not doing so. They may be prejudiced—a powerful obstacle to overcome—or they may be fully satisfied by the frequent ridicule of the old school that it is a fake and there is no need of further investigation. Their objections may seem too trivial to be worthy of notice by those who are acquainted with the situation, yet they are sufficient to keep many people from employing Homœopathy. So the thing for your journal to do is to try and dispel prejudice, and meet these apparently trivial objections and not *confine* its writings to fine-spun *scientific* theories. Present the merits of our school in such a reasonable way that unbelievers must be convinced. At the same time it is not necessary to abuse *any* system of medicine; simply state the facts in a reasonable, fair and courteous manner. A journal so conducted should have the support of Homœopathic physicians and should meet with the approbation of the laity because of its fairness. Some physicians may object to the journal on the ground that it is unethical. We do not think this objection well founded. We must defend our school and it is our duty to educate the people concerning Homœopathy and let them choose for themselves. Many physicians of the dominant school still take advantage of every opportunity to brand Homœopathy as a fraud. This is more evident in private practice than one would suspect from reading the journals. There certainly should be no objection to a nice clean journal like HEALTH-HOMŒOPATHY promises to be.

Yours fraternally, W. J. BLACKBURN.

HONOR TO WHOM HONOR IS DUE.

In the last issue of the *HAHNEMANNIAN ADVOCATE* appeared an article by Dr. Eldridge C. Price, entitled: "A Study of Some of the Primary Physiological Effects of Opium and Their Relation to Therapeutics." Immediately following the name of the writer of this article is the following legend: "Prof. Materia Medica, Southern Homœopathic College."

There are two points relative to this paper to which it is but right that the attention of the readers of the *HAHNEMANNIAN ADVOCATE* be directed.

First. This article was promised to Dr. E. H. Porter for publication in the *North American Journal of Homœopathy*, and of this fact the editor of this journal was apprised before its publication in the *ADVOCATE*.

Second. The writer of the article resigned the chair of materia medica in the Southern Homœopathic Medical College in May of 1899; one year ago last May. The "Prof. Materia Medica" is not to be found on the original MMS. of this article, nor on any copy thereof, except the one published in the *ADVOCATE*.

The writer of the paper in question has made his peace with the editor of the *N. A. J. of H.*, and with the present incumbent of the chair of materia medica in the Southern College, but he is doubtful if it be possible for the editor of the *ADVOCATE* to regain his footing with either of these gentlemen, and certainly the writer of this article will in future exercise greater care than he has done in the past to protect his productions from those for whom they are not intended.

Baltimore, Md.

ELDRIDGE C. PRICE.

[It would appear upon its face as though the editor of the *ADVOCATE* had been guilty of a breach of trust and deserved the censure measured out to him by aggrieved author, but the *facts* in the case put an entirely different face upon the entire transaction.

In the first place the paper was sent to the Secretary of the Southern Homœopathic Association *without any string attached to it whatsoever*. The paper was the property of the Society and the Secretary under the circumstances was at liberty to give it to whomsoever she wished. We were present and *no one else had expressed any desire for the paper* so it was given to us *for publication* and sent by us immediately to the printer. *When we reached home the copy was in type and it was at least one week later before any protest was made by the doctor*. It is true that we might have stopped its publication but didn't feel that we were under any obligations to do so at that late hour. *The fault rested with the author in not designating the journal in which he wished it to appear*.

With referenc to the second offense there is no excuse, for we knew of his

resignation but in the haste of the moment we followed habit and gave him his old title as a compliment to the author. Am truly penitent and for this offense hope to be forgiven.

H. W. PIERSON, M. D., Editor.]

Editorial.

WHO ARE HOMŒOPATHISTS?

"There are very few simon-pure homœopathists to-day. In accordance with the definition of a homœopathic physician, as given by Dr. Porter, the term homœopathic is devoid of meaning, viz: "*A homœopathic physician is one who adds to his knowledge of the fundamental branches of medicine, a knowledge of homœopathic materia medica and therapeutics.*" A true disciple of Hahnemann never alternates his remedies. He prescribes for the totality of symptoms, in accordance with the laws of "*similia similibus curantur,*" and not for certain individual symptoms, alternating his remedies. The latter is specific medication; and the majority of so-called homœopaths are practicing Eclecticism, the Eclecticism of John M. Scudder: therefore the necessity for a very liberal definition.

I am of the opinion that the aforementioned definition will not be accepted by the homœopathic profession, for it is in reality the definition of an Eclectic physician. Eclectic physicians as a rule are well versed in all that pertains to homœopathy. Every method of treatment belongs, by right, to the Eclectic, notwithstanding the origin or composition, its composition or underlying principles being."

[This question has been thoroughly discussed by the Homœopathic journals, but now that the "other fellows" have taken up the matter, it is well that we pause long enough to see ourselves as others see us.—ED.]

ANTI-TOBACCO LAW IN JAPAN.

"The Japanese are great lovers of tobacco, but the officials of that country have been led of late to recognize the evil effects of the use of tobacco on persons in early life, resulting in the weakened bodies and diminished stature of the people. An anti-tobacco

law has been adopted in Japan which will become operative in April, 1901. By the provisions of this law, tobacco must not be sold to minors, and if a minor is caught using tobacco the weed and the smoking implements are to be confiscated and if parents willingly allow a minor to smoke they are liable to a fine. The Minister of Education has also issued instructions forbidding the use of tobacco to all students in schools of elementary or middle grade, without reference to age."—*Exc.*

Just read this and boast of the superiority of the United States over the "heathen" nations of the Orient. The youngest nation to be adopted into the family of "world powers" setting an example that the more liberal (?) forms of government are unable to follow because forsooth "money" exerts greater power than the "citizen." It is one of the weak points in the government of the people by the people (?).

It is difficult for a man (and a voter must be a man) who has formed a habit of using tobacco or alcoholic liquors to voluntarily place the power in the hands of another to restrict him in enjoyment (?) of any manner of living, even though he may know that premature death is the ultimate result. Our only hope for the reformation of the habits of our people is to make it *exceedingly difficult for the bad habit to be formed.*

The prohibitory laws should be applied to the *coming* generation *before* they have formed the habit, and then so enforced that the penalty will be visited upon *all* who are in any degree responsible for the actions of the child or the observance of the law. These laws should cover every form of evil.

A CASE OF FORMALIN POISONING.

Ludwig Zorn's patient accidentally took about four drachms of the commercial forty-per-cent. solution of formalin. Immediately after swallowing the liquid, realizing his error, he took some milk which was instantly vomited. When he came under observation he was suffering from dyspnoea, vertigo, great anxiety, burning in the mouth and stomach, and nausea. The pulse was rapid and small, and after twenty-four hours of absolute anuria, a small quantity of albuminous urine was passed. For several days there was diarrhoea of a negative character.

VACCINATION VOLUNTARY IN NEW ZEALAND.

Among other changes effected by the new sanitary act, vaccination has been made so far voluntary that on a parent satisfying the magistrate that he has a "conscientious" objection to vaccination the magistrate must give him a certificate exempting the child from vaccination. This is not quite so complete a release as the English law affords, but it will have to be brought into line with the latter before long. The reason why there has been hardly any public outcry against vaccination here is because the compulsory clauses have never, or hardly ever, been enforced. Smallpox has been introduced into the colony several times to my own knowledge, but with only an imperfect system of quarantine it has been kept from spreading. Of late years, calf lymph has been used. But a large majority of the children are unvaccinated.

[The above extract from a recent letter to the *Medical Record* is published as showing the trend of public sentiment in the newer countries as the logical result of the thorough investigation given the subject by the English commission. Its beneficial results will be enjoyed by future generations even though we may be compelled to suffer as a penalty for having been upon the field of agitation in the height of the engagement. It behooves every "conscientious" objector to assert his prerogative.—Ed.]

THE REVITALIZATION OF AIR.

The question of revitalization of air has been looked upon as one of the many problems of physics for years, and whenever it has become necessary to deal with this question it has always been approached from the physical or mechanical side. The chemistry of the subject has not attracted much attention until of late.

Some very highly interesting demonstrations of the properties of bioxid of sodium were recently given before the French Academy of Sciences by Dregrey and Balthouard. The experiments which preceded the demonstration showed that the bioxid of sodium possesses the property of renewing the oxygen in the air that has been inhaled and in absorbing the exhaled carbonic acid. The demonstration at the academy proved that a diver can remain under water hours at a time without having the air renewed by a pumping apparatus as at present employed. Two men put

on diving suits from which all air was excluded, the only supply being a small reservoir containing moistened bioxid of sodium. They remained enclosed for a period of two hours without any discomfort whatever. Afterward the same men went into the Seine and remained under water over half an hour.

It is estimated that about twenty-three and a third parts of bioxid of sodium are oxygen. Approximately one pound of oxygen is found in fifty cubic feet of air, and a human being uses about one ounce of oxygen per hour. On a basis of these estimates it can be established theoretically that five pounds of bioxid of sodium would yield sufficient oxygen to sustain an adult for a period of twenty-four hours, and has the property of absorbing the carbonic acid gas given off for a like period of time. Since the expired air contains poisonous substances other than carbonic acid, and we have no statement from the experimenters that this salt of sodium possesses any other properties than exhaling, when moistened, a large quantity of oxygen and absorbing carbonic acid, further experimentation alone will determine whether this is an ideal method of revitalization of air, but the demonstration given by these learned Frenchmen gives promise of great utility in instances where temporary air generation is necessary. Such is the case in the manning of submarine boats, in diving, the protection of firemen while going into buildings full of smoke and gas for the purpose of saving life and various mining operations and exploratory engineering in the presence of poisonous gases and foul air.

The medical aspects of this discovery will at once engage the attention of the thinking physician and surgeon as a means of increasing the amount of oxygen in rooms and in the diminution of carbonic acid gas. This may prove of value in lung diseases and also in gouty affections where the necessity of increased oxidation is demanded. It is, indeed, too early to predict with any degree of certainty the amount of real benefit which medicine will derive from this discovery, but the writer believes that distinct benefit will accrue from it, and will be interested in watching further experimentation and demonstration.

ARSENIZATION.

Matters have reached that point when well-directed efforts on the part of the profession may bring about a measure whereby the cause of Homoeopathy will have scored a point from a scien-

tific view that cannot be over-estimated. Reference is made to the appointment of a commission by the present congress to investigate the merits of arsenicum as a prophylactic measure in preventing cholera, yellow fever, etc.

It will be remembered that Dr. R. B. Leach (formerly of Texas) of St. Paul, Minn., has been agitating this matter for the past ten years through any medium that would listen to him or give him space. Success has crowned his efforts because the Homœopathic school has become converted to the truth that the prevalent type of yellow fever is similar in a remarkable degree to the action of arsenicum upon the healthy, consequently it must be *the* curative agent in all such cases. It was but a step further for him to raise the point that it should be the most logical prophylactic and a petition was drawn up by the Minnesota Homœopathic Society endorsing the theory and urging the appointment of a commission by congress for the suitable investigation of the same. This was presented by Senator Davis, if our memory serves us right, and referred to Surgeon General Sternberg, who sent in an adverse report based upon the claim that Dr. Leach had no *practical* proofs or records of what arsenization had ever done of a curative or prophylactic nature in the treatment of yellow fever.

At the last regular meeting of the St. Paul society, Dr. Leach produced eight affidavits from as many different distinguished gentlemen of Brazil, including the medical director of the Military Laboratory of Bacteriology of Rio de Janiero, professors in their National University, and others of equal note; all not only endorsing Leach's action in our country, but telling, under oath, just what they had done with arsenization, both as a prophylactic and curative agent in Brazil; and one sending the doctor a book (in English: "**Arsenious-acid vs. Yellow Fever**) which he honors our friend by dedicating to him in the following words:

"To the eminent physician, Dr. Reginald Barkley Leach, as a mark of esteem, consideration and attention to my humble work, and with hopes that it will assist in obtaining the commission desired to further the use of arsenic as a prophylactic, I dedicate this volume. The Author."

We understand that the affidavits, commendations, book notices and journal comments are all to be presented to congress at the present session and probably will be referred to a committee.

It is of great importance to every believer in the law of similars that this official opportunity be secured for demonstrating.

the efficacy of agents when employed in accord with a natural law. To this end we would suggest that the readers of the **ADVOCATE** send letters to **DR. R. B. LEACH, ST. PAUL, MINN.**, endorsing the theory and giving *practical* proof of its truth if such shall have come within your experience.

PERSONALS, NEWS ITEMS, ETC.

Dr. Rose Winkler, a graduate from Dunham Medical College, has been admitted to practice in California and is located at Point Lomis.

Dr. R. B. Johnson, for a number of years located in Ravenna, Ohio, is now residing in Riverside, Calif., and has been admitted to practice in that state.

It gives us pleasure to call attention to the new edition of Dr. Sheldon Leavett's work on Obstetrics. The reputation of the author as a teacher and writer will insure its hearty reception at the hands of the profession.

One of the welcome reminders of the close of an old year and the near approach of a new one is the regular appearance of the "Physicians' Visiting List," published by P. Blakiston, Son & Co., of Philadelphia. We note that it has been sent out for half a century and seems to be in as great a demand as when it had few if any competitors.

Dr. F. F. DeDerky died at his home in Los Angeles, Calif., October 14th, at the age of 77. He was a gentleman of culture and natural refinement and withal a consistent advocate of pure Homœopathy. In earlier years he was a valuable contributor to the literature of his school. His family will have the sympathy of many of the professional friends of the one who has only gone on before.

On Friday, November 9th, Dr. Abram S. Pease committed suicide by the inhalation of chloroform in his office at Chicago Heights. For a number of years the doctor has been in ill health and the fact that nothing seemed able to arrest the onward progress of the disease so weighed upon his mind as to overshadow every bright prospect that his studious habits had won for his future. Although but 31 years of age, the doctor was a graduate from two medical colleges, also completed a full course

in a school of osteopathy and was rated as one of the best lecturers on nervous anatomy in Chicago. He leaves a charming wife and a fine, healthy boy.

Book Reviews.

A Dictionary of Practical Materia Medica.—By John Henry Clarke, M. D., London, Eng. Published by The Homœopathic Publishing Co., London, Eng., in two volumes, and sold by subscription for \$10.50 in cloth, and \$13.50 in half Morocco.

It is difficult to decide why the author used the designation of "dictionary" unless it be to distinguish it from other encyclopædias, because he has embodied all of the good points of *Jahr's Symptomen Codex* and brought the *Materia Medica* down to date.

Naturally his method of arranging the subject matter has brought down upon his head the criticisms of Dr. Richard Hughes and those who hold similar views.

We have selected an extract from one remedy as illustrating the point at issue.

Anhalonium Lewinii.

Mescal buttons. *N. O.* Cactaceæ. Tincture, extract, or infusion. Havelock Ellis says: "I first cut up the buttons into small fragments and poured on boiling water twice; a single infusion is inactive."

CLINICAL.—Brain-fag. Delirium. Headache. Hallucinations. Megrin. Mental weakness. Neurasthenia. Paraplegia. Senses, disordered. Vision, disorders of; colored.

Characteristics.—The plant from which the mescal buttons are obtained grows in barren and rocky soil in the valley of the Rio Grande. It is used by some Indian tribes in their religious ceremonies. It has been recently tested scientifically, a notable proving having been made by Dr. Wier Mitchell. Dr. E. M. Hale has collected the facts about the drug in an article published in the *HAHNEMANNIAN MONTHLY*. The chief feature of the drug's action is the production of colored visions of most over-powering brilliancy, associated with moving shapes of fantastic design, the motion being regulated somewhat in time by music. In the Indian ceremonies the constant beating of tom-toms is an essential feature. Other symptoms are loss of conception of time, occipital headache, tired feeling in head, nausea. Tremor of muscles, increased knee-jerk and loss of power of co-

ordination. One prover, Havelock Ellis, noted distinct slowing of the pulse, slight faintness and shallow breathing; but there were none of the terrible heart symptoms of the other Cacti. The most prominent condition is < on closing eyes. The nausea and faintness were < on movement. There is great disinclination to move. > Lying down.

Relations.—*Compare.* Can. ind. (time sense disordered; fantastic visions); Gelsem. (paralysis of accommodation); Bell., Stram., Op., Pic. ac., Piper methyst., Coffea, Coca; Plat. (objects seem small and distant); Pso. (> lying down).

Symptoms.

1. **Mind.**—Reverie.—Time seems long; intervals between words and sentences seem inordinately long.—Cannot find the right word, with difficulty of enunciation.—Seems to have a double personality.—Distrust and resentment; thinks companions are laughing at him; wants to do them violence.—Consciousness of unusual energy and intellectual power (which, when tested, was found not to actually exist).—Sense of superiority and well-being.—Sense of depression and inferiority.

2. **Head.**—Frontal (1) headache with visual zigzags.—Occipital headache with disturbed vision.—Persistent ache and tired feeling in occipital region (lasting several days and making work impossible).—It rapidly removed headache in one prover).

As we understand the contention, Dr. Hughes draws a distinction between “practicing Homoeopathy” and “prescribing Homoeopathically,” and insists that a *materia medica* should be a record of “provings” upon the healthy and that everything in addition to this should be so designated that the reader can tell at a glance the general source from whence it comes.

Dr. Clarke insists that it is of no material difference whether the symptoms are recorded during the period of time in which the so called healthy individual is trying to determine the power of the drug to *make him sick* or its efficacy in *removing disease symptoms* while he is under the influence of some other force.

We feel that too much care cannot be exercised in keeping the source of our knowledge free from all possible contamination and that a strict application of scientific rules should be applied to the classification of matter intended for a new compilation of the heterogeneous matter that has been dumped into the receptacles of current literature from month to month. No one realizes the unscientific incompleteness of many of the contributions to our medical journals so well as the editors of the same. They

are the best that can be obtained under existing circumstances, but must be carefully scrutinized before being incorporated into a standard work of reference. The same criticism may be made with reference to the accuracy of the "provings." It doesn't necessarily follow that *all* of the symptoms recorded during the period of time in which the "prover" is "taking the medicine" are to be credited to the pathogenesis of that drug. On the contrary many of the symptoms are practically worthless because the "prover" failed to observe the all-essential precaution of making a careful study of his peculiarities for a sufficient period of time to determine the natural expression of the inherent vital force when exposed to the ordinary influences of his natural environment.

We do not question the *value* of clinical symptoms, but do think they ought to have some mark of differentiation. In the clinical reports it is the "*totality*" that must be considered, and too much stress must not be placed upon the disappearance of symptoms unless they be of a *major* rank, because the others may only be of an accidental or temporary nature that would disappear without the aid of any outside agency.

There can be no question regarding the extreme care taken by the author to exclude all symptoms of a doubtful character and there is abundant evidence of his ability to give to the profession an exceedingly valuable contribution.

The first volume is completed and ready for delivery and we have promise of the early completion of the remaining volume, when it will occupy a place by the side of the *Symptomen Codex*.

Stories in The Youth's Companion.—In the 52 issues of the year *The Youth's Companion* publishes more than 200 stories, yet so carefully are they selected that they prove inexhaustible in variety, unailing in the power to delight. The stories already in hand for *The Companion's* 1901 volume show that this feature of the paper will be as strong as ever.

Among the groups of stories will be one of "Old Settlers' Day Tales"—stories actually told at some of the gatherings of pioneers in the West. There will be four stirring "Tales of Our Inland Seas," picturing the adventures of the sailors on the Great Lakes; and there will also be four "True Tales from the Zoos," told by famous keepers and trainers of wild beasts. And this is only a

beginning. We shall be glad to send Illustrated Announcement of the volume for 1901 with sample copies of the paper free to any address.

All new subscribers will receive *The Companion* for the remaining weeks of 1900 free from the time of subscription, and then for a full year, 52 weeks, to January 1, 1902; also *The Companion's* new Calendar for 1901, suitable as an ornament for the prettiest room in the house.

THE YOUTH'S COMPANION, BOSTON, MASS.

Womanly Beauty of Form and Feature—Published by Health-Culture Co., 503 Fifth ave., New York.

Twenty physicians and specialists have contributed to this work, and the same has been carefully edited by Albert Turner.

There are 356 pages, 12 mo. size, 80 illustrations. The price is \$1.00. The whole subject is based upon the laws of hygiene applied in accordance with the principles of physical development, brought about through a clear understanding of the true relationship between the mind and body. It deals with temperament, improper breathing, importance of sleeping, the necessity for well-directed physical exercise and the influence of the mind upon the body.

The physicians who will carefully read and digest the contents of this work will be able to understand and intelligently correct many physical defects apparent in the bodies of their patients.

Hygienic Matrimony.—Legislators in Germany and leading physicians throughout Europe, are just now discussing with much interest an article on a novel subject which appeared in the last issue of *The Deutsche Revue*. The article is from the pen of Dr. Hegar, a well-known German specialist.

Dr. Hegar begins by strongly advising German legislators to pass a law which "shall prohibit from contracting marriage any person who is afflicted with a physical deformity, an infirmity, a disease or an infection of the blood whenever it shall appear that, through marriage, grave and persistent defects will be transmitted to the descendants of such a person." Dr. Hegar frankly admits that he got his idea from a somewhat similar law about which there was much talk in Michigan some time ago, and the aim of which was to prevent idiots and persons afflicted with certain specified diseases from marrying. He then claims that while a law such as he proposes may seem cruel to those whom it immediately affects, it is incumbent on the present generation to provide as well as it can for posterity, and this it can best do by enforcing marriage laws that are framed on a common sense and hygienic basis.

The Hahnemannian Advocate

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Medicine.

CAN THE KNIFE CURE?

W. WARREN BALDWIN, M. D., GREGORY, ONTARIO.

Surgery has discovered for us the wonderful extent to which the material body can be mutilated and yet retain within it that immaterial life force to which it owes its existence, which imparts to it its individuality, and of which it is but the material expression.

Let us not for a moment underrate the value of this discovery. It is important to know that, if need be, we can fearlessly submit ourselves to the knife in the hands of the skillful surgeon of to-day. We may permit the skilled operator to explore the innermost recesses of our abdominal cavity, turn the contents out and do with them almost whatsoever he pleases, provided only he put them back again, and yet live. The ovaries can be removed, the uterus cut out, with little or no fear of immediate disaster. A refractory kidney may be extirpated if there be a reasonable certainty that the patient has another one somewhere, and as to that mysterious little vermiform appendix, surgeons tell us that we certainly ought to seize the first opportunity of getting rid of it; it is a dangerous superfluity which we ought to away with.

The achievements of modern surgery, with their display of mechanical skill and accurate knowledge of anatomy, command our highest admiration, and when obtained within the bound of surgery's legitimate sphere, our deepest gratitude.

But the question which forces itself on our consideration as we

view the advance of surgery is: Has not surgery far outstepped the bounds of her legitimate sphere? Do we not witness her to-day extending her operations into territory which ought to be the exclusive domain of therapeutics? Not content with her noble position as an ally to medical science, and carried away with her brilliant achievements, she holds out to suffering humanity the hopes, by her aid, not of simple palliation, but of cure. When we witness this may we not indeed seek to settle in our minds the question: Is it possible from the very nature of things for the surgeon's knife to cure disease?

The solution of this question clearly depends on the doctrine we accept as to the nature of disease. Is disease, as Hahnemann in the eleventh paragraph of his *Organon* contends that it is, an affection of the immaterial life force? or is it, as is the contention of the prevailing school of medicine today, an affection of some one or more of the tissues of the material body? If the former, surely it is obvious that we cannot possibly cure disease by cutting away tissue. If, however, the latter be true, then it is perfectly reasonable to claim for the knife the power of curing disease, or rather, of ridding the patient of disease.

It is the intention of this article to contend for Hahnemann's doctrine of the immaterial nature of disease, and to argue from it that the surgeon's knife, however much it may alleviate, cannot be a curative agent.

Most men are now prepared to admit the immaterial nature of life; that there exists something which is utterly beyond the sea of physical science, whose presence or absence makes the difference between a thing living and the same thing dead. The question is: Is this immaterial life force, which animates the whole material organism, the seat of disease?

Outside of Homœopathy the conceptions as to the nature of disease are essentially materialistic. Men accept the doctrine of the immaterial nature of life but do not extend it to their pathology. They look upon disease as something solely connected with the material organism. Some noxious material substance has entered the organism and settled its action upon some tissue, and so disordered it that it is unable to perform its functions normally; or some tissue has taken on an unhealthy action, though why it should do so they are unable to explain, and to get over the difficulty they call it inherited tendency, which physiologists tell us is an inexplicable fact.

Dunglison defines disease to be "An opposite state to that of health, consisting in a change either in the position and structure of parts or in the exercise of one or more of their functions, or in both." Thus to him diseases are of two kinds, structural and functional. This is the accepted old school general classification of diseases. When a disease is structural, old school pathology has no difficulty at all in telling us why the patient is sick; it simply describes to us the alterations that have taken place in the tissues and we can readily understand the consequent interference with their normal functions, and, of course, to the extent of that interference the patient is sick. If, however, we ask the accepted pathology of today to tell us why a man has a functional disorder, it experiences considerable difficulty. It may tell us that he has inherited some constitutional weakness, and if we understand Hahnemann's pathology this means something to us, but what it can possibly mean in old school pathology it is difficult to conceive.

We claim that the question of functional disorders is a difficult problem for materialistic pathology to solve. Some get over the difficulty by denying the existence of functional disorder, and say that we only need the microscope sufficiently powerful and the possibility of subjecting the tissues of the living man to inspection with it in order to discover some minute structural change sufficient to account for the symptoms in every ailment to which the human race is heir. The burden of proof rests with those who make the claim, but it would by no means settle the question as to the nature of disease if we were to concede the contention.

The existence of disease without the presence of any structural change is admitted by many, and such disease is spoken of as functional, but we fail to see how such is possible without introducing the idea of something apart from the tissues which may be affected. How can it be possible for the human organism to perform its functions abnormally when every portion of its material structure is in perfect order unless the trouble lie in some power which controls the performance of those functions?

We are then forced to that conception of the nature of disease which recognizes its seat in the immaterial vital principle. This is the conception Hahnemann had when he wrote: "Only the vital principle can give to the organism its abnormal sensations and incline it to the irregular actions which we call disease." Let us investigate this doctrine of disease in the light of all available facts.

Many who are prepared to accept the doctrine of the vital force as necessary to explain the phenomena of life, cannot conceive how this immaterial vital force can be in a state of disorder. The difficulty largely arises from the fact that we are accustomed only to speak of things as disordered when we are able to observe, through our physical senses, that they have departed from a condition which we have learned to look upon as a state of order. Thus the terms disease and disorder have in our minds come to be more or less inseparably connected with, and only applicable to, the material organism. We cannot see the disorder of the vital force, we can only observe its manifestations in the altered condition of the organism. We see that the organism is no longer in that condition which we have been accustomed to consider a state of order, and this change, which we observe, we express by saying that the organism is disordered or diseased, but we find some difficulty in transferring the idea to the immaterial vital principle. Dr. Smythe, who undertook to demonstrate the fallacies of Homœopathy, says: "It is impossible for me to have any clear conception of a diseased condition of the vital force. It is not subject to investigation by the scalpel or microscope or any of the ordinary means by which we investigate disease structure."

If we experience this difficulty, that which lies at the bottom of it is the fact that we have not rightly understood the relation which the vital force bears to the organism. We may have vaguely adopted a belief in its existence, but we have only thought of it as an immaterial and unknowable something which in some way or other exists in a man when he is alive and is not there when he is dead; we have not grasped the full idea that was in Hahnemann's mind when he said of it that "it animates the material body, exercises an absolute sway and maintains all its parts in the most admirable order and harmony both of sensation and action." Every sensation, action and thought then is a manifestation of its existence. It is the vital force that lives and is endowed with faculties; it is the vital force that sees, and smells, and hears. It is I who see and not my eyes, or my optic nerve or my brain; these may all be in perfect order and yet there would be no seeing unless I am there to use them. Seeing consists in my making use of the optical apparatus constructed for the purpose. The faculty of seeing is one of the endowments of my vital force. It is the nature of each human vital force that it

should see. Each vital force has always possessed this faculty, even when it was still in the ovum its nature was to see, and it was for this reason that it constructed the eye-ball, optic nerve and the centre for sight in the brain; it could not have manifested this part of its nature without them. Professor Cones, in his lecture on "Biogen," refers to the relation between the optical apparatus and the immaterial being behind it in the following passage: "No one supposes that the eye sees any more than any other optical instrument sees, nor the optic nerve any more than the eye-ball, nor the corpora quadrigemina than the nerve; yet there is a blind kind of physiology which seems to think that vision, the faculty of seeing, which cannot be found at the outer end of the optical instrument, must lurk about the inner end of that exquisite apparatus. But I must believe as I do, that, trace the nervous threads as far back as you please, and locate the exact spot in the brain where they end, there would be no seeing done if some ego—that identical, spiritual ego, I postulate—were not looking through the telescope life has organized for the purpose." That is just Hahnemann's idea. The exercise of all the faculties is just the immaterial vital force making use of the material instrument which it has organized for the purpose.

The truths of physiology do not conflict at all with this doctrine. Physiology teaches us that nerve centres are the seat of sensation and activity of any kind. There must be an uninterrupted connection by a nerve filament between any portion of the body and some nerve centre in order that that portion of the body may exercise its functions. It is quite consistent with the doctrine of a controlling vital force that it should be so. The human organism is a most perfect machine, and it is part of its exquisite mechanism that all parts should be under the immediate control of the nervous system. It is part of its mechanism that every sensation shall first be registered in the brain before the vital force can take cognizance of it.

It is necessary that we should have a clear understanding as to the relation existing between the vital force and the organism if we wish to understand the doctrine of the immaterial nature of the case.

The point that we have sought to make with regard to this relation is just this: that the material organism is nothing but a machine constructed for the use of the living vital force. It is the vital force alone that can be truly said to be alive. The

tissues are simply matter passive in the hands of the vital force.

If this is the right conception of the relation which the vital force bears to the material organism, it might readily be shown how it follows as a logical conclusion that it is not only possible that disease should be an affection of the vital force, but even how it is impossible that it should be anything else. We must, however, turn our attention to the consideration of certain facts which support Hahnemann's doctrine of the immaterial nature of disease.

If disease be not an affection of the vital force, then it must be concerned alone with the material organism, and in every case of disease there must be some definite change in some of the material particles which make up the tissues; on the other hand, if it cannot be found in the tissues, where else can it be but in the vital force?

The question then is, what facts can we advance as evidence that the tissues cannot be the seat of disease.

A fact which seems to furnish us with very strong evidence is that of inherited disease. No one can deny that a tendency to disease may be inherited, if then disease is concerned only with the tissues, there must exist in the ovum some material elements of disease. The ovum which is destined to develop into the organism of a man with an inherited tendency to disease, must be composed of material particles differing in some way from those which enter into the composition of some other ovum which will develop into an organism, which has not the same inherited tendency to disease.

Let us suppose a case of a child born into the world with an inherited tendency to some form of disease. What must this mean according to the tissue doctrine of disease? Can it possibly mean anything else than that the material particles which make up the tissues of that child's body are in some way different from what they would be were there no tendency to disease. If the disease is only in the tissues, the tendency to disease can only be there too, and the point we wish to make is that this tendency, if inherited, must exist from the beginning and must show itself in an actual material difference.

Do we find any advocates of such a materialistic explanation of inherited tendency? What then, we ask, is it that the child has inherited? No one can deny the fact that it has inherited something which renders it more liable to disease than another

child. What is this something and where does it reside? The advocates of the tissue doctrine of disease do not attempt to furnish an answer to this question; they are content to accept the fact and call it an inexplicable one. We do not much object to their calling it inexplicable, if they would only recognize that their doctrine of disease is wholly inconsistent with it.

Let us turn our attention now to one or two facts which the practice of Homœopathy furnishes, which very substantially support the vital-force doctrine of disease.

If disease is only in the tissues, how do we account for the fact that the correct Homœopathic treatment of many chronic disorders will bring back an old discharge which existed fifteen or twenty years previously. Can we conceive of any treatment of the tissues doing such a thing? Where has the tissue change which existed when the patient had the discharge been all these twenty years? How can we account for the fact that a case of Bright's disease only yielded to treatment on the re-appearance of syphilitic ulcers in the throat? The patient had had syphilis which had been suppressed, the tissue changes of syphilis had all been removed, but in a few years he is taken down with Bright's disease, which is shown to be connected with his syphilis by the fact that when treated, the old syphilitic manifestations returned. Does anyone suppose that any material syphilitic poison actually left the throat and lodged in the kidneys and thus started the tissue changes which belong to Bright's disease? Can we conceive of such a thing being possible? If it were possible, why should the treatment of the Bright's disease drive the poison back once more to the throat?

The tissue doctrine of disease cannot explain these facts. There is but one doctrine alone that can afford us a satisfactory explanation of them, and it is that doctrine which Hahnemann teaches in the eleventh paragraph of his *Organon*, in which he says: "Only the disturbed vital principle can give to the organism its abnormal sensations and incline it to the irregular actions which we call disease."

There is another fact with which Homœopathy furnishes us, which we must not omit from our evidence against the belief in the material nature of disease; it is the fact of the efficacy of high potencies. Is it not much more reasonable to suppose that the action of the immaterial healing principle of the drug, when given in the hundred thousandth potency, should be on some-

thing of a like immaterial nature, than that it should act directly on the tissues of the organism.

One of Hahnemann's critics, not wishing to accuse him of attempting to treat pathological changes with attenuated remedies, undertakes to explain the origin of the vital-force doctrine of disease in the following:

"Hahnemann, having announced his law of similars, and in accordance therewith having been forced into high dilutions and triturations, and recognizing the absurdity of treating the material pathological changes which take place in diseases with such attenuated remedies, was compelled to manufacture an attenuated pathology."

We have thus endeavored to prove that disease is an affection of the immaterial life force and not simply of some portion of the material organism. If this be so; can the knife cure? Obviously, it cannot. We must either reject Hahnemann's doctrine or accept the statement that the knife cannot cure.

What then is the practical importance of seeking to solve this question? Simply that we may be able to more clearly define the legitimate province of surgery, and say to it "thus far shalt thou come and no further." We will have made no small step in this direction if we can settle it in minds, that whatever else the knife can do, it cannot cure disease.

Let therapeutics gladly acknowledge the triumphs of surgery, and gratefully accept the services of her sister art, for there are times when face to face with death she must stand aside, for naught but the surgeons knife will save. Yes, let therapeutics welcome surgery as a powerful ally, but let her resist surgery's claim to any achievement in her own exclusive domain, the cure of disease.

LOCOMOTOR ATAXIA.*

HUGH T. PATRICK, M. D.

GENTLEMEN—The first statement that I wish to make is that in the recognition of the *disease* locomotor ataxia the *symptom* locomotor ataxia is of very minor importance. There is a disease which is called locomotor ataxia by virtue of consensus of medical men; there is also a symptom locomotor ataxia which exists by virtue of physiology and pathology. Locomotor ataxia, then,

*Extracts from a clinical lecture printed in International Clinics.

is primarily a symptom, and is incoordination in the act of progression or locomotion, and the disease locomotor ataxia was so named by Duchenne, of Boulogne, forty years ago, in consequence of this symptom. Let me repeat, that in the recognition of the disease which by common consent we call locomotor ataxia, or *tabes dorsalis* (or *tabes*, for short), the symptom of incoordination in locomotion or in the act of voluntary movement is of very minor importance. I make this statement because the average physician, possibly owing to his early teaching, attaches altogether too much importance to the symptom of incoordination, and in consequence fails to recognize the disease in its earlier stages. * * * * What are the symptoms upon which we depend for a diagnosis of *tabes*? To use a Hibernianism, the first symptom is two; at least, it is bicephalic, and I cannot decide which is the more important. I will write upon the black-board the symptoms in what has seemed to me the order of their importance, and as we proceed you will notice that incoordination comes very low down in the scale.

1. *Loss of the Knee Jerk.* 2. *Argyll Robertson Pupil.*—These are the earliest and most important symptoms, because they are the most frequent, are very rarely found together in any other disease, and are purely objective. We can examine for these two symptoms, ignoring entirely the feelings, the opinions, and the emotional state of our patient. The reason why I have put the loss of the knee jerk first is because it is the easier of the two to remember, and, once known, it helps you to remember what the other is. Of course, you are all aware that when light shines into the eye the iris contracts. To state it differently, when the retina is struck by a beam of light there is contraction of the pupil, just as there is contraction of the quadriceps extensor when the patellar tendon is struck with a percussion hammer or the finger. In *tabes* these reflex contractions are lost.

If I were now asked to condense all that I have said into one sentence, I could do it by saying: *Examine the knee jerks and the pupillary reactions in every patient who comes to you. It takes but a moment, and you make yourself safe. A patient who has both absolutely normal is not a tabetic.*

3. Next to these two symptoms I would place *bladder disturbance*, which may be of two kinds: the patient cannot urinate promptly when he wishes, or he urinates too promptly,—he has a

call to urinate, and before he reaches the urinal loses a few drops of urine in his trousers.

4. Next in weight I would place a history of the typical *lancinating pains*. They are very frequent in locomotor ataxia, and often precede by a number of years the other symptoms.

5. The fifth symptom I shall put down is *analgesia of the legs*, meaning by that, of course, loss or impairment of the pain sense. In many of these patients, sensation to touch is perfect, yet they have impairment of the pain sense below the knee. I have just stuck a pin half its length into this patient's leg without causing pain, yet he feels the slightest touch of a pledget of fine cotton or a camel's hair brush.

6. *Previous Specific Infection*.—The value of such a history in the diagnosis of tabes is a matter of discussion, but in my opinion there can be no doubt that a history of syphilis is of considerable value. In private practice, where I am best able to get historic details, specific infection has occurred in a very large percentage of tabetic cases, and I believe this is the experience of most careful observers who obtain their information under favorable circumstances. So I consider it always necessary to inquire whether in the past there has been specific infection, or whether there has been anything in the history that can be construed into a diagnosis of syphilis. The time at which the specific infection has taken place, supposing it to have occurred, is of paramount importance. Syphilis is found to have existed in very many cases of tabes, but not recently,—that is, the chancre antedates the appearance of tabes by a number of years, generally from eight to ten or twelve. If the patient has contracted syphilis within two or three years, the probability is against his trouble being locomotor ataxia.

7. *Presence or History of Ocular Paralysis or Pareses*.—When paralysis of ocular muscles comes on suddenly or rapidly in an adult, the chances are easily nine in ten that it is due to one of three things,—tabes, brain syphilis, or general paresis; and of these, tabes is the most fruitful cause. A peculiarity about the ocular pareses of tabes is that they are likely to be transient. They come on suddenly, and in a week or two, or in a month or two, they disappear—not always, however; sometimes they are permanent.

8. *Atypical Pains and Paræsthesia*.—As ranking next, we will

name the atypical pains and paræsthesiæ,—the pains around the chest, the aching, tired feeling and numbness of which I have spoken. They are all important, although very similar pains and paræsthesiæ may occur in other cord diseases, in connection with other symptoms.

8. *Failure of Vision.*—In tabes this occurs early from optic atrophy; and when it takes place the other symptoms are in abeyance. If a patient comes to you with failure of vision from locomotor ataxia, you are justified in assuring that patient that he will always have good use of his legs. Similarly, if a patient comes to you with tabes and has marked incoördination, you may be sure that he will always have his vision.

10. *Trunk Anæsthesia.*—This is a symptom of tabes which has been only recently exploited, although, of course, it was always present. Hitzig called attention to it about ten years ago, and then Laehr, a German, examined a number of cases and found the symptom, after which came the communication of Patrick, and now it is a recognized symptom of locomotor ataxia. Generally there is a diminution of *tactile* sense, not of *pain* sense, in the form of a band about the body at about the level of the nipples. There are exceptions to the rule that the area is anæsthetic and not analgesic. Sometimes it is blunted to painful impressions as well as to touch. When the anæsthetic zone reaches as high as the second rib, it is likely to extend on to the arms. This symptom is present in about eighty per cent. of well-defined cases; taking the incipient cases only, it would probably not be present in more than forty per cent., still that is a good many.

11. *Ulnar Analgesia.*—By this is meant loss of the pain which is normally felt when the ulnar nerve is forcibly pressed against the inner condyle of the humerus. Aside from the tingling in the arm and in the fingers felt when the ulnar nerve is struck or forcibly pressed upon, there is a distinct sensation of pain at the point of pressure. Sometimes the symptom is present on only one side. The patient who is blind has no ulnar analgesia, no trunk anæsthesia, and no incoördination.

12. *Testicular Analgesia.*—By this is meant absence of the peculiar disagreeable and painful sensation produced in the normal man by compression of the testicle. Pitres asserts that this symptom is present in seventy-five per cent. of male tabetics.

13. The various *crises* of which I have spoken.

14. *Incoordination*.—I mean incoordination discovered by examination. To wait for the full-fledged, typical, wide-footed, ataxic, heel gait is to wait for the whole clinical house to fall on us. It is proper to add that possibly some neurologists would place this symptom somewhat higher in the diagnostic sequence.

15. *Diminution of Sexual Power*.—Very frequently associated with some anæsthesia of the penis, especially of the glans.

16. *Hypotonus*.—This is a diminution of the natural muscle tonus. It is not of very great diagnostic importance, but it is always present in the more advanced cases and sometimes in the incipient ones. The muscles lose their ordinary tone and their natural resistance to passive movements. You can double up such a patient like a jack-knife, and it causes him no pain, and but little force is required.

17. Perhaps more important than the preceding in *impaired muscular sense*, or, as I prefer to call it, impaired sense of motion or position. With his eyes closed the patient is unable to perceive slight passive movements made by the examiner. This symptom may often be elicited when ataxia has not yet appeared.

18. *Persistence of Painful Impressions*.—A momentary painful stimulus, like a deep pin-prick or severe pinch, is perceived as a prolonged stinging or burning.

ARE ALL DISEASES DUE TO ACTION OF THE HEART?

- In the *Chicago Sunday Tribune* for November 25th, Dr. Frank W. Baker, of Hahnemann Medical College, of Chicago, is given the benefit of a full-page interview upon the above topic. The article was profusely illustrated and many of the statements bordered on the sensational and according to generally accepted principles he has placed the cart before the horse and refused to go back of the material organism to that vital force which directed the building of a defective heart muscle.

According to his theory, consumption, insanity, rheumatism, pneumonia, typhoid fever, diphtheria, scarlet fever, dyspepsia, nervousity and hysteria are caused by the defective circulation of blood due to a diseased condition of the heart. He believes that to cure those diseases the heart, which is the primary cause of

the trouble, must be treated. All those diseases which at present are mostly treated locally he merely considers symptoms of an abnormal condition of the heart, and he strongly advocates restoration of the healthy condition of the latter and let the symptoms take care of themselves. Dr. Baker believes local treatment of diseases does no good as long as a faulty heart is sending a weak and insufficient amount of blood to the diseased organs or parts of the body to take away the decaying matter and build up fresh, strong tissue in place of that wasted by the disease.

According to Dr. Baker, the old saw that "the blood is the life" must be changed to "the heart is the life," for he places upon the heart the responsibility for the condition of the blood. He takes issue with the theory of diseases held by all other medical practitioners, inasmuch as, while they all recognize the great influence the heart has in the healthful condition of the body, he goes much farther and makes the heart responsible for every possible sort of disease, and would treat all ailments by working to restore the heart to its normal condition, which he insists would at once cause a cure of the disease.

A still more startling theory for which he advances many cases as proof, is that the sex of a child is opposite to that of the parent whose heart was the stronger before the child's birth. He says this is the reason why great men have almost always had great mothers.

NATRUM-MURIATICUM CAUSES HEART ACTION.

Two eminent physiologists in the biological laboratory of the Chicago University, Profs. Lingle and Loeb, have given to the scientific world new food for thought in the following declaration:

"Rhythmic activity of the heart is certainly a function of the inorganic salts of the blood. I have found that rhythmic activity of the stripped muscle of the frog can be produced by the action of a single salt solution, which action I believe is due to sodium ions. Hence a pure solution of sodium chloride is not a neutral medium, as has been supposed for years, but is physiologically active."

In the record of the proving of this inorganic salt we find "palpitation" and "intermission in the beating of the heart" to be the most prominent symptoms of its action upon the heart.

It has been known for many years that the "normal saline solution" was an indispensable agent after severe hemorrhage or shock because of its similar composition to the plasma of the

blood, but those who made the greatest use of this agent for restoring the circulation to its normal action though little or none beyond the above reason.

In discussing his methods and results, Prof. Lingle said:

"Most of the preparations experimented upon consisted of slender strips cut from the ventricle of the turtle. The cut slip was placed on filter paper and as much blood removed as possible. One end of the strip was fastened to a light lever by a silk thread, the other was tied to the lower end of a stationary L-shaped glass rod directly below the lever. This rod, with the muscle, could be submerged in a beaker containing the test solution and the contractions of the strip recorded on a slowly moving drum.

"The first point was to determine whether strips of heart ventricle prepared as described would originate and maintain rhythmic beats in solutions of non-conductors. It was found that strips of ventricle when placed in a solution of cane sugar did not beat rhythmically. In one case a strip made two beats at a considerable interval apart, but there was no rhythm and usually the strips in cane sugar remained perfectly quiet.

"Next I secured a sample of crystalline dextrose. A solution of this was as clear as distilled water, and showed, when tested, no trace of sodium chloride. Strips of ventricle when placed in it did not beat rhythmically nor would they make even single contractions. When strips of ventricle were placed in a solution of glycerin no contractions occurred. The glycerine solution, however, has a different effect on heart tissue than either cane sugar or dextrose, as it tends to injure the tissue.

Effect of Other Solutions.

"Next I secured a sample of crystalline dexsium ions on ventricles was tried. When strips of non-beating ventricle were placed in a 0.07 per cent solution of sodium chloride they always beat rhythmically. In a large number of experiments during the whole year not one failure to start beats was recorded. When calcium chloride instead of sodium chloride is used, however, I find that it does not start contractions in heart strips. It can, however, stop contractions in strips that are active. The third test, when potassium chloride solution is used, shows that no contractions occur. The potassium ions seems to influence the rhythmic activity of tissues by modifying the effects of sodium chloride.

"When the combined effects of these three salts on cardiac tissue is studied, the result strongly supports the fundamental idea of the claim that the sodium ion, and not the salts of calcium, is the active agent in producing rhythmic activity in heart muscle. My conclusions are:

"That sodium and not calcium is the stimulus for rhythmic contractions of the heart.

"That a pure sodium chloride solution has an injurious effect on heart tissues.

"That calcium, and possibly potassium, salts improve the rhythm by neutralizing this injurious effect.

"That heart strips will not beat rhythmically in solutions of non-conductors.

All who were present at the meeting of the American Institute of Homœopathy at Omaha, will remember the very instructive

address of Prof. E. H. S. Bailey, of Lawrence University, Kansas, upon the scientific basis of the law of similars and this will recall to their minds the facts (See *ADVOCATE*, Vol. xxxvii, p. 627) that there is a strong suggestion of a similarity in the phenomenon witnessed under the action of the law of similars. Under the law of chemical reaction no action takes place between substances as a whole but only *between the ions of the substances*. *Natrum mur.* or chloride of sodium has a positively injurious effect on heart tissues in its crude substance, but when so diluted as to liberate the ions it possesses the peculiar property of inducing rhythmic action.

In the provings of this substance that its action upon the circulation is that of "palpitation;" "irregularity in the beating of the heart." The excessive use of common salt is shown in the degenerative changes in every tissue of the body.

GENERAL RULES FOR INFANT FEEDING.

There is nothing new in the following general rules which were taken from a symposium on infant feeding read by Dr. Louis Fischer at the New York Academy of Medicine, October 18, 1900, but we have never seen the subject presented so in accord with our own views, hence give an extract from the paper:

Each child is a law unto itself, and its individual wants must be studied. One child will gain in weight on the same mixture on which another will lose in weight, thus proving the difference in the assimilation of the same food in various infants. Having chosen a given food for one infant, we must note the following factors, to be satisfied that it is thriving:

First. The infant must appear satisfied after taking its bottle.

Second. There should be no vomiting.

Third. There should be no colic.

Fourth. The bowels must move unaided at least once or twice in twenty-four hours, depending upon the age of the infant; the stool should be yellowish-white and of a medium soft consistency.

Fifth. The infant should sleep from four to eight hours at one time during the night.

Sixth. The weight must be taken regularly once a week, and if an infant thrives it should gain at least six to eight ounces every week.

Seventh. When a child's weight shows no increase the reason should be studied, and by all means the food changed, for the infant requires more substantial nourishment. The following table will give an approximate idea of the quantity of food suitable for the age of the infant:

Age.	Quantity.	Proportion.	Frequency of Feeding.
1-2 months.....	2 ounces.	$\frac{1}{2}$ milk, $\frac{3}{4}$ water.	Feed every 2 hours.
2-4 ".....	3 " "	$\frac{1}{2}$ " " "	" " 2 "
4-6 ".....	4-6 " "	$\frac{3}{4}$ " " "	" " 3 "
6-8 ".....	6-8 " "	1 " no "	" " 3 or 4 "

The same author overcomes the objections to the use of unsterilized milk and hints at the possible indications of supplemental assistance in the form of constitutional medication so we gladly made use of his criticisms. He would begin at the source of supply and have the cattle designed for the feeding of children carefully selected with reference to health by the veterinary physician, and then place in hygienically prepared stables and then have both cow and milker properly *sterilized* or cleansed and then draw the milk into suitable vessels for maintaining the aseptic condition, when it will be ready for combination with other food products as the judgment of the physician may direct. He says:

"It is a well-known fact that the prolonged use of sterilized or boiled milk will produce scurvy, and when scurvy exists both sterilized and boiled milk must be discontinued to give place to fresh raw milk. Does it not seem more plausible in the face of such clinical experience to commence feeding at once with raw milk rather than risk the development of scurvy and be compelled to discontinue all other forms of feeding excepting raw foods? There is a certain deadness, or, to put it differently, absence of freshness in milk that is boiled or sterilized. It seems to be the lack of this same element of freshness which in the absence of fresh meat and green vegetables will produce scurvy in the adult. Speaking of the development of scurvy in children fed on sterilized or boiled milk, Rundlett says that changes take place not in the albumen, fat, or sugar; but in the albuminate of iron, phosphorus, and possibly in the flourin, vital changes take place. These albuminoids are certainly in milk, derived as it is from tissues that contain them and are present in a vitalized form as proteids.

On boiling the change that takes place is due simply to the coagulation of the globulin or proteid molecule, which splits away from the inorganic molecule, and thus renders it as to the iron and flourin unabsorbable, and as to the phosphatic molecule unassimilable. This is the change that is so vital, and it is this only which takes place when milk is boiled. It is evident that children require phosphatic and ferric proteids in a living form, which are contained only in raw milk.

Cheadle says that phosphate of lime is necessary to every tissue. No cell growth can go on without earthly phosphates; even the lowest form of life, such as fungi and bacteria, cannot grow if deprived of them. These salts of lime and magnesia are especially called for in the development of the bony structures."

TUBERCULOSIS AND TREATMENT.

THOMAS C. DUNCAN, M. D., CHICAGO.

PROF. OF MEDICINE IN DUNHAM MEDICAL COLLEGE.

When I came upon the medical horizon, over a third of a century ago, the diagnosis of phthisis was along three lines:

- 1st. Would the sputum sink in water.
- 2nd. Were there any small masses of tubercles given off?
- 3rd. Where there are shreds of lung tissue in the sputum?

It was these we looked for with our microscopes, whose highest power then was $\frac{1}{4}$ inch.

Of course the progressive emaciation, hectic and the persistent night sweats, all well as the dulness of the lungs or cavities, were confirmatory signs. Today we have advanced along more definite lines and we divide tuberculous subjects into two classes:

1st. The thin, spare subjects that have the picture of phthisis written all over them.

2nd. The fleshy or healthy looking subjects in whom tuberculosis develops as a surprise.

These are the accidental cases that tuberculosis appears as a complication of some other disease, as broncho pneumonia, pleurisy or some other acute disease. The locality, as well as the general systemic condition, seems to furnish the soil that favors the invasion of the bacillus.

The finding of the tubercular bacilli with a 1-12 oil immersion lens is taken as the final test for this disease. You are familiar with this bacillus. Under a high power it appears as a small red caterpillar; there may be masses of them or only a few. These cannot always be found early in the disease, and the inference is that there may be a prebacillar stage. In these cases the blood globules are found not up to normal. The white blood corpuscles show a deficiency of the leucocytes, while the lymphocytes are more numerous. If this is true, as well as the other idea that the leucocytes are fagocytes encysting the bacilli and protecting the system from the ravages of the tubercular bacilli, then an early examination of the blood would show whether the system was perfectly protected from the invasion of the bacilli. These microscopic objects are said to be in the air we breathe, especially if there are any consumptives spitting about. This view of the case centres the attention upon the lymphatic glandular system. If not properly developed, or if inactive from any

cause, as lack of food, bad air, calcarious obstruction, or any constitutional disorder, then there is a predisposition or liability to infection. This abnormal condition of the lymphatic system may be inherited as well as acquired. So we may say that there is a predisposition to phthisis or tuberculosis.

In the face of reports, we may go farther and say that the disease may be inherited. I quote only one illustration on this point (case of child born and removed from all contagion). It is recent and seems conclusive, although we are told that it is always acquired by infection.

Tuberculosis is defined as "a chronic (less frequently acute) infectious disease caused by the *baccillus tuberculosis*. This organism produces specific lesions, taking the form either of separate nodular masses or diffuse growths, infiltrating the tissues, while aggregations of these elementary tubercles give rise to large tubercular masses. Tubercles undergo caseation and sclerosis, followed in turn by ulceration (in consequence of secondary pyogenic infection) or, more rarely, calcification." (Andees, 1900).

That is the most recent view of this subject. You discover that two pathological forms are mentioned—"caseation" and "calcification"—the caseous and fibrous, or fibroid, forms already pointed out. Looking at the clinical history of this disease, we find in one class of cases there is an evident deficiency of development and activity of the lymphatic glands. The history is usually in these typical consumptive bodies; first a dry cough, nervousness, lack of appetite and finally tubercular masses are thrown off. There may be only one little globular tubercle, then comes hemorrhage and a longer or shorter course depending upon the constitution, the habits, the climate, and, of course, treatment. These cases usually run a protracted course. Secondary infection usually takes place and the system finally succumbs. The sputum throughout is stringy and the cough is nervous and racking.

The history of the caseous form shows early obstruction usually of the bronchial glands so that the expectoration is profuse and cheesy from the first. The appetite is lost or fickle. * * * * After describing the various forms, stages, local complications, etc., (acute and chronic) he resumed as follows:

"The management of a case of tuberculosis will run along dietetic, hygienic and remedial lines. In the case of one of deficient or defective nutrition, that must be corrected. In spare subjects we

feed for fat, and it is in these cases where sur-nutrition has proven so valuable. Stuff them, giving liquids between meals, if only hot water.

In fleshy subjects a liquid albuminous diet is usually best. Until mixed infection is noticed these patients should have much out-door air. We make a mistake in housing tubercular cases. One case came to our clinic last winter on the worst days, and although she had some attacks of bronchitis she steadily improved as to the lungs. The case was in the second stage when she reported first. She got well on *Phosphorus*²⁰⁰⁻¹⁰⁰⁰. Climate selection should be wisely made. The spare cases usually do best in a high, dry climate that is warm and has a maximum of sunshine. The key to the improvement is the hyperactivity of the absorbent and reabsorbent glands—the patient takes on fat. The caseous case needs a more careful selection of climate. As these are the rapid cases, “galloping consumption,” the climate must be a help at once. A lower altitude, still warm, is necessary for these cases, and we have many localities to select from. Deep breathing many times a day should be insisted on; it helps in many ways—aerates the blood, lifts the viscera into position and produces a stupor or drowsiness that is very beneficial. In high altitudes deep respiration is compelled. Now, the most important part is the treatment. Rarely do we see cases until the disease is manifest by alarming and decided symptoms. As this disease is a constitutional one, made active by the tubercular bacilli; or, perhaps, it would be more correct to say that because the lymphatic evolutions of the leucocytes was interfered with, therefore the soil was ready for the development of the bacilli. Whether there be a prebacillar stage or not, the attention of the therapist is directed to glandular and constitutional remedies. I dislike to give only the alphabetical list of remedies for any disease. There should be remedies for stages. The remedy that seems to correspond closely to the onset of the fibrous form is *Phosphorus*, while the typical remedy for the caseous form is to my mind *Kali*. Some use *Kali hyd.*, as Hoch's lymph is used as a diagnostic agent. If it causes fever, phthisis is diagnosed. In this climate a case of tuberculosis cannot run long without being complicated by attacks of bronchitis. Here is where *Bryonia* is very efficient to head off this last and complicating disease. In these cases we attack the last disease or phase first.

I do not know of anything more important at any time than to take in the totality of the symptoms. *Sulphur* may be the remedy, or *Calcarea*, or *Iodine*. Each of these present a typical constitution. The same is true of *Silicea*. As the disease advances, with perhaps softening in the apex of the left lung and solidification of the right apex, or vice versa, *Phosphorus* in some form may prove the indicated remedy. Here I have arrested the disease with *Kali phosph.* As we enter the second phase of the second stage, night sweats appear to relieve the obstructed circulatory system. The cough is paroxysmal and racking, generally worse on lying down, with a congestive headache. Here *Belladonna* has proved of great service. *Gelsemium* also has "night sweats with sudden attacks of dyspnoea and darkly flushed face." Several other remedies should be studied.

From now on in the clinical history of these cases the cough is the leading and guiding symptom. The time and causes of aggravation will help in the selection. The remedy may be *Hyoscyamus*, *Ipecac*, *Arsenicum*, *Drosera*, *Kali carb.*, *Kali bich.*, *Nux vomica*, *Lycopodium*, *Lachesis*, *Pulsatilla*, *Spongia*, *Iodium*, etc. Study and compare; learn cough characteristics; you ought to know that the allopaths here use codein.

When the third stage has been entered upon and there is breaking down, softening and secondary infection, hectic fever is pronounced and prostration marked, then the remedies indicated are usually those that conserve the energies. Even here *Baccillium* has saved cases. Now we search among such remedies as *Phosphoric acid*, *China*, *Arsenicum*, *Ferrum*, *Carbo veg.*, *Mercurius*, *Sanguinaria*, *Stannum*, *Hydrastis*, etc., for the similar one. The fever is septic, often pyæmic and the symptoms point to the remedy. *Baptisia*, *Arsenicum*, *Lachesis*, etc., may cover the case.

Hemorrhage may be looked for early in the fibrous cases, and later in the caseous ones. Here *Ferrum acet.* is often a valuable remedy. Vinegar and salt are domestic agents and always available. When profuse and sudden the *Sulphuric acid* has often arrested hemorrhage which tells us that erosion has reached a capillary vessel and now we may expect severe and alarming hæmoptisis. *Millifolium* and *Erigeron* should not be overlooked and we should not forget also the Indian remedy, *Acalyph*. In phthisis florida *Ferrum* stands at the head of the list for study. Diarrhœa is a late symptom that *Arsenicum* may control. A week before death the cough may stop and confuse the attendant. Temperature and

weight best gauge the progress of the case.

I do not know that I need to add to the indications for the remedies you have heard repeatedly in the clinic. I plan to give you a full lecture on coughs and remedy characteristics. When you hear a cough you should be able to diagnose it at once, tell its clinical history and the similar remedy.

Materia Medica.

ANIMAL CHARCOAL.

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

As I have been a victim of, and a long sufferer from the bad effects of this supposedly innocent yet monstrous engine of torture, allow me to hold your editorial coat button, while I tell you briefly how it came about. I have spent most of my life in boarding houses and hotels, and ate what I could get and as it was brought to me. Through all these years, my breakfast and supper were largely made up of fried meats, and other things, fried in lard, sometimes called butter. The grease, called gravy, that came to the table with the meats, was not a clear fluid, but generally of some shade of brown, often black, and has the flavor of burnt meat or burnt grease. By investigating how this occurs, we find that the cook is not any too careful and puts a large amount of lard or butter in the pan and places it on the fire, and commences to fry one lot of meat after another, making the fire so hot as to cause constant smoke and sometimes flame, and the grease that is in contact with the bottom of the pan burns, making a charcoal and smoke which rises through the grease and condenses, forming lamp-black, another form of carbo-animalis. This is saturated through the meat, which is taken to the table to be eaten. In the stomach, it remains essentially the same as a large dose of carbo-animalis, and this repeated once or twice a day for many years must leave its baneful effects, whether recognized as the cause of the trouble or not. Another and more refined mode of preparing a fine steak is to heat the dry pan nearly red-hot, place the steak in it and let it remain till the surface is seared and the small fibers are burnt to a coal, then turn it over and treat the other side the same way, making a full supply of carbon on each side, then add grease and cook it in that till the burnt fragments, which adhered to the pan are more thor-

oughly charred, giving to the steak the burnt flavor, so much admired by people who do not know the consequences. This method is equalled only by broiling a steak over a bed of hot coals, where a portion of the rough surface is quickly burnt and the grease drops into the fire and creates smoke which ascends through the meat. To show the pernicious effects of this apparently innocent luxury, I will copy a few symptoms from the fourteen pages of provings of Carbo an. from *Hering's Guiding Symptoms*," which are examples of many cases that are seen by every practising physician.

Unclouded consciousness and great anguish with sinking of vital force.

Low spirited. Easily frightened.

Roaring in the head.

Scirrhus cancer on forehead.

Senile cataract.

Scrofulous ozena (putrid breath).

Carcinoma of nose.

Scirrhus of the lips.

So weak that she cannot eat.

Salt water runs from the mouth. vomiting, hiccough, cold feet.

Cancer of stomach.

Tapeworm.

Phthisis trachealis.

Scrofulous goiter.

Corns painful to touch.

Night sweats, fetid, debilitating, staining yellow.

Sweat staining yellowish brown.

Crawling in the stomach.

Polypus and carcinoma.

This is sufficient to show that while nicely fried, or broiled meats are a great luxury and wholesome to eat, at the same time, Animal Charcoal as a flavoring to the meat or taken into the stomach in any other way, is capable of producing many of the most serious diseases known, and is no doubt the direct cause of a very large percentage of the most distressing of all human suffering in civilized communities, and at the same time from its deep action, slow and long continuous effect is seldom referred to, or thought of, as the origin of such troubles.

Animal Charcoal was used as a medicine in very ancient times,

but in 1827 it was proved by Hahnemann in his "Chronic Diseases" to produce 190 sick, or morbid symptoms, and in 1837 they had increased to 728. With this long list of symptoms, produced in healthy persons, by a drug especially prepared for the purpose and given in small doses to persons in good health, why should we not look for disastrous effects from the continued use of large quantities of the substance daily for years? Yet it is well known that all persons are not susceptible to the effects of some poisonous drugs, and are affected by others, but on the other hand, we see many chronic invalids suffering from the identical symptoms, given by the provings, where it was known to be the effect of the drug. From the above evidence, it is only fair to consider that a large per cent. of the distressing stomach symptoms, such as flatulence, burning, gnawing, cutting, belching, sour, bitter, rancid fluid, vomiting, chronic low spirits, and acute melancholy, ill-temper, fault-finding, tumors, and all kinds of morbid growths, both internal and external are either caused or aggravated by the repeated and long continued use of Animal Charcoal, unwittingly prepared by careless and ignorant cooks. As a further evidence that it is the first cause of many of the troubles of life, such as family quarrels, many social and domestic trials, it has been my experience and observation that these cases can be palliated, but seldom cured by the indicated remedy, which is generally an antidote to the carbon, while the patient continues to eat scorched, fried and burnt meats, or any other food such as onions or apples, fried in burnt grease. In the treatment of such cases, and there are many of them, it is very necessary to forbid all such burnt food, and judiciously use the indicated remedy, and within a year or two, order will be restored. The patient will gradually reach a normal condition of health. Finally allow me to deplore the state of the community at large, in the fact that the finest and most important part of sanitary science is assigned to cooks who have the least art of any class of people, and many have no knowledge of the great evil their carelessness produces, and often the housewife has not herself the knowledge to direct how to correct the evil.

GELSEMIUM.

The article, from which the following extracts have been taken, appeared as an editorial in the December issue of the *Medical Summary*. It contains some indications that we have known to

be facts for years, but there are other indications that from the pathogenesis of the drug are clearly proven to be palliative in character. Neither *irritation* nor *inflammation* can be permanently benefitted by the selection of this remedy, hence the poor foundation for assuming to give to his readers the "true position."

"The true position of Gelsemium in probably not as well understood as it should be, as until only a few years ago, this drug was principally employed by the Homoeopathic and Eclectic branches of the profession. Now, however, it is more generally used and growing in favor, and is being used in a wider range of pathological conditions with apparently good results, not to mention its well-established value in *neuralgia of the first and second branches of the fifth nerve, and its kindly action in acute inflammation of the air passages*. Gelsemium is a cerebro-spinal sedative; it lowers the blood pressure, decreases the frequency and modifies favorably the character of the pulse in fevers, and thus favors re-establishment of normal secretions. It causes relaxation of the system; the pulse is less frequent and softer, the respirations are slower, the skin becomes cooler, soft and moist, there is less determination to the head, and if there is pain it will be reduced or entirely eased, while, at the same time, we notice an increased secretion of the urine."

When ever administered for any *pain*, care must be taken to determine the *cause* and to bear in mind that the *relief* of that pain will be followed by evidence of *prostration, weakness* or *paralysis* if there was any *inflammatory* cause back of the trouble.

"It has been found that rebellious cases of irritable bladder and of ovarian and uterine neuralgia yield to full doses of Gelsemium. It is also valuable in the coma vigil of typhoid fever. The drug seems to allay the restlessness and relax the nervous tension and permits a natural sleep. Where heart action is feeble, however, and the capillary circulation languid, tincture of *Strophanthus* should be combined with it."

Naturally large doses of Gelsemium would prove an *aggravating* remedy "where heart action is feeble," but small doses other things being equal would surprise the worthy editor and show the value of the remedy without the aid of *strophanthus* which by the way seems to have a peculiar indication for "weak" heart.

"One fact to be borne in mind, however, in the administration of Gelsemium, is that individual tolerance of the drug varies greatly, so that it is better to begin with moderate doses and increase till the desired effect is attained."

There are none so blind as those who will not see. Some people are susceptible to the action of a drug and it is from them that we get the true picture of its finer differentiation. The intolerance will be found in this class and among susceptible patients it is important that no remedy be given but the right one, because of the danger from drug aggravation.

CASES FROM PRACTICE.

HARVEY FARRINGTON, M. D., H. M., CHICAGO.

PROF. THEORY AND PRACTICE, DUNHAM MEDICAL COLLEGE.

Sinapis nigra—Asthma.

One day last September, I was called about nine o'clock in the evening to see a gentleman 64 years of age, suffering acutely with catarrhal asthma. For several days he had a severe coryza, but the difficulty in breathing had started sometime during the afternoon. He presented the following symptoms:

Dyspnoea, puffing like a pair of bellows, face red, eyes bloodshot, unable to lie down.

Acrid, watery discharge from the nose.

Left nostril stopped up ever since first catching cold.

Sinapis nigra^{cm} one dose and *Placebo* in water, a teaspoonful every 15 to 30 minutes.

After taking the first dose, the dyspnoea began to subside and in less than an hour the patient fell asleep. Next morning felt almost himself again.

Lachnanthes—Wry Neck.

Wry-neck in a young lady 25 years of age.

Stiffness and constant aching in nape of neck and muscles of left side which seemed twisted and stood out in lumps and forced the head to turn towards the right. The right side was not affected.

Pains > warmth, keeping neck wrapped up.

Throbbing pain which seemed to extend to ears in least motion of head.

Lachnanthes^{cm} one dose relieved in a few hours. This was over ago. The patient has had two attacks of the same trouble since then, cured each time by the "Red Root" in CM potency.

Magnesia carb.—Marasmus.

Bertha F., age nine months.

Has no teeth; gums swollen and painful.

Some fever; hot head, cold feet.

Emaciating rapidly.

Exceedingly cross and peevish; even resents being touched.

Much flatulence.

Gurgling in bowels after nursing.

Diarrhoea, stool slimy, watery, undigested, greenish yellow, of foul odor, coming with a rush, without pain, at times after nursing.

Calc. carb., *Sanicula* and *Maritima* failed to produce any change in the child's condition. After careful watching the following additional symptoms were obtained:

Stool sour, green, slimy with watery admixture—alternating with putty-like, whitish movements.

Colic after every nursing.

Ravenous for bovine, which was given in water or milk.

> from being carried about.

*Magnesia carb*⁴⁸ one dose, was given Sept. 10th. Improvement began at once. The two lower incisors came through, the diarrhoea stopped and the baby began to gain in weight. A severe "cold" interfered with action of the remedy, but after a dose of *Chamomilla*^{50m} had cleared up the acute symptoms, the *Magnesium* was repeated (Oct. 1st.) and now the little girl is fat and rosy and so energetic that she has almost learned to walk.

Taking the second list of symptoms in connection with those first given, we have a perfect picture of *Magnesia carbonica*, even to the inordinate appetite for animal food and the marked amelioration from motion. Some will perhaps wonder why the *Chamomilla* was not given in the beginning, for the case undoubtedly presented many strong indications for that remedy. It was indeed considered in the study of the case, but the pain after every nursing, the avidity with which the bovine was taken and the character of the stool itself, tipped the balance in favor of the deeper acting remedy. The evacuations, instead of consisting chiefly of green mucous and milk curds with the odor of rotten eggs, were extremely acid, and besides the slimy part left in the napkin, the latter was saturated with a profuse, greenish water, so that if it had been passed into a vessel, it undoubtedly would have presented the well known appearing of the green scum floating over the stagnant water of a frog pond.

OLEUM MORRHUÆ—COD LIVER OIL.

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

A fixed oil obtained from the liver of *Gadus Morrhuæ* and of other species of *Gadus*.

The *common cod* is between two and three feet long, with brown or yellowish spots on the back. The body is moderately elongated and somewhat compressed and covered with soft, rather small scales, of which the head is destitute. Of the fins, which are soft, there are three on the back, two anal and a distinct caudal; and the fin under the throat is narrow and pointed. The jaws are furnished with pointed, irregular teeth, in several ranks. The gills are large, with seven rays. This species of cod inhabits the Northern Atlantic and is especially abundant on the banks of Newfoundland, where it finds food adapted to its wants.

Besides the common cod, several other species of *Gadus*, frequenting the seas of Northern Europe and America, contribute to furnish the cod-liver oil of commerce.

The livers are put into a boiler with water and heated until they are broken up into a pulraceous mass, which is thrown upon a strainer covering the top of a cask or tub. The liquid portion passes and upon standing separates into two parts, the oil rising to the surface of the water. The oil is then drawn off, and, having been again strained, is prepared for the market.

The oil is sometimes procured by expression. Mr. Donovan recommends the following plan, which affords a very fine oil: The livers, perfectly sound and fresh, are to be placed in a clean iron pot over a slow fire and stirred until they assume the condition of a pulp, care being taken that the mass be not heated beyond 120 degrees F. When this temperature is attained the pot is to be removed from the fire and the contents introduced into a canvas bag, through which oil and water will flow into a vessel beneath. After twenty-four hours the oil is to be decanted and filtered through paper. In this state it is pale-yellow, with little odor, and a bland not disagreeable taste.

Three varieties of cod liver oil are known in the market, the *white* or *pale-yellow*, the *brownish-yellow* and the *dark brown*. These differ in no essential character, but simply from the mode of preparation; the pale being prepared from fresh sweet livers, the dark-brown from livers in a state of putrefaction, and the brownish-yellow from those in an intermediate state, and the three

varieties run together by insensible shades. The color of the pale is from the slightest tint of transparent yellow to a fine golden yellow, that of the light-brown very similar to the color of Malaga wine, that of the dark-brown what its name implies, with opacity in mass, but transparency within layers. They are of the usual consistence of lamp-oil and have a characteristic odor and taste, by which they may be distinguished from other oils. This smell and taste are familiar to most persons, being very similar to those of shoe-leather, at least as prepared in this country, where the curriers make great use of cod-liver oil. When a decided smell of ordinary fish-oil is perceived, the medicine may always be suspected. It is quite distinct from that peculiar to the cod-liver oil. The taste of all the varieties is more or less acrid, and in the most impure is bitterish and somewhat empyreumatic. The sp. gr. of the purest oil from the common cod is 0.917.

It is important that the oil should be excluded from the air, which effects a gradual change, no doubt impairing its efficiency. Hence the vessels containing it should be full, and apothecaries ought to keep it in bottles well-stopped, holding about the quantity generally wanted for use at one time.

Cod-liver oil has been long popularly employed in Northern Europe in rheumatic and strumous diseases. At Manchester, in England, it was employed by the medical profession in the treatment of chronic rheumatism and gout as early as 1766. It is at present one of the most esteemed remedies in the catalogue of the *Materia Medica*. The diseases in which it has proved most efficient are chronic rheumatism and gout, and the various morbid affections connected with a scrofulous diathesis, such as external glandular scrofula, diseases of the joints and spine, carious ulcers, *tabes mesenterica*, rickets and phthisis. It has been found useful also in chronic cutaneous eruptions, lupus, ulcers of the mouth, some varieties of palsy, chronic pectoral complaints not tuberculous, pertussis, obstinate constipation, intestinal worms, and incontinence of urine; and may be employed with the hope of good in all chronic cases in which the disease appears to consist mainly in impaired digestion, assimilation and nutrition. In pulmonary consumption it far exceeds in efficacy any other remedy or combination of remedies. It is necessary, however, to persevere for four or six weeks before looking for any decidedly favorable results, though the change does often begin earlier. In most cases remarkable temporary relief is afforded; in many, the

disease is favorably modified and its fatal termination postponed, and in some, cures appear to have been effected. The medicine has been accused of having occasionally produced serious congestion of the lungs.

The dose is a tablespoonful three or four times a day for adults, a teaspoonful repeated as frequently for children, which may be gradually increased as the stomach will permit, and continued for a long time. It may be taken alone or mixed with some vehicle calculated to conceal its taste and obviate nausea. For this purpose recourse may be had to any of the aromatic waters, to the aromatic tinctures, as the tincture of orange peel, diluted with water, or to a bitter infusion, as that of quassia. It may be given floating on the vehicle or mixed with it by means of gum or the yolk of eggs, with sugar, in the form of an emulsion. Perhaps the best vehicle, when not contraindicated, is the froth of porter. Let a tablespoonful of porter be put into the bottom of a glass, upon the surface of this the oil, and over all some of the froth of the porter. A small piece of orange peel may be chewed before and after taking the medicine. Various other methods have been adopted to conceal or correct its taste and favor its administration. Common salt has been recommended, but nothing, perhaps, so effectually destroys the taste as oil of bitter almonds, of which one part will answer for 200 parts of the oil; but a better plan is to shake strongly in a flask one measure of the oil with from one to two of cherry-laurel water, according to the degree of offensiveness, and to separate the liquids after they have been allowed to stand for twenty-four hours. The oil should be filtered if not quite clear.

The oil is sometimes applied externally by friction, and, in cases of ascarides or lumbricoides, is injected into the rectum. It has been recommended locally in chronic articular affections, paralysis, various chronic cutaneous eruptions, and in opacity of cornea after the subsidence of inflammation. In the last mentioned affection, one or two drops of the oil are applied by means of a pencil to the cornea and diluted if found too stimulating with olive or almond oil. It is said, when long used internally, to occasion sometimes an exanthematous or eczematous eruption.

Cod-liver oil is a very complex substance, containing glycerine, oleic, margaric, butyric and acetic acids; also iodine, bromine, phosphorus, phosphoric acid. The iodine is in proportion of about *one part in two thousand*.

Official Preparations.

The pure oil; triturations of the oil; tincture. Proven by Dr. Neidhard.

Characteristic Symptoms.

Great hoarseness.

Soreness in chest and stomach, with cough.

Pain in left side of chest through to back, with cough and shortness of breath.

Long-continued cough, with emaciation, loss of appetite and strength.

Severe cough following exposure to cold, damp weather, with yellowish expectoration.

Takes cold easily.

It has been suggested by a few in our school that the fact of the presence of some of the "antipsorics" in cod-liver oil, in very minute quantities, was what gave it its real value in certain diseases of a chronic (psoric) character. It cures the same class of diseases for which we prescribe *Iodin*, *Bromin*, *Phosphorus*, *Phosphoric ac.* and *Calcareo*, and the oil is said to contain all these substances. The quantity of each substance is so minute that the oil may be said to represent a *high* potency of them. Even the *Iodin* never exceeds one part in two thousand.

It has been thought by allopathists that the oily principle alone was what gave it its value, for they asserted that the medicinal constituents are too minute in quantity to be of any value in disease. But many experiments, made with great care, have proved that no other oil, or even glycerin, has the same curative action in disease. They may fatten, but the disease itself goes on unchecked.

The same failure to cure diseases occurs with cod-liver oil when it is given indiscriminately. If the diseased organism does not call for its constituents and the oil, *it will not cure.*

In other words, *it must be selected according to the law of similia.*

It is not the oil *alone* that corresponds to the *emaciation*, which is said to be one of the key-notes for its administration. The emaciation must bear a resemblance to that caused by *Iodin* and *Phosphorus*.

One of the most important indications for the use of cod-liver oil is the presence of *anæmia*, under which term is included all

conditions of the blood where there is a deficiency of red globules.

This anæmia must not be the result of *losses* of blood, or that chlorotic anæmia which is accompanied by an anasaruous condition, or *without* emaciation.

We are therefore restricted in its use to those cases of anæmia *not due* to hemorrhages, cancer, renal diseases or chlorosis. The anæmia must be caused by (1) want of proper nutriment; (2) conditions which prevent nutriment from being converted into healthy blood (diseases of the liver, digestive apparatus, stomach or intestines, especially mesenteric diseases); (3) conditions which tend to deteriorate the blood, namely, scrofulosis, tuberculosis, etc.

Another important general indication for the use of cod-liver oil is that condition of system in which, with general lowered tone, there is a tendency to cellular hyperplasia; to the formation of exudations composed of imperfectly developed cells, which, in the great majority of cases, from the very beginning are incapable of development into perfect entities, having only one potential quality, that of dying. There are various types of this diathesis or condition of the system. In one of them there is a tendency to increase in the lymphatic glands, to multiplication at the expense of development of their cellular elements; that is, to the formation of numerous imperfectly developed cells, and, finally to the destruction of them. The death of the cell is partly due to their inherent qualities and is partly the result of the pressure which they exert on one another and upon their sources of food supply. If they undergo a slow fatty degeneration with dessication, cheesy deposits are formed; if a rapid fatty change, with abundance of moisture, pus and abscesses are produced. In either case ulceration is the final result.

This is the so-called scrofulous diathesis—*scrofulosis*.

In another of this group of diathesis the tendency to cellular hyperplasia affects the mucous membranes of the air-passages, and the patient, on the slightest provocation, suffers from catarrh until finally a multiplication of cells occurs so rapidly as to fill up a greater or less number of the air-vesicles of the lungs, generally those of the apex, and "*consumption*" results; or else an attack of pneumonia being produced by some exposure, the exudation is cellular rather than fibrinous, and catarrhal pneumonia, ending in the majority of cases in a more or less rapid phthisis, occurs.

There is one point upon which allopathic observers agree,

namely, "that in proportion as the local scrofulous disease affects a person who has been subjected to bad hygienic influences, and especially to the use of coarse and innutritious food, does the action of the oil appear to be prompt and decided. When, on the other hand, it has become developed in spite of favorable external conditions of living, and when the digestion is very feeble and imperfect, the oil is seldom tolerated and rarely produces good effects.

But the latter class of cases are just the ones in which the small (simillimum) doses are suitable and will bring about curative results without causing indigestion or gastric irritation.

Among the diseases for which cod-liver oil is specially indicated is *chronic catarrh*, whether in the *nasal, laryngeal* or *bronchial passages*, or the *intestines*. When you have thoroughly tried *Hepar sulphur, Hydrastis, Copaiva* and other remedies and the patient is not rid of the discharges, and is, moreover, anæmic, thin and *catches cold easily* upon the *slightest exposure*, and thinks he "would get well if he did not catch a new cold every few days," in such cases you will find the oil a *specific*. It will restore the general tonicity of the patient and prevent the susceptibility to catching cold, and a cure will result.

It was in *chronic rheumatism* that the oil first gained its reputation. It will not cure, however, unless the general indications for its use are present.

1. *Musculo fibrous rheumatism*, arising in a state of abject poverty and produced by crowded dwellings, insufficient air and light, an originally feeble and impaired constitution, a scrofulous constitution and inherited proclivity to this disease. This form of rheumatism begins with *dull pains in the limbs, extending gradually to the spine, and as high as the neck, producing stiffness and more or less permanent rigidity of the muscles of the trunk and limbs*. It presents no inflammatory phenomena, but is accompanied with oedematous swelling *without redness*, and may terminate in paralysis.

2. *Fibrous rheumatism*, produced by protracted residence in damp and cold localities, and differing from the first variety in being confined to the joints. It, however, gradually exhausts the strength and impairs the nutrition of the patient.

In other words, cod-liver oil is not a remedy for rheumatism *as such*, but for a cachectic state of the body which sometimes sustains and protracts indefinitely the rheumatic disorder.

It is in *caries* and *strumous osteitis* that cod-liver oil has made its most brilliant cures. Swelling, softening and disintegration, with ulceration of contiguous soft parts, external abscesses, hectic fever and marasmus have all disappeared after the use of the oil. The more chronic and torpid the disease, the more efficacious does the oil appear to be, and it always improves the general health before the general affection.

It is more successful in the cure of *fistulae and abscesses around the joints* than in affections of the joints themselves. *Chronic arthritis of the ankle joint* is oftener benefitted than is arthritis of the hip joints.

In *rachitis* its curative power is often wonderful.

Not only in ulcers and softening of the bones is it useful, but in *ulcerations of the glands*. Although the oil may fail to benefit swollen glands, so soon as those glands are attacked by *scrofulous abscesses and ulceration*, or when an *indolent ulcer with excoriated edges remains*, or one extending under the skin and beneath the muscles, nothing promotes a cure so certainly as cod-liver oil. This curative power is signally manifested in *cold abscesses*; the serous is replaced by a purulent discharge, healthy granulations cover the indolent surface of the sore, and cicatrization ensues.

Tabes mesenterica is often relieved and sometimes cured by this remedy. The children are *pale, cachectic, greatly emaciated, with large, tumid abdomen, enlarged liver and swollen mesenteric glands*.

Diseases of the skin are often benefitted by this medicine if they are engrafted on a scrofulous or cachectic state of the system. If an inflammatory element prevails, it is worse than useless unless in the high potencies.

Lupus is more apt to be cured by the oil than any other.

The only other cutaneous disease which is as promptly cured by the oil is *ichthyosis*.

It is in *phthisis* or *pulmonary consumption* that the cod-liver oil has been most extensively used—and *abused*.

The usual quantity of the oil prescribed by the allopathic school is rarely less than a tablespoonful three times a day. This amount is sometimes doubled and trebled. The result of these massive doses is the same as follows the administration of large doses of any drug. Pathogenetic effects are caused and the disease, instead of being benefitted, is often aggravated to a serious degree. It seems to be a rule with that school that the dose must

be as large as *possible*, without doing serious injury. It is this disregard of the disease-producing effect of the oil that has driven it into disuse in some quarters, and led to its abuse everywhere.

There is abundant proof, and you will meet with such proof frequently in your practice, that abuse of cod-liver oil will cause *hæmoptysis, inflammation, fever* and many unpleasant symptoms which tend to hasten the death of patients, instead of curing them or prolonging life.

If the cod-liver oil is Homœopathically indicated, *a drachm three times a day would be the maximum dose for an adult*. In a certain class of cases, when its constituency are closely indicated, the dose should be very small; a few drops of the pure oil, or the triturations or dilutions. Dr. Neidhard used a tincture made by adding nine ounces alcohol to one ounce of the oil. This he prescribes in drop doses, when it is "closely affiliated."

Dr. E. M. Hale prefers the triturations of the *brown* oil, because it is the richest in medicinal constituents, and claims to have seen excellent effects in infants suffering from marasmus, from the 2x and 3x.

It is not always necessary that the oil should be administered internally.

You may find some patients with stomachs so sensitive that a few drops will nauseate and cause gastric disturbance.

In such, try the triturations or dilutions, but if you see no good effects, and you feel sure that this is *the* remedy, do not hesitate to try the *inunction process*.

Dr. E. M. Hale says that for many years he has treated those cases of marasmus which occur in children under five years of age with the 2x and 3x trituration internally, and inunctions of the oil on the abdomen and stomach. In very young infants he relied upon the inunction alone.

Many *emulsions* have been made with the oil. They all contain *lime water*, phosphate or hypophosphite of lime, and are flavored with oil of bitter almonds.

One of the most palatable and most useful of all these emulsions is made after the following formula:

Hypophosphite of lime, dr. i.

Aqua calcis.

Oleum aselli morrhuæ, aa. oz. viii.

Syrup balsam Peru.

Mucilage acacia, aa. oz. i.

Oleum amygdala amara, gtt. v.

Mix.

Of this the dose is a teaspoonful or less—rarely a dessertspoonful, even to adults. It rarely disagrees with the most sensitive stomachs.

Another formula, which has been called the *Phosphoric acid emulsion*, is very popular with physicians who specially treat insanity, nervous diseases and cerebral exhaustion.

Cod-liver oil, oz. iv.

Glyconin, oz. ix.

Jamaica rum, oz. ii.

Dilute phos. acid, dr. ii.

Oil bitter almonds, gtt. x.

Mix.

Glyconin is made by thoroughly triturating glycerin and yolk of egg, equal parts. Add to this glyconin the oil of almonds, drop by drop, slowly, stirring it vigorously. Add the cod-liver oil to the glyconin. Then add the rum and *Phos. acid.* Dose, 15 to 60 drops.

It is generally recommended that the oil be taken after meals, or midway between; but experience shows that *small* doses, at least, are better borne if taken just *before* sitting down to meals.

The presence of fever, a bilious-coated tongue, or decided gastric derangement calls for the suspension of the oil until these conditions disappear. Rarely does diarrhœa, unless it is inflammatory, contra-indicate the use of the oil. On the contrary, some of the worst forms of diarrhœa have been cured by it.

BELLIS PERENNIS—PREGNANCY.

Two cases reported by Dr. Danforth in *Hahnemannian Monthly* for January, are reproduced because of its seeming indication many times when *arnica* is given without securing the desired result. There is no proving of this remedy known to the writer and we can find no record of its physiological action so do not know the basis of its action, except from Dr. J. Compton Burnett, who says: "It acts upon the muscular fibres of the blood vessels." "I sent a lady some *Bellis* because, being very far gone in the family way, she found locomotion so very tiresome that a very short walk overcame her. A fortnight or so thereafter I received the following report: "The *Bellis* did me so much good, I can walk quite well now and do not get tired or stiff." Here its action

was prompt and satisfactory, with no inconvenient side effect or after-effect, *i. e.*, truly specific. Why I did give *Bellis* in such a case? Merely because the inconvenience complained of was due to mechanical pressure; the tissues were pressed upon, and therefore in a condition precisely like that of a bruise."

Dr. Danforth says: "After the usual time the patient began to get up, but convalescence was retarded and walking delayed, indeed was quite impossible for a time on account of the extreme soreness, a bruised sensation referred to the whole pelvis, more particularly of the muscles of the pelvis floor and perinæum. Naturally, *arnica* was given, but the patient did not improve. Different potencies of *arnica* were tried in succession, but improvement did not take place. It seemed as if the patient never would be able to walk. I then recalled the suggestion of Dr. Burnett, and gave *Bellis perennis*—five drops of the tincture every three hours—when, *mirabile dictu!* the bruised sensation disappeared like magic, and the woman was soon able to walk as well as ever.

I have given the remedy to women who suffered in the latter weeks of pregnancy from soreness of the abdominal walls and of the uterus, with most excellent results, when *arnica* had been insufficient to accomplish a cure."

COMPOUND TABLETS.

G. E. DIENST, PH. D., M. D., NAPERVILLE, ILL.

PROF. MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

There stands before me a box of compound tablets recommended very highly by the manufacturers and salesmen, and which I was requested to try at my earliest opportunity. They have been in my possession for a year and the box is still quite full. These tablets are said to contain

Bryonia 3x
Phosphorus 3x
Causticum 6x

Indicated in catarrhal fevers in general, bronchitis, aliphonia, coughs, etc.

Now this is charming. The only requirements necessary in a physician is to determine the disease by a careful (or other) diagnosis, and in case of difficulty ask some neighbor lady confidentially to express her opinion as to the disease present and here is

your prescription: Sig. "Three tablets every two hours." What could be easier? Get your tablets, study your diagnosis a little if, perchance, you are lame there, and the "tablets" will do the rest.

Is this a practice of medicine? Is this the way to study diseases and to treat them? Is it an honest and scientific method of healing the sick? Is it adhering to the true and tried "landmarks" of the only rational law of cure? Let us for a moment study the coughs of the three remedies given and see where we are. In *Bryonia*, for instance, when prescribing for a cough, we have a characteristic *tight* cough "worse thro' the day"; "worse entering a warm room"; pain in the pit of the stomach and in the muscles under the short ribs, *when coughing*. There is nothing said here of the general tendency calling for *Bryonia*, which every true physician would inquire into before prescribing.

In *Causticum* we have a cough accompanied with morning hoarseness, starting with a violent paroxysm and ending with a slight paroxysm and an expectoration of a bit of white, tough, viscid mucus. The paroxysms do not recur until this mucus accumulates in the throat or bronchi, when the same process is repeated. Then again, when coughing there is usually a pain over the left hip and involuntary discharge of urine. These two characteristics—pain over the left hip, and involuntary discharge of urine when coughing, are not always present together in a *causticum* cough, but one or the other is usual and sometimes we notice both symptoms in a marked degree.

In *Phosphorus* we have a very *tight* cough, tightness across the chest—so tight that the patient has difficulty in breathing, cough worse before midnight, while during the latter part of the night there is a marked decrease in the cough. He is not awakened with paroxysms of coughing as we sometimes find in *Bryonia*. There is also much pain in the head when coughing, in *Phosphorus*, while in *Bryonia* the pain is in or below the chest. These things being *true* and *often proven*—so often, indeed, as to establish a law immutable, does the combination of these three remedies intensify the action of one another, or are they gotten together with the thought that, if one misses the mark the other will hit it? Can any man lay claim to the knowledge of medicine, or convince his own conscience that he is complying with the desire of his patients who employ him should the latter be the case?

I do not desire to be severe in my invectives, neither uncharitable in my opinions, but it appears to me a profound shame for men to resort to a pollution of drugs by unscientific combination when a little care, study and observation would yield much more satisfactory results. Not alone this, it places upon Homeopathy the stigma of "inability to cure," when men who pretend to be Homeopaths resort to quasi-allopathy in practice. I feel urged the more to write against such unscientific modes of practice when I see simple complaints confused and severely complicated by the promiscuous use of compound tablets because the manufacturer, who has no other purpose in their manufacture but "filthy lucre," says they are good for this or that.

A continued use of allo-eclecticism by Homeopaths will, in the near future, bring unjust approbrium on the only rational system of medicine and place a premium upon idleness and a want of conscientious consideration for human life and health.

Let us have no more of it. Stick to the true and tried landmarks. Remember precious lives are in your hands and demand your most studied care. If you have not yet learned the law as laid down by Hahnemann and others, if you have not yet experienced the delight of a cleanly, speedy and permanent cure with the single, indicated and attenuated remedy, you have much to learn.

I plead, therefore, for *pure* drugs and *pure* practice. Let us have it at any cost. The lesson may be hard to learn, but the results are more than gratifying.

Comment and Criticism.

ARSENIZATION.

MY DEAR DR. PIERSON:

I have the honor to acknowledge receipt today (from our mutual friend, Dr. H. "Chesterfield" Aldrich) of a copy of your November 1900 *ADVOCATE* and to thank you sincerely for your kindly mention of my efforts for our grand *law* I believe to be exemplified in arsenization. I am proud to tell you that the Hon. Knute Nelson has, within the past five days, written me that he will present my present memorial to the senate, have same referred to the Committee on Public Health and Quarantine, and "do all I can to carry out your views." This last (fourth)

memorial has, accompanying it *ten* affidavits from Brazil's most distinguished medical men (all allopaths), medical journal articles on the subject by Ismael da Rocha of Rio, newspaper clippings from Rio de Janiero a Campinas, Brazil, all bearing upon this subject; (also the original and the translation of the book, *Acido Arsenioso na fibre Amarella*, dedicated to me by Dr. E. Magalhaes) so that Dr. Sternberg may see some of the "records" he claimed in his letter of February 26th, 1900, I did not possess; and which, at that time, I did not have, but their import *he should* have known of.

I thank you again for your kindly interest and trust yet that we shall succeed in *making* "our friend the enemy" in America see that arsenization is no dream, and that while I do not now claim to be the original instigator of the practice, as I have for many years thought myself until hearing from friends in Brazil that Dr. Rego Cezar had *practiced* and practically *proved* my *theory* for more than 20 years, I hope to be made one of the commission, asked as I have been continuously since '92 the almost sole propagandist of arsenization outside Brazil, and feel that if such commission is ever appointed it will be because of my work along these lines. I also desire such because this work is not only along my line of thought and liked by me, but because our school *should* have recognition in such commission and that I am peculiarly fitted for such place because of my work and knowledge of what has been said and done along this line all over the world, and for such reason I ask the endorsement of my candidacy for such position and despite the assertion of Dr. Sternberg that "As far as I am informed, Dr. Leach has not the scientific ability to occupy such a position."

Hoping to continue to deserve such endorsement as you have honored me with, which same goes by this mail, along with some newspaper clippings from Brazil, to the Hon. Knute Nelson, I have the honor to remain fraternally,

Yours very truly, R. B. LEACH.

Minneapolis, Minn., Dec. 29, 1900.

Editorial.

COLLEGE SPIRIT.

“All work and no play makes Jack a dull boy.”

It does more than that—it deprives him of all the inspiration that should come from the grandest work that engages the hand and heart of man. Much of the coarseness and lawlessness associated with the name and fastened to the reputation of the medical student has come from the failure on the part of the college officials to recognize the necessity for the cultivation of the college fraternal spirit or the provision of improper means for the accomplishment of the same.

Other institutions of learning recognize the value of concentrating all college interests as much as possible and to that end build dormitories, assembly halls and institute ways and means for the congregating of all interested in the welfare of the college at frequent intervals for the purpose of developing other faculties than the mastering of the routine demands of the curriculum.

The university caters to this spirit and its measure of success to a great degree is gauged by the encouragement of this spirit, not only in the undergraduate departments, but in the post-graduate as well. The size and equipment of the school can act in no way prejudicial to the development of the plan. In fact, the smaller the school the greater the necessity for the fostering of this spirit.

We believe the atmosphere of the co-educational schools most favorable for the cultivation of a systematic plan because one sex supplements the efforts of the other and thereby makes the perfect whole, and at the same time supplies all the material necessary for entertainment of both mind and body without being compelled to go into questionable resorts for the unsavory and unprofitable dissipation that seems the prerogative of the ordinary medical student.

Different localities must determine the form of entertainment to be adopted for the development of actual bond of fraternity that must be at the bottom of all true college spirit, but one thing is imperative and that is the fact that it must be broad enough to attract every one who has been drawn to its doors. The man with the motive temperament in the lead must have out-door sports at stated periods and its complement within when the ele-

ments are not favorable for physical activities in the open air. The four year course of study makes it possible for positive shortening of the hours of confinement upon lecture benches and a greater diversity of work throughout the day. This has become apparent in all the schedules of lectures before me at this writing, but it could be further improved by making the last lecture of the day close at 4:30, and let Friday evening be regarded as the "college evening," in which both faculty and students will be drawn together by a common interest—the *development of that bond of fraternity which must lie at the foundation of all true college spirit.*

POST-GRADUATE SCHOOL.

One of the best times in the present college year for a physician to take a partial course of study in Homoeopathics and *Materia Medica* will be from February until May—a period of twelve weeks, crowded with practical work in the clinics and from two to three hours every day in the week on *Materia Medica* and the principles governing its application in the treatment of the sick. Quite a number of physicians have signified their intention of entering the classes at that time. It might be well to state that a physician may enter at any time and stay as long or as short a time as circumstances may warrant, and full credit will be given for time spent.

The combined attendance in the post-graduate and the undergraduate schools for the past year are nearly one hundred and those who can speak from experience say that Prof. J. T. Kent has never given so instructive a course of lectures in his entire college experience as the students at **Dunham** are receiving this year.

RETROSPECT AND PROSPECT—HOMŒOPATHY.

As we come to the close of the year the readers of all magazines and papers are deluged with editorials on the past and future. It seems to be a fitting way for the closing of a volume and a good opportunity for raising the veil of the future and indulging ones propensities for prophesy.

We plead guilty to the possession of such a desire at the present moment, and, being master of the situation, with none to hinder

or make me afraid, will indulge in a few rambling comments upon the situation as it may appear to us at this moment.

For one hundred years, Homœopathy has been put to the test that Hahnemann insisted should be given it, and in every case where its principles have been given a true test it has been found to be the safest, surest and best method for healing the sick that man has ever devised. This does not mean that it is a panacea for every ache and pain that flesh is heir to, but that it has a legitimate field of action and well-defined principles governing its application. It is doubtful if there ever was a system of medicine presented to the world that has maintained so unbroken a front for so long a period of time as Homœopathy, and the secret of this fact lies in the further fact that few discoveries have so true a scientist to act as their sponsor. A study of the writings of this truly great man reveals the secret of his wonderful grasp of this new principle. He was never ashamed to acknowledge a mistake. Every proposition was put to the most rigid test possible, and when it failed to respond, the secret of the failure was sought for until found and then the world was given the benefit of his researches. Almost all of the problems that are agitating the medical scientist at the close of the present century are outside the bounds of Homœopathy and their solution will in no way affect the law of similars, except to strengthen the same.

The temporal growth of Homœopathy has been very satisfactory on the whole in the United States, and still there is much to be obtained before she will secure the official recognition that her scientific attainments would justify. We are indebted to the American Institute of Homœopathy for all that we now enjoy and it is incumbent upon every believer in the law of similia who wishes to receive the recognition that his attainments justify to support in every way possible this national society in its commendable effort to advance the welfare of every member of the school.

At this point we wish to call attention to that portion of the President's Greeting in which he says:

The history of the American Institute is the history of Homœopathy in this country. During the first twenty-five years of our organization the members of this society were subjected to the most bitter professional ostracism, and, in many instances, personal insults from the dominant school of medicine. In spite of the strongest opposition, Homœopathy, largely through the agency of this society, has grown in both numbers and influence; and, although for the last quarter of a century *open* warfare has ceased, our progress has been steadily on-

ward and upward. The work of this society has ever been for the best interests of the whole Homœopathic profession, but how has the profession repaid this interest in their welfare? The answer to this question may be found in the fact that less than one-fifth of the men and women of this country practicing medicine under the banner of *similia* are members of this society.

Every word that he said is true. During the first fifty years of the passing century every follower of Hahnemann was subjected to the most bitter personal persecution, and in the very methods adopted by the opposition will be found the secret of the survival of the cause because it led thinking men and women to investigate, which opened their eyes to the wonderful efficiency of its principles for the healing of the sick.

A thought forces itself upon us in this connection that will not be repressed, although no good can be accomplished through its expression; it is the fact that the most cruel blows that were ever struck against Homœopathy came from the most prominent members of the American Institute. True, it belongs to a period of the past when the institute was passing through the transition period—from youth to manhood—and did not know how to resist the hot, impulsive acts of the boy who wants the "old man" to step aside and give him a chance. It belongs to the history of the past and should not be held up against the radically different policy of the present day.

Homœopathy fought her battle in the Nineteenth Century, and today as she steps across the threshold into the Twentieth Century, has a glorious past upon which she can lay her foundations for the future. It seems a fitting time for the completion of the grandest monument ever reared to the name of any scientist and perhaps no one thing that was ever done by the followers of Homœopathy will do so much to force her claims upon the attention of the world as the completion and dedication of that monument to the memory of Samuel Hahnemann at the seat of national government.

Today we have fifteen colleges who are trying in a more or less efficient way to hold aloft the banner of *similia*, fifteen thousand men and women who are following the teachings they received from their alma maters, fifty medical journals who are identified in some way with the cause of Homœopathy,* over two hundred public, private and charitable institutions under the control of Homœopathic physicians. Surely this is enough to make us not only proud of the past, but determined to carry the world by

storm and compel them to put the matter to a scientific test and prove the truth or falsity of our claims *that the curative action of no medicinal substance can be determined in any way except through the applications of the law of similars.*

The Twentieth Century will witness a radical change in the form of medical education. Laboratories will be the centers from whence knowledge will be obtained. These laboratories will become parts of great university systems so that only the special work will be consigned to the medical departments of these great institutions. It is of extreme importance that the *essential* distinction between the Homœopathic system of medicine and that of all others, viz., the *determination of the exact scope of remedial agents* shall be given that attention that its importance deserves. There should be a School of Provers connected with the American Institute and supported from the income of that body. Every college should have a department or laboratory under the charge of a member of the faculty, who by virtue of that position would be a member of the faculty of the School of Provers. A systematic plan of investigation should be assigned to each member of the school, with uniform rules and specific directions for every phase of the work. The provers could be obtained in the same way that clinical patients are secured, and all except the clerical work conducted in a manner similar to that of the regular medical clinic. The study would prove of great practical value to the students, and the data secured would make a complete revolution in the ranks of scientific students of medicine of all schools of practice and prove a rallying point of such magnetic attraction as to draw universal recognition of the scientific value of our present materia medica.

J. STUART LEACH, M. D.—CONGRATULATIONS.

Occasionally the good things are said of a man while he may have the privilege of enjoying the same. The Homœopathic Medical Society of Chester, Delaware and Montgomery counties, Pa., conceived the idea of turning their regular bi-monthly meeting, which was held on December 11th, into a reception commemorative of the 86th birthday of this stalwart advocate of "Pure Homœopathy." In their letter of November 5th, they say: "It seems quite appropriate that the oldest Homœopathic society of the great commonwealth of Pennsylvania should tender

a birthday reception in its meeting to the oldest Homœopathic physician not only in Pennsylvania, but probably in the United States, or the world. We have long worshiped you from afar. May we not have the felicity of placing tribute at your feet on your own hearthstone? We meet at the Hotel LaFayette, Philadelphia, only two blocks from Broad street station, on December 11th, at any hour you may name. To show you our spirit of progress and enterprise, we will send an automobile to the station, a wheeled chair or anything else you like. A committee has already been appointed—you must not say nay."

The exceeding modesty of this grand old gentleman prevented his accepting of the honors tendered, but we feel certain that the thoughtful act of consideration of this society contributed more to the pleasure of this veteran in the cause of Homœopathy than anything else that might have been thought of. We join with the profession throughout the country in wishing a happy New Year to the worthy doctor.

THE REGULARS (?)

Even the secular press sometimes speaks out against arrogance of the so-called regulars (?) The latest occasion for comment followed the election of a new Board of County Commissioners for Chicago and Cook county when an effort was made to have a new method adopted for the selection of internes in the county hospital.

"With characteristic modesty (?) representatives of the self-styled "regular" school of medicine are seeking to increase their privileges in the county hospital at the expense of the Homœopaths and the eclectics. The county authorities should sit down upon the proposition with all their weight. There is nothing sacred about the "regular" school of medicine and in point of fact its adherents are distinguished from members of other schools only by their assumption of a sort of Brahmin caste to which they have no title in the world."—*Chicago Record*.

PRACTICAL MEDICINE AND LABORATORY RESEARCH

Dr. Beverley Robinson utters a protest against the unreserved acceptance of the germ theory of disease causation. We are to take into account all the information the laboratory can furnish, but should not attach undue weight to evidence from this quarter. Concerning laboratory reports Robinson says that he has more than once been sceptical as to the time, care, skill, and knowledge employed in making them. He feels that in any im-

portant case the knowledge and technique of the observer must be above cavil. Behind the disease is the patient and this fact should always be borne in mind. The clinician must rank foremost and to him the chemist and bacteriologist should always report their findings. It is he who should settle the importance they have and the treatment, prophylactic and curative, which should be adopted.

[The above protest is worthy of consideration, because it comes from one of the moulders of medical belief in the dominant school.—ED.]

CELL DEVELOPMENT.

A practical method for studying cell segmentation is found in the following extract taken from *American Journal of Microscopy*:

A few snails kept in an aquarium will deposit eggs from which the segmentation and early developmental stages of the mollusc may be easily studied. The ova are yellowish and are deposited in patches on the glass or on the smooth under side of leaves in the aquarium. Eggs that are not used for the study of early segmentation stages may be allowed to develop and will show the various stages through which the snail passes in its evolution. Interesting observations may be made upon the snails themselves. The gliding motion and muscular contraction of the foot, the use made of the tentacles, the position of the eyes, the way surface tension is utilized in crossing over the top of the aquarium, etc., will always repay watching.

Miscellany.

Protect Your Teeth.—Dr. Egbert, who has made a careful study of the teeth of the natives of India, in an article in the *British Journal of Dental Science*, states that although he has examined the teeth of hundreds of Hindu natives, he has never found a single case of malformation, and that the teeth of the Hindu people are remarkably free from decay. They rarely lose their teeth from caries. He attributed this remarkable immunity from a disease which is coming to be almost universal among Americans and English people, in part to the cleanly habits of

the Hindus, who carefully cleanse their teeth with a primitive but efficient brush every day, not only as a matter of hygiene, but in obedience to the laws of their religion.

He also calls attention to another and still more important factor, the absence of flesh from the dietary of the Hindu. The rapid decay of teeth manifest among the people of the United States, which threatens to render us a toothless race within a century, is without doubt very largely due to the rapid growth of flesh eating in this country.

Sulphur in Chills.—Dr. Brodnox in *Medical Summary* says:

“I am tempted, by a circumstance that occurred recently, to ask if the sulphate of quinine, to which has been assigned for a long time the “cure of chills,” if some of its good qualities are not due to the sulphur as a component.

“Recently I was asked to prescribe for a by 12 years of age. As I had no calomel with me, I made from my pocket-case six powders of about three grains each of sulphur and cream of tartar (one powder every five hours). He was having *everyday chills and had had the third return*, and so I ordered the mother to the office for some acid iron and acetanilid. As she did not send I called four or five days afterward, and asked why she had not sent. The reply was: ‘He got all right and has had no more chills and fever.’”

Dr. M. G. Peice, of Mosheim, Tenn., in the *Medical World* for December, 1897, in speaking of quinine, says: “It is not a little remarkable that this drug will produce phenomena of malaria chill, fever and sweat, and *if untimely used by a malarial subject may produce the paroxysm*. It may appear to some that this drug is used in this complaint upon the Homœopathic principle: *similia similibus curantur*. However this may be the fact exists just the same.”

These contributions are interesting to those who have intimate knowledge of the real scope of remedial agents and can see the blind groping after the truth, but refuse to accept the same when found because, forsooth, it is Homœopathic.

Good Locations.—Blackwell, Oklahoma, a town of 3,400, is without a Homœopath. The county in which the town is located produced \$5,000,000 worth of wheat this year.

Alva is a town of 7,000, and no Homœopath. The state normal school is located there. The cost of the building was \$58,000. It is an excellent location.

Guthrie is a city of 17,000, with only two Homœopaths.

Coffee Intoxication.—The *Medical Times* contains the following statement from Miss Ward, who writes from Brazil: “The whole country is perpetually in a state of semi-intoxication from coffee—men, women and children alike; and to babies in arms it is fed from a spoon. It is brought to your bedside the instant you awake in the morning, and just before you are expected to drop asleep at night, at meals and between meals. The effect is plainly apparent in trembling hands, twitching eyelids, mummy-hued skin, and a chronic state of excitability worse than that produced by whisky.”

Book Reviews.

Review of Reviews.—In the December *Review of Reviews* the editor comments on several important questions of the hour, including the new army bill, the problem of reapportionment in the south, the Isthmian canal and other matters that will engage the attention of Congress at the approaching session; the results of the census of 1900, with reference to the admission of new states and representation in congress; the meaning of the national election; the Cuban Constitutional Convention; the elections in Porto Rico and Hawaii; the Liberal victories in Canada and Newfoundland; the Chinese negotiations, and European politics, both internal and international. Among the contributed features are articles on "The Cuban Republic—Limited," by Walter Wellman; "Governor-elect Odell, of New York," by Dr. Lyman Abbott, and "Marcus Daly, Empire-Builder," by Samuel E. Moffett. There is also an interesting chronology of the career of William McKinley, the eighth President to be re-elected for a second consecutive term.

If this doesn't give sufficient scope of information for one month to satisfy the most exacting mind, we do not know where he would go to get satisfaction.

Enlarged Tonsils Cured by Medicine.—By Dr. J. Compton Burnett and published by Boericke & Tafel, of Philadelphia. Pp. 100; price, 65 cents by mail.

This is one of the most practical, and at the same time, satisfactory books that the author has given to the profession. We can see the logic of his position and have demonstrated the truth of the conclusions reached by the doctor in his extensive practice. It is not our purpose to enter into an argument to prove the superiority of removing the *cause* for the enlarged tonsels instead of the mechanical *effect*, but would strongly advise every reader of the *ADVOCATE* to add this little work to his working library. It will pay.

International Clinics.—Edited by Drs. Cattell of Philadelphia, assisted by a corps of collaborators throughout the world. Published by J. B. Lippincott, Philadelphia.

For the past ten years this enterprising house has had a corps of writers collecting valuable material from the various clinics of the world and then passing the same through the hands of a careful editor who prepares a volume of about 300 pages for publication every three months.

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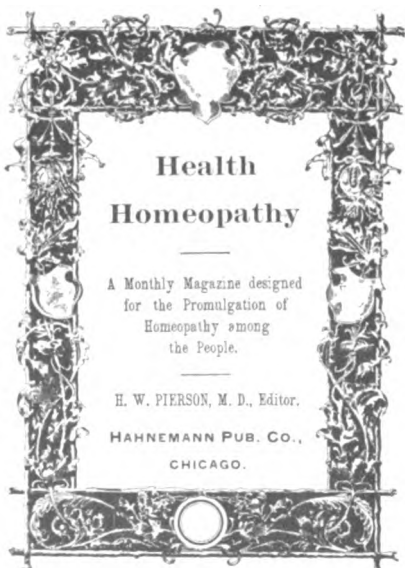
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HUNTER McGUIRE'S OPINION.

The late Hunter McGuire, the most celebrated surgeon of his time in the United States, if not in the world, was asked for his opinion of Antikamnia by Dr. Thos. C. Haley of Riceville, Va. Dr. Haley in writing of this circumstance to The Antikamnia Chemical Company, says as follows:

"I recently wrote to Dr. McGuire and gave him my experience with Antikamnia in my own case and that of others. Of myself, I said that I had been using the five grain tablets for four or five years consecutively, and always with great and signal relief to my sufferings. I vouched for it as being the grandest succedaneum for morphia. While I entertained these opinions personally, I still felt that the quantity taken should be justified by consultation. Hence the letter to Dr. McGuire and I am pleased to hand you herewith his reply."

The following is Dr. McGuire's reply:

St. Luke's Home, Richmond, Va., Nov. 8, 1894.
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Peter M., age thirty-three; Irish; admitted October 29th. Diagnosis, laryngeal phthisis. The case was sent to me by Dr. S. Examination showed it to be a well-developed case of tubercular laryngitis, presenting the following symptoms: Almost entire loss of voice, patient anæmic, generally debilitated, cough of an irritating and painful character, associated with slight expectoration, painful and difficult deglutition. There was a remitting fever with slight night sweats, loss of appetite, loss of flesh, insomnia; laryngoscopic examination revealed the characteristic broad, shallow, irregular, grayish ulcers, with the thickened surrounding mucous membrane. The vocal chords showed infiltration, thickening and some ulceration. There was also redness generally of the mucous membrane showing here and the scattered tubercles. The ulcers were covered with a grayish exudate. The mucous tissues around about the ulcers was thickened. So advanced was his condition that I gave the patient but little assurance of anything like a favorable result. The patient was put to bed in an isolated room, a tablespoonful of bovine given every two hours in milk, and a light general diet. Every three hours the larynx was thoroughly cleaned out with bovine and dydrozone; following that iodoform bovine was sprayed in.

November 5th bovine was ordered a wineglassful every three hours, and the ulcers now beginning to heal, it was decided to substitute bovine pure for iodoform bovine as a spray, but the cleansing process was continued as before.

November 12th the patient began to feel stronger and slept better, had no night sweats or abnormal temperature, appetite was good and the voice some clearer, swallowing and talking did not produce as much pain as at first.

November 21st, the ulcers, with the exception of one, had entirely healed, and that one was doing nicely. Treatment continued.

November 28th, the remaining ulcer had healed, the inflammatory condition of the membrane had disappeared, no tubercles were visible, patient's voice had been almost restored to normal. General condition splendid. It was deemed wise to continue the treatment a short time longer. December 3rd the patient was discharged cured, with the voice absolutely restored.

As the prognosis in the condition is invariably unfavorable, and as this case was one of the worst I had ever seen, I think that the result obtained here was a most remarkable one, and presents much food for deep thought. Never, in my experience before had I seen a similar case to this do anything like as well under other treatment.

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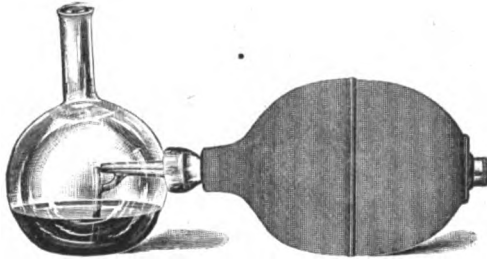
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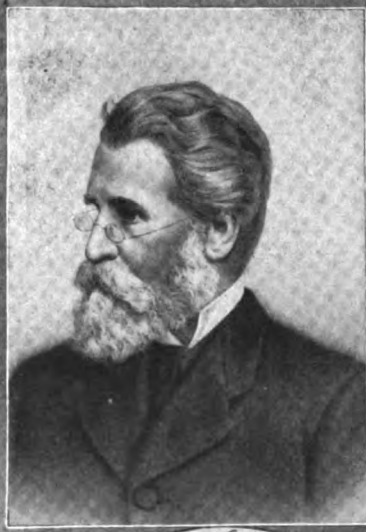
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