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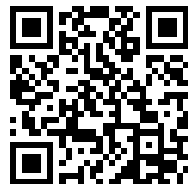
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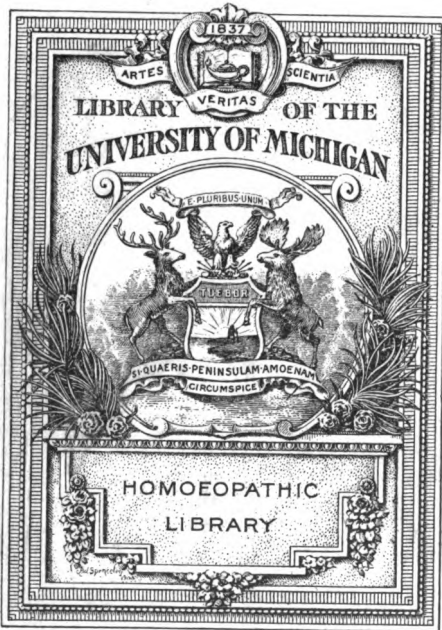
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# *The Medical advance*



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# THE MEDICAL ADVANCE.

A MONTHLY HOMŒOPATHIC  
MAGAZINE.

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GENERAL INDEX  
From July 1899 to July 1900.

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— THE —  
MEDICAL ADVANCE,  
ELKHART, INDIANA.

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**REPLY TO Dr. QUINE'S ATTACK ON HOMEOPATHY.**

By J. A. KIRKPATRICK, Professor of Pathology, Hering  
Medical College, Chicago.

With your permission I desire to call the attention of your readers to some points in the address of Dr. Wm. E. Quine to the students and faculty of Dunham Medical College, published in the *Journal* of April 29th and May 6th. It is a very able and interesting review of the subject.

The doctor expresses a desire to be fair and honest. While I endorse many things which he said, it seems to me he has misrepresented Hahnemann and his followers in several very essential points.

What he said concerning the divisions of the medical profession and the causes that tend to keep up dissensions is lamentably true. If all men had been and were now as magnanimous in spirit as Dr. Quine seems to be, there would have been but one school of medicine. It must be remembered that history is but a record of wars and contentions for supremacy. It has been true in politics, religion and education, as well as in medicine. The pugnaciously inclined have sought and obtained the greater share of notoriety.

But there have been defenders of truth, men of principle who have toiled long and hard for conscience and humanity's sake. How often it has been in the face of opposition and bitter

persecution. It is hard to appreciate fully, in our age of freedom, the spirit which confronted the pioneers of thought in the advancement of science, during and following the age of persecution. It is needless to say that many able and learned and seemingly honest men have devoted a life-time to the defense of gross errors and great wrongs. In many instances their conduct is hard to reconcile with the principles of common honesty and sound reason. And we need also to be admonished to follow the Great Physician who has taught us to "Judge not that ye be not judged, for with what judgment ye judge ye shall be judged." Often the beam is found in our own eye while we are looking for the mote in our brother's.

It is not my desire to enter into a controversy on the subject of homœopathy, only so far as I believe it will advance the cause of truth; "for truth only can and will make us free."

Doctor Quine accuses Hahnemann of dishonesty. He says Hahnemann claimed to be the discoverer of the "law of similars" and quotes from the *Organon* in proof as follows: "The great art of healing remained undiscovered until my time." The doctor then proceeds to show by nearly a column of quotations that the so-called "law of similars" was known hundreds of years before Hahnemann, and that he "merely appropriated it and claimed it as his own."

The doctor further says, "It cannot be maintained that Hahnemann had never read of the doctrine of similars, for he was a man of great literary attainments and earned his living by literary work for many years." "I think," says Dr. Quine, "that there are few men in the world to-day as well versed in the history of medicine as was Hahnemann. It was not ignorance then which led him to claim the doctrine of similars as his own invention; it was dishonesty."

This is a serious charge. If it can be sustained by competent testimony, Hahnemann deserves condemnation. Our judiciary has defined competent testimony to be "the truth, the whole truth, and nothing but the truth."

If it can be shown that Samuel Hahnemann claimed to be the discoverer of this law of similars, he ought to be branded as an infamous plagiarist, and I will help to do it. On the other



hand, if it can be shown by careful investigation that he never made such a claim, his accusers are guilty of calumny.

We are glad to say that Hahnemann can testify in his own defense; being dead he yet speaketh. What does he say about the origin of this law of cure?

On pages 45 and 46 in his introduction to the *Organon*, Hahnemann quotes from Hippocrates substantially as given by Dr. Quine, and here, Hahnemann quotes in the original Greek, so careful is he to give full credit to its author. He further says, "Indeed there have been physicians from time to time who had presentiments that medicines by their power of producing analogous morbid symptoms would cure analogous morbid conditions;" and further, the truth of homœopathy has also been felt and expressed by physicians of later times." Hahnemann then makes quotations from Boulduc, Detharding, Bertholon, Thoury, Von Stœrek, and Stahl. The latter he quotes at length: "Stahl, a Danish military physician, has expressed his conviction on this subject most distinctly. The rule accepted in medicine to cure by contraries is entirely wrong (*contra contrariis*); he is convinced, on the contrary, that diseases vanish and are cured by means of medicines capable of producing a similar affection (*similia similibus*). Thus burns are cured by approaching the fire; frozen limbs by the application of snow or very cold water; inflammation and contusions by distilled spirits. In this manner he is in the habit of curing habitual acidity of the stomach most successfully by means of a very small dose of sulphuric acid, in cases where quantities of absorbing powders have been used in vain."

In his review of physic, Hahnemann refers to numerous instances where the principle of *similia* had been applied in actual practice, and among others he gives the names of John Hunter, Sydenham, Edward Kentish, Hester, John Bell, John Anderson, W. Fabric von Hilden, and Zimmermann, Hahnemann on page 62 of *Organon* (*Wesselhœft*) in a foot note gives his reasons for mentioning the names of authors. He says, "The following quotations from authors having a presentiment of homœopathy are not brought forward for the purpose of proving the stability of this doctrine, sufficiently firm in itself,

but they are introduced to escape the accusation of having ignored these presentiments for the sake of the credit of securing the priority of the idea." It must have been that Hahnemann had a presentiment that Dr. Wm. E. Quine was going to make an attack upon his good name, and that he inserted that foot note for his benefit.

On page 202, of the *Organon*, in a foot note under paragraph 108, Hahnemann gives credit even for his plan of proving drugs. He says, "During the past twenty-five hundred years as far as I know, not a single physician, with the exception of the great and immortal Albrecht von Haller, has hit upon this method of proving (testing) drugs with reference to their pure and peculiar effects, by altering the sensorial condition of man, which furnishes the most natural and indispensable means of discovering what morbid conditions each drug is capable of curing."

"Excepting myself, Haller was the only one who recognized this necessity, and here Hahnemann quotes from the Swiss Pharmacopœia, giving the exact words of Haller in the original Latin, which has been translated substantially as follows: "In the first place, the remedy is to be tried on the healthy body without any foreign substance mixed with it. A small dose is to be taken and attention is to be directed to every effect produced by it; for example, on the pulse, the temperature, the respiration, and the secretions. Having thus obtained these obvious phenomena in health, you may then pass on to experiment on the body in a state of disease."

This method for the testing of drugs was published when Hahnemann was only a boy, and four years before he began the study of medicine, and forty years before the *Organon* was written.

"But no one, so far as I know," says Hahnemann, "not a single physician attended to or followed up this invaluable hint." Subsequent research has shown that "Dr. Wm. Alexander, of Edinburgh has made provings and nearly lost his life by taking two scruples of camphor, after which he desisted from drug proving." Also one, Dr. Samuel Crumpe, an Irish physician, had made provings of opium, which were published previous to the *Organon*. But there is no evidence to show that Hahnemann had

any knowledge of what these men had done, or that any one profited by their example.

There is abundant evidence, in addition to what has been given, to show that Hahnemann was scrupulously careful to give due credit to every author who mentioned the principle of Homœopathy found in the literature previous to his time.

Dr. Quine further says, "It is not ignorance on the part of the homœopaths of to-day which leads them to claim the doctrine of similars as the discovery of Hahnemann and the peculiar and exclusive property of their sect; it is dishonesty."

I have been a student of medicine nearly eighteen years, and have studied text-books and manuals and read journals and tracts and extracts. I have listened to addresses and discussions in our local, state, and national associations. I have conversed with hundreds of medical men of all shades of belief, and this is the first time I have seen or heard the charge of dishonesty against homœopaths on the ground of a claim that Hahnemann was the discoverer of the "doctrine of similars." No man can read the *Organon* and study it carefully and find in it a basis for such a claim, or that such a claim was ever made. Our literature from Hahnemann to the present time is full of evidence to the contrary. Dr. Dudgeon's "Lectures on Homœopathy" were published in book form in 1854. He devotes twenty-six pages of finely printed matter to the homœopathic principles in medicine before Hahnemann's time, covering a period of nearly three thousand years. Among many others he mentions Hippocrates, Erasistratus, Mithridates, Nicander, Xenocrates Serenus, Celsus, Galen, Valentine, Paracelsus, and Stahl. The teachers in all our homœopathic colleges have ever taught that the principles of similia are clearly set forth in literature before Hahnemann's time. It is not claimed that all homœopathic physicians are honest. They are human, but to make the charge on the ground as stated by Dr. Quine stultifies the man who makes it.

What did Hahnemann claim? He claimed that "The great art of healing remained undiscovered until my time" as quoted by Dr. Quine. It is evident that the doctor was misled by not being careful to discriminate between "art of healing" and "law of similars." If it is due to carelessness, it is inexcusable, for any teacher ought to have made a distinction between *law* and *art*.

It must be remembered that Hahnemann was one of the greatest philologists of his time. He used his words intelligently. When he said "Art of Healing" he meant the art of curing disease. The Standard Dictionary defines the word *art* to mean: "The skillful and systematic arrangement or adaptation of means for the attainment of some desired end. The practical application of knowledge. A system of rules devised for procuring some scientific or practical results. Also the mastery of such rules." It would be contrary to sound reason to claim that Hahnemann reached perfection in his art or that he was perfect himself. But there is no reason why he should not be honored for what he did and his words taken for what they mean.

He did test over one hundred drugs upon himself and others. He made a careful record of the effects of each drug in particular. He noted the action and reaction of each on the human organism. He observed the primary and secondary effects. He gave rules for the proving of drugs in order to obtain the pure effects of each. He also applied the knowledge thus obtained in selecting medicine for the sick and gave the rules for the selection of a remedy for each case in particular. So careful was he in his observations that no modern tests of these same drugs have materially changed his recorded effects upon the healthy organism.

Hahnemann gave twenty years of earnest effort and careful observation to his experiments in developing a pure *materia medica*, and applying it upon hundreds of cases in sickness. He did this in the face of opposition and bitter persecution, suffering many privations and indignities during all these years.

It is safe to say that no man before Hahnemann's time made such extensive observations and tests of drugs on the human organism. One writer of note has said that while he freely criticised the defects of Hahnemann he as freely admitted that "In the matter of the *materia medica* we all must acknowledge that among them that are born of women there hath not arisen a greater than Samuel Hahnemann.

Is he not justly entitled to the credit of being the author of the "healing art" based upon "*similia similibus curantur*"? Intelligence and honesty mixed with a charity that suffereth long can not be united to deny him the honor.

Again it seems so me that Dr. Quine is a little antiquated in quoting from the *Homœopathic United States Medical and Surgical Journal* of 1867, to prove that "Homœopathy is a beggar to Allopathy" in point of literature. It must be remembered that Homœopathy was then in its infancy in this country. There were but three colleges and they were struggling for legal recognition. What homœopathy wanted in 1867 in the way of authors and literature it has produced since then. It has able and representative men to fill every department of medical instruction. Hundreds of volumes have been published covering every branch of medicine. It has text-books on all the leading subjects taught in all well regulated colleges and they compare favorably with those of the dominant school in every essential respect. Homœopathy is no beggar to Allopathy to-day. It has twenty colleges and one hundred and forty hospitals. It has charge of insane asylums supported by state appropriations. There is abundant clinical material in the dispensaries and hospitals. Its numerous journals are well filled with original articles. The patrons of homœopathy are largely composed of the intelligent class in every community. Homœopathy was never better organized than at the present time. It has its local, state, national, and international associations.

Has it not *produced* and *produced* and is it not prepared to *produce* more?

True, its colleges utilize everything that allopathy acquires. Ought they not to have the best to be progressive? No homœopathist can be obedient to the instruction of Hahnemann who does not prove all things and choose the good, for he taught, "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it becomes a crime." This is why the dominant school text-books are recommended in its colleges. This is why their students are encouraged to read old school literature.

If the regular colleges will be as magnanimous and recommend their students to study homœopathic text-books, and encourage the reading of its literature, it would not be long before the chasm which now separates the medical profession would be bridged over by intelligence and with a "charity that suffereth

long and is kind." We might hope for a united profession, whose end is to become masters of the healing art and the saving of human life.

If the teachers in the regular schools will study the Organon and show themselves to be more familiar with what Hahnemann did and what his friends are doing, and pay less attention to the writings of the enemies of homœopathy, such as Robert's manual on "Modern Medicine and Homœopathy," which is only a brief of Palmer's rehash of Sir J. Y. Simpson's tirade published years ago, it will tend to reconciliation. It would have saved Dr. Quine the humility of charging dishonesty upon a false claim which neither Hahnemann nor any of his followers ever made.

Neither would he have fallen into error in his interpretation of the "law of similia." After acknowledging that there was some truth in it, he says, "I believe it. But it seems to me impossible that the law should be the only guide to the cure of disease, because it limits the efforts of a physician to the effacement of symptoms and makes no provision whatever for dealing with causes and pathologic products, nor for anticipating and preventing complications." In proof of which he quotes from Hahnemann, "The ensemble of symptoms is the sole object that a physician ought to have in view in every case of disease, etc., etc." The doctor then concludes, "Hence you see it is not necessary to remove causes nor even to know their nature."

Now, in dealing with such a writer as was Samuel Hahnemann it is very essential that a critic should understand the meaning of the words which are used to avoid wrong conclusions. What does the word *ensemble* mean? The Standard Dictionary defines it to mean, "The parts of a thing viewed together, and as constituting a whole."

It is well to ask how much more of a disease does one need to view than the whole of it, as well as its parts. To learn that this was what Hahnemann meant by "ensemble of symptoms" one needs to read only a few paragraphs of the Organon. In the second paragraph he says, "The highest aim of healing is the speedy, gentle, and permanent restitution of health or alleviation and obliteration of disease in its entire extent in the shortest, most reliable and safest manner, according to clearly

intelligible reasons." Does any physician want to do more than "obliterate disease in its entire extent"?

In the latter part of the third paragraph of the *Organon* we find these words, "Finally when the physician knows in each case the obstacles in the way of recovery and how to remove them, he is prepared to act thoroughly and to the purpose as a master of the art of healing." Continuing in the fourth paragraph, he says, "The physician is at the same time a preserver of health when he knows the causes that disturb health, that produce and maintain disease and when he knows how to remove them from healthy persons." In this Hahnemann clearly teaches that *causes* ought to be removed before disease has manifested himself.

In the fifth paragraph he is more specific and says, "The physician in curing derives assistance from the knowledge of facts concerning the most probable *cause* of acute disease as well as from the most significant points in the entire history of a case of chronic disease; aided by such knowledge he is enabled to discover the primary *cause* of the latter. In connection with this the bodily constitution of a patient (particularly if he has a chronic disease), the character of his mind and temperament, his social and domestic relations, his age and sexual functions, etc., are to be taken into consideration." Hahnemann also on page 35 of the *Organon* says, "The true healing art is that intellectual office incumbent on the higher human mind and free powers of thought discriminating and deciding according to *causes*." Can anything be plainer than this, that Hahnemann meant just what he said and included under the term "ensemble of symptoms" all the visible and invisible phenomena of disease, including predisposing and exciting *causes*?

Dr. Quine quotes from various homœopathic physicians quite extensively to show that the doctrines of Hahnemann and Homœopathy are being repudiated. It is useless to attempt to reconcile the diversity of opinions expressed in the various extracts given in Dr. Quine's address. It ought to be said: however plausible this evidence may seem, it is misleading because it expresses the exceptions in the application of the law of similars rather than the general rule of practice. It is the exception that proves the rule. I can only speak for myself and can truly say that it is the excep-

tion where homœopathy fails. I think I can voice the sentiment of most of the members of the homœopathic profession that they make hundreds of successful prescriptions according to similia to where there is one failure. The failure invariably proves the rule, for in most cases of failure no indicated remedy can be found and it is often due to drugs taken in the form of proprietary medicines or due to prolonged use of allopathic dosing. No, Homœopathy is not being repudiated.

The doctor says that "The law of similars is just where Hippocrates left it." So is electricity where Benjamin Franklin left it. Take a kite and go out during a thunder storm and there you will find it just where Franklin left it. But ask F. B. Morse who applied it to telegraphy. Ask Alexander Graham Bell who applied it in the telephone. Ask Edison and the wizard smiles while your voice is drowned in the sound of phones and dynamos. Ask Yerkes, if you please, and he will tell you, "There's commercial value in it."

Where did Father Hippocrates leave the law of similars? Ask Celsus and Galen and Valentine and Paracelsus and Stahl and Haller, and echo answers, "Where?" Ask Hahnemann and he will point in silence to the recorded effects of the tests of more than a hundred drugs on the human body. Ask Bœnninghausen and he will refer you to his Therapeutic Pocket-Book so you can better apply the law of similars at the bedside. Ask Hering and he will show you his guiding symptoms in ten large volumes. Ask Guernsey, Lippe, and Dunham and they will answer by their works which do follow them. Ask T. F. Allen and he will point you to the records of the pure and positive effects of eight hundred and twenty-one drugs which have been tested on the human organism. Ask twelve thousand physicians and five millions of people who can tell the difference between it and the regulars' dosing. Ask Humphrey, Munyon, and Balentine and they will tell you there is "commercial value in it."

Shame or no shame, there will be a separate and growing organization known as homœopathics until the scientific principles of the Organon are taught in the colleges of the dominant school of medicine. What is not scientific ought to be consigned to oblivion; but before a man decides to cast away the Organon he



ought to study it carefully lest he be found trampling upon eternal truth which shall rise again. Only by organized effort and self-sacrifice can the cause of truth advance.

Dr. Quine deserves a compliment for his appreciation of the wonderful changes that have been effected since the days of Hahnemann when "they bled, and blistered, and puked, and purged, and salivated, and gave decoctions by the pint." Yes, and what a change! Yet the doctor would shame the organized forces which have been so largely instrumental in effecting the change. He would hold it in derision; for he says, "And what does the difference relate to anyway? A mere theory of the mode of action of medicines in curing disease. That is all. Think of it! A theory, speculation, wind." If it were not so serious, I would say, "Blow gentle wind and waft us on." Whatever has to do with human life cannot be treated lightly. Homœopathy has not fulfilled its mission yet. There is more for it to do and I can not do better than quote from Dr. N. S. Davis to show the present need of further change. In his article on the "Action of Toxic Agents" he very clearly and briefly reviews the physiological metabolism in relation to vital resistance to toxic agents. Then he concludes by saying, "Guided by the facts and principles briefly stated in the preceding pages of this paper, the physician will find himself ever acting in harmony with Nature's own processes and with the most satisfactory success. But this involves the necessity of studying with all the facilities of modern research, into the nature and agent, effects of each toxic as well as the nature and modus operandi of every therapeutic agent he uses. For only by studying the actual effect of toxic or disturbing agents on the blood and tissue and natural processes of resistance can he comprehend the true pathologic conditions involved, or the rational indications for treatment. And only by a similar knowledge of the action of each therapeutic agent can he know which to choose for fulfilling any given indication." "Otherwise," says Dr. Davis, "the physician must depend altogether on the dictum of authority, and give the routine list of remedies recommended for the treatment of diseases designated by the same names. In doing this he is soon found using, for the same patient on the same days, remedies widely diverse in their action, and often directly antagonistic."

And Dr. Quine must know that the above is too generally true of the regular practice to-day; and how can he so flippantly ask, "What is the difference any way?" And further, Dr. Davis says in reference to the use of antipyrin, phenacetin, and other coal-tar products, that while they afford prompt relief from pains they impair the blood and "vital processes and favor the retention of both primary toxin and the products of metabolism and therefore prolong convalescence." Now what is the difference whether a medicine is injurious to the natural processes of vital resistance or acts in harmony with the same. Dr. Davis concludes, "And there is no part of the whole field of medical knowledge that more needs thorough research and revision than that which relates to the action of drugs on the living body."

This necessity was observed by the immortal Albrecht von Haller one hundred and twenty-eight years ago. He gave as good rules to work by as are given by Dr. Davis. The latter has the advantage of better knowledge of physiology and pathology as viewed by all the modern improvements in the microscope and other scientific instruments. Chemistry and Bacteriology will also add much toward thorough work in testing drugs. Here is something to be done. The necessity is very apparent. Here are facilities and rules for doing it. Who will do it? It was in the doing that Hahnemann exceeded Haller. It is one thing to say; it is another to do. Hahnemann acted according to the best light he had; he suffered persecution, excommunication, and banishment. That difficulty does not confront the scientific man of to-day. Here is a great opportunity for the American Medical Association. It will require careful conscientious effort and patience. It will require special organization. Do not call it the Provers' Union; it might cause confusion. Inasmuch as Haller was the first to suggest a plan for testing the action of drugs on the human body, it might be calling the Hallerian Drug Testing Union of the American Medical Association.

In the meantime Homœopathy will maintain its separate organization. We will continue our colleges and teach what we believe to be scientific and give honor to whom honor is due. We will watch with special interest, every improvement in

the therapeutics of the regular school and after a number of drugs have been thoroughly revised and the indications given for each therapeutic agent so the practitioner may know when he is aiding vital resistance against disease; then we will take an inventory of the changes that have been effected since Hahnemann's day and all will be better able to judge whether homœopathy is drifting toward the dominant school or whether at last the regular school has drifted toward the "law of similars."

And as God's eternal truth penetrates the mists of ignorance and prejudice, may our errors make us meek like children that we may learn "obedience to fixed and eternal laws" remembering that:

"No truth from Heaven descends upon our sphere,  
Without the greeting of the skeptic's sneer.  
Denied and mocked at till its blessings fall,  
Common as dew and sunshine over all."

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## PEDIATIC MATERIA MEDICA, No. 1.

### CALCAREA FLUORICA.

T. G. ROBERTS, M. D., Professor of Pedagogy, Hering Medical College, Chicago.

This remedy heads the list of Schuessler's original twelve tissue remedies. As is well known, Schuessler contended that all curable diseases could be cured by these remedies. During the last few years of his life, however, he reduced the number to eleven, by discarding *Calcarea Sulphurica*.

Schuesslerism, or the biochemic system of medicine, claims to cure disease by supplying the particular inorganic salt or salts that is supposed to be deficient, and denies, therefore, that the action of these remedies is in accordance with the homœopathic law of cure. If cures were wrought by tangible doses only, there might be some reason for such a supposition; but, as cures are made with the very high potencies, there must be some other explanation. How much *Calcarea fluorica* can be supplied by an ordinary dose of the two-hundredth centesimal potency? But this medicine cures in potencies so high that the two-hundredth may be considered low, and this is true of all the so-called tissue

remedies. If this belongs to the realm of chemistry, we must revolutionize our ideas concerning the science. Biochemistry, at least as ordinarily understood, can not account for such cures. Any remedy that cures in the two-hundredth or higher potency must act homœopathically.

The tissue remedies are certainly very valuable medicines, but the claim that their exclusive use constitutes the best treatment for the sick in all cases, is theoretically absurd, and is disproved by actual practice. The most marvelous thing in therapeutics is the homœopathic similimum. When Lachesis, for instance, is perfectly indicated, or in other words is the similimum, no tissue remedy or remedies can cure so quickly as Lachesis.

Homœopathy has already absorbed the tissue remedies, and will go marching on when Schuesslerism has passed into "innocuous desuetude."

*Calcareo fluorica* is not rich in symptoms having special relation to the treatment of infants and children. While not an unproved remedy, it is nevertheless true that its symptoms are not very minute or exact, and it has been used, to a large extent, empirically. It is a very valuable medicine, but we need a knowledge of its finer symptomatology. No doubt, future provings and clinical experiences will enable the coming prescriber to use the drug with much more precision than is now possible. The action of this remedy on the surface of bones, the enamel of the teeth, the elastic fibers and the epidermis, makes it, however, of considerable value in the treatment of many morbid states of infancy and childhood.

**Outer Head.**—Cephalhaematoma, or blood-tumor, situated usually over one parietal bone in the new-born, and caused by an effusion of blood from rupture of the small vessels of the pericranium. This medicine is especially useful if the blood-tumor has a rough, bony base. Bruises on the bony surface with hard, uneven lumps.

**Teeth.**—Malnutritions and sometimes rapid decay of the teeth. Enamel of the teeth deficient. Unnatural looseness of the teeth is characteristic, and the enamel is brittle, rough, and thin. Toothache when the teeth are unnaturally loose. Premature looseness of the teeth in children should always bring *Calcareo fluorica* to mind.

**Throat.**—Adenoid growth in the pharynx, and post-nasal space. Diphtheria involving the trachea.

**Vomiting.**—Vomiting of undigested food. Vomiting during dentition.

**Anus and Abdomen.**—Anal fissure, and intensely sore cracks near the lower end of the bowel. Itching of the anus, especially at night, as from pin-worms, usually caused by piles or other morbid condition of the rectum or anus, and sometimes mistaken for pin-worms. It is claimed that all kinds of intestinal worms, except tape worms, have disappeared after the use of this drug. Pain in the bowels with restless sleep.

**Urine.**—Nocturnal enuresis when the urine has a very pungent odor. The urine is usually increased in quantity, but may be turbid, high colored, and scanty.

**Larynx.**—Membranous croup. Regarded by some as the chief remedy in true croup. Schuessler, in the last edition of his *Biochemic Therapy*, recommends Calc. phos. and Kali sulph. in membranous croup.

**Cough.**—Cough from tickling in the larynx, when the tickling is not relieved by coughing. Tickling cough on lying down. Tickling in the larynx from a relaxed condition of the uvula.

**Heart.**—One of the best remedies in the materia medica for morbus cœruleus. Dilatations of any of the cavities of the heart.

**Spasms.**—Bœricke and Dewey, under dentition, give the following from Dr. J. W. Ward: “Spasms, commencing by holding the breath, incessant crying and momentary loss of consciousness.”

**Tissues.**—Stony hardness of glandular enlargements, and irregularly shaped nodes and exudations on bones. Suppuration in bones.

**Modalities.**—The pains are generally worse in damp weather; better, by fomentations, lying on the painless side, and from motion.

**Relations.**—Compare: in swelling on the skulls of infants, Silicea; in indurated glands, Asterias, Bar. carb., Bar. iod., Calc. iod., Carbo an., Con., Hecla lava, Merc. iod. flav., Phyt. and Sil.; in suppuration of bones, Asafœt., Calc. phos., Sil.

## APPENDICITIS.

A Post-Graduate Lecture by J. J. Thompson. A. M., M. D., Professor of Surgery and Operative Gynecology, Hering Medical College, Chicago

Ladies and Gentlemen: You tell me that you have already listened to two lectures upon the subject of appendicitis during this short course. I will not, therefore, bore you with causes, symptoms, and pathology of the disease. I will not even give you a minute description of the methods of operation, neither will I attempt to give you the indications for certain drugs which may be indicated in this disease. You have had all this from other members of our faculty. Those of you that have been in practice for some time have not attended a meeting of our State Society in which the subject has not been discussed more or less in detail. You have probably not been able to pick up a medical journal during the same length of time without reading more or less concerning it. You have learned from the surgeons that it is never safe to delay even for a single hour operative procedures from this disease. You have learned from medical men that operations for appendicitis are seldom if ever indicated; it therefore remains for you to weigh the evidence in these cases carefully, intelligently, and without bias and give an opinion in each individual case that comes to your notice.

Those of us who have watched the course of professional opinion during the past five or six years have noticed a considerable change in the opinions of the best informed medical and surgical men regarding the necessity for operation.

Five years ago when our State Society met in this city I made the statement that in my opinion it was seldom necessary or advisable to operate for appendicitis. I made this statement from the standpoint of a surgeon and was not surprised to find myself antagonized by nearly every physician in the room and I regret to say that many of the medical men were in sympathy with the surgeons, but the time has already come when most of the best surgeons in this country are agreed that an operation is seldom indicated during the acute stages of appendicitis and even the most radical ones are now of the opinion that when pus is found it is sufficient to evacuate the pus without trying to disturb the appendix at that time.

The great question which confronts us both as general practitioners and as surgeons is, in what cases is an operation indicated, and when indicated, when shall it be performed with greatest safety to the patient?

Now ladies and gentlemen, I am prepared to state to-day as I stated five years ago that in my opinion not one in twenty cases of appendicitis needs surgical interference. This statement no doubt will be a surprise to some of you as it is to most of the laity who for several years have been diligently taught by the profession that immediate operation is the only hope of saving life in cases of appendicitis. Let me tell you, ladies and gentlemen, that as a matter of experience very few cases of appendicitis die under proper homœopathic treatment. When you hear of this, that, or the other person dying from appendicitis you may safely ask, who operated?

Hardly a day passes that you do not read in the daily press of some prominent citizen who has died from the effect of an operation for appendicitis; but how often, may I ask, do you read of deaths from appendicitis that have not been operated upon? This in itself is a matter worthy of consideration but we can do better than to depend upon mere hearsay or newspaper reports for statistics on which to base an opinion.

Some of the ablest members of the profession in our school have reported from fifty to one hundred cases of appendicitis treated without the knife and without a single death. It is foolish for the advocates of surgical interference to protest that these were cases of mistaken diagnosis. Most of the men who have made the most favorable reports from medical treatment are men who are as competent to diagnose a case of appendicitis as any surgeon in the land.

Now do not understand that I would recommend non-interference in all cases for certainly such is not the case. I have had, and have seen, most happy results from surgical work in well selected cases; and for the most part those cases have been when pus had already accumulated. But how, you ask, shall we know that pus is present? In the same manner that you would determine pus in any other locality. Simple inflammation does not necessarily result in pus. No gynecologist would think of cutting down and

removing a tube simply because of an inflamed condition. When pus can be determined let it out with the least possible disturbance to surrounding tissues. This is a good surgical maxim to go by, in appendiceal as well as in any other cases.

But, says the surgeon, suppose an ulcerative process is eating its way through the appendix, shall we not head off danger by removing the appendix before it ruptures into the peritoneal cavity? Let me answer that nature is a better surgeon than most of us give her credit. In nineteen cases out of twenty, before the ulcerative process has perforated the appendix, nature has built up an adhesive wall about that organ which completely shuts it out from the abdominal cavity. That there are cases where this is not true and where general peritonitis has set up no one will endeavor to deny, but shall we endanger the lives of twenty patients because of the possibility that one may suffer a fatal termination? And let me state in this connection that I have no patience with the statistics given out by some of our surgeons in which they have had such remarkable success. One of the best surgeons in this city not long since lost four successive cases within a few days in one of our leading hospitals and these were operated upon under the most favorable circumstances as far as asepsis and hospital facilities are concerned. I am happy to state that this surgeon is now of the opinion that the time to operate for the removal of the appendix is not at the time of acute inflammation. I believe that the most favorable statistics are those compiled from cases which do not need the operation at all; in other words, when the operator has simply cut down upon a pain.

What then, you ask, is your treatment in a given case of appendicitis? I will tell you, and I believe if you will follow my advice you will find it seldom necessary to use a knife.

Being called to a given case of appendicitis, I take the history as carefully as I would in any other disease, and undertake to prescribe the indicated remedy. In the majority of cases I have found Belladonna or Bryonia best indicated, and these remedies have given me most excellent results. Naturally I take away from the patient all solid food. I do not give a cathartic but undertake to clean out the rectum, descending and transverse colon, with frequent injections with a warm saline solution, sometimes using



glycerine or oil. I also give per. orem considerable quantities of olive oil, not as a physic for it does not act as such, but as a food and as a bland unguent to the lining membrane of the intestines. Seven out of ten cases of appendicitis are caused not by any foreign substance in the appendix, but begin as a cæcitis due to impaction of fæcal matter in the cæcum and ascending colon. Removal of this impaction, together with the indicated remedy, usually relieves the difficulty in a short time. As an aid to the regenerative process there can be no objection to the application of hot lotions or poultices over the abdomen. If the case is seen in time the above treatment is usually all that is necessary and will prevent the formation of pus. If, however, the case is well advanced before it comes to your attention, and there is distinct fluctuation over the appendiceal region or around the side of the cæcum, it becomes imperative that an incision be made and the pus evacuated after which the cavity should be packed at intervals until it has healed from the bottom. It is sometimes remarkable to what extent pus can accumulate about the appendix and yet the whole be walled off from the peritoneal cavity.

In one case operated on for Dr. Mitchell, of Ripon, Wis., I found the patient, a boy of eighteen, lying in a comatose condition, temperature below normal, and abdomen swollen and tympanitic. I made an incision over the appendix and evacuated some two quarts or more of pus, washed out the cavity without attempting to find the appendix, packed with gauze, and was happy to learn later that the patient made a very good recovery and has remained well.

Only a few days since I operated on a case for Dr. Grunewald of this city, the patient being a little girl six years old, who had been suffering for some five or six weeks with pain and tenderness, first in the appendiceal region but later over nearly the whole abdomen. Temperature had ranged from 101 to 105 degrees. When I first saw the patient I thought I could detect pus extending up to the umbilicus. I made an incision in the median line just below the umbilicus and evacuated an immense quantity of foul smelling pus containing a distinct fæcal odor. The little patient stood the operation well and is now on the road to recovery.

You ask, what shall we do with the recurrent cases? My answer is that if the recurrence grows less frequent and less severe, I should treat each as an individual case and await the outcome. The probabilities are that they will soon cease altogether. If on the other hand the recurrence increased in severity and frequency, I should certainly open the abdomen, break up the adhesions, and remove any remnant of the appendix which remained, I should not do this at the time of an attack, but between attacks when the inflammation had subsided and there was the least risk of stirring up a new inflammation and the greatest possible chance of a successful termination.

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### MEDICAL OLIO.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION, in session in Chicago, May 9th, appropriated \$500.00 to the Hahnemann Monument Fund.

SCHOOLGIRLS AND CORSETS.—The Saxon Minister of Education has recently issued a decree forbidding girls attending public schools in Dresden to wear corsets.

IN OUR LARGE CITIES it is quite common for druggists to prescribe for customers. They are seldom punished, and are enemies to scientific medicine and to sick people.

THE FIRST NUMBER of the Dunham Medical College Journal, a quarterly, has been duly received. It presents a neat appearance, and contains a large amount of valuable articles.

THE BLOOD of morphine *habitues* is said to contain a peculiar crystalline substance. The observation was made accidentally by Dr. S. C. Fuller, a homœopathic physician at the Westboro Insane Hospital of Massachusetts.

FREE PROFESSORS.—Human nature is much the same in medical colleges as elsewhere. From nothing nothing comes. It is like free medical services. Sometimes the patient gets the best medical service at the hands of the gratis doctor. Sometimes he dosen't.—*American Homœopathist.*

TERSE RULES.—Drink less, breathe more; eat less, chew more; ride less, walk more; clothe less, bathe more; worry less, work more; waste less, give more; write less, read more; preach less, practice more.—*Medical Record.*

STRICTLY ORIGINAL.—Mrs. Newcomer. How are you getting on in a social way, Mrs. Enceinte?

Mrs. Enceinte. I am getting on very well in the family way, Mrs. Newcomer, but I don't know about the other.

\* THAT most rare and expensive product, attar, or oil of rose, may now be procured in a state of purity. One ounce packages in copper flasks, bearing the seal of the makers, Botu Pappozoglan & Co., Kissinlik, Bulgaria, are to be found in the New York market. *Rosa Damascena*, the best oil-yielding rose, contains only four hundredths of one per cent. of oil. Hence its high price and temptation to adulterate.

HISTORY OF PAEDODOLOGY.—The first regular course of lectures given in a homœopathic college on the diseases of children was by Prof. E. A. Guilbert, of Dubuque, Iowa, in Hahnemann Medical College in 1865-6. The first clinical course on that branch was given in the Chicago Homœopathic College in 1872 by Prof. T. C. Duncan. The American Institute of Homœopathy established a bureau of Pathology in 1873 at the Cleveland meeting. In most of the homœopathic colleges separate courses, both clinical and didactic, are now given on this important branch.

GINSENG, THE ROOT OF PANAX QUINQUEFOLIUM, needs a thorough proving. It is a very famous root, and one of the highest priced drugs in the world. Fine specimens have brought, in China, considerable more than an equal weight in gold. Panax Quinquefolium is known as American ginseng, and, slightly less esteemed by the Chinese than the native Manchurian root. It fell to the lot of the writer, some twelve or fifteen years ago, to handle considerable quantities of ginseng. Five or six men of the neighborhood were frequent visitors to the laboratory and got into the habit of nibbling pieces of the root. Whether it was merely a coincidence or a genuine effect, we know not, but certain it is that the wives of four of these had *twins* during the succeeding nine or twelve months.

A BOY ACCIDENTLY shot through the center of the umbilicus, was found, on opening the abdomen, to be suffering from advanced tubercular disease of the peritoneum. In trying to separate the adhesions the intestine ruptured. This rupture and the damage done by the bullet were repaired, but on account of the denseness of the adhesions, the bullet itself could not be discovered. The boy made a good recovery, and now seems in very good health. Possibly the dense tubercular adhesions prevented his being killed by the bullet, and the operation of opening the abdomen prevented his dying of tubercular peritonitis.—*Brit. Med. Ass'n.*

DEATH FROM HEADACHE POWDERS.—Three deaths from the taking of headache powders having occurred recently in Allegheny county, Pa., the coroner's jury on the last case recommended that precautionary notices be printed on all such preparations containing coal-tar products, and that a State law be enacted to enforce this regulation. In the absence of such a law, druggists were urged to warn patrons as to the danger of using powders of this sort. It would be well, besides, if the ingredients of such preparations were printed conspicuously on some part of the wrappers in which they were contained, and still better if their sale was prohibited except on the prescription of a physician.

NAPHTHALIN PROVING.—The writer had a patient, who complained of waking in a semi-stupefied condition in the morning, with headache and malaise. This occurred morning after morning for four or five days. He had been "wild" as a young man, but at this period was quite abstemious. One morning he remarked that "he felt as though he had been sleeping off a jag." The symptoms lasted until ten or eleven o'clock in the morning, and then passed off. The writer became convinced that the phenomena must be due to inhalation of some intoxicating substance in or around the bed. Investigation discovered the fact that the patient was sleeping upon a pair of blankets, and was covered by another which had been put up with naphthalin, during the summer, and which had become impregnated with the substance, so strongly that the odor could be perceived on coming near the bed. Never having heard of similar accidents, the physician was at first

loath to attribute the symptoms to the "camphor," but a removal of the blankets was followed by a cessation of the symptoms. As the other members of the family used blankets similarly treated, and experienced no unpleasant symptoms, we must attribute the intoxication in this case to idiosyncrasy, a peculiar susceptibility to the toxic influence of naphthalin.—*Druggist's Circular*.

ALGRETТА.—"In the latter part of the last century there was sold, under the name *Album Græcum*, a white powder which was a reputed cure-all in diseases of the stomach, hypochondria, etc. It brought fancy prices and soon found its way into various pharmacopœias, and commentaries—among the latter, that of Lessing and Vogel (published at Stuttgart, Wurtemberg), and among the former the Russian, Finnish, Hungarian, and others. The powder was called, among the people, *Algetta*, which is a corruption of *Album Græcum*. The true nature of this powder is told in the German and French vulgar synonyms for it—*Hundskoth* in the former, and *merd de chien* in the latter. Its English synonym is unmentionable to ears polite."—*National Druggist*.

EXPECTORATING.—The crusade against spitting, mildly begun by some municipalities, should be carried forward with vigor by this and every health board in the country. When we reflect that nearly every case of consumption, pneumonia, diphtheria, influenza, or catarrh came from the sputa or nasal discharges of some previous case, and that these diseases, which cause perhaps one-third of all the deaths of human beings, would nearly or quite cease to exist if these discharges were destroyed as soon as ejected, we feel that no effort should be spared to make the knowledge of this fact general.—*Medical Counsellor*.

To try, by all possible means to instruct the public upon the sanitary facts concerning spitting is commendable, but to make it a misdemeanor punishable by fine as has been done in Chicago is a folly worthy only of an unthinking board of health.

THE USE OF PREPARATIONS, obtained at drugstores, by homeopathic physicians, on account of cheapness or convenience, is unwise for several reasons: (1.) The preparation so obtained, seldom agrees in character, with the one from which the symptoms

we use in prescribing, were obtained; (2.) Not infrequently the preparation so obtained contains medicinal substances, not to be suspected from the title: thus the chief old-school preparation of *Conium maculatum* contains muriatic acid. Therefore, he who uses this preparation from which to prepare potencies, is using two powerful drugs in one preparation. The principle old-school preparation of Ergot contains a vegetable acid of powerful medicinal effect. It is very probable that the next United States Pharmacopœia will use acetic acid in place of alcohol in all galenical preparations in which it is possible to make the change. This should bar us from using most if not all of their fluid extracts. Better be on the safe side, doctor, and patronizè a reliable homœopathic pharmacy.

USE OF ALCOHOL.—Dr. Clauston, of Morningside Asylum, Edinburgh, says no one should use alcohol:

1. Who has any family history of drunkenness, insanity, or nervous disease.
2. Who has used alcohol to excess in childhood or youth.
3. Who is nervous, irritable, or badly nourished.
4. Who has suffered from injuries to the head, gross diseases of the brain, and sunstroke.
5. Who suffers from great bodily weakness, particularly during convalescence from exhausting diseases.
6. Who is engaged in exciting or exhausting employments, in bad air and surroundings in workshops and mines.
7. Who is solitary or lonely, and requires amusement.
8. Who has little self-control, either hereditary or acquired.
9. Who suffers from brain weakness, the result of senile degeneration.

Who then may drink? We wish that Panurge or Pantagruel were alive to combat by a learned vociferation the cold dictates of Dr. Clauston.

JUVENILE SMOKERS.—In Paris, some months ago, at a meeting of the society against the abuse of tobacco, it was decided to submit a petition to the Chamber of Deputies praying that "all telegraph messengers and school boys be prevented from smoking, and that tobacconists be forbidden to sell their wares to mere

infants whose lips should know no other pleasure than the cheeks of their mother." Though the wording of the petition is rather curious, it is quite to the point. There is a humorous side to the question of children smoking. In a book on tobacco, lately published, is the following paragraph: "It was the custom in England about the middle of the seventeenth century for children going to school to carry in their satchel with their books a pipe of tobacco, which their mothers took care to fill early in the morning, it serving them in place of breakfast. At the accustomed hour every one laid aside his book to light his pipe, the master smoking with them, and teaching them how to hold their pipes and draw in the tobacco." At the present day Dutch children smoke pipes, and little boys of five and seven years old calmly discuss these calumets of peace as they proceed to school. Still this does not alter the fact that smoking injures the health of the young. The excessive use of tobacco is harmful to many adults; it tends to deteriorate the moral character in the same way as the inordinate use of chloral or bromide of potassium degenerates the mind by lowering the tone of certain of the nerve centers. If this is so with grown men, how much more forcibly must the case apply to immature youths?

**MERETRICIOUS SURGERY.**—"I know of nothing more prejudicial than local examinations for the supposed pelvic affections of hysterical girls. So strongly am I convinced of the perniciousness of this practice that I have for a long time absolutely refused to examine such cases except under an anesthetic and then not until I was perfectly satisfied that all efforts in the way of medication and general management failed to give relief, and consequently that there must be some organic lesion."—Skene (*Medical Gynecology*, 1895, page 299).

"Tampering with the pelvic organs when there is nothing the matter with them increases hysteria tenfold."—*Ibid* (page 300).

"In hysteria the brain rather than the uterus is the organ involved. A very large number of the diseases of women of all classes is of hysterical origin. This explains the marvelous results from the many and various treatments in vogue."—Magillicuddy (*Functional Nervous Disorders*, 1896).

Pseudo-gynecologists may be considered in two classes: The fellows who repair lacerations, and those who take out ovaries, and those who take out everything. The repairers of cervical lacerations are most common. The risk is small and the glory great. With them every torn cervix needs an operation. Moreover, they think it necessary to tell the patient (if not attended by themselves at confinement) that their doctors tore them, or that they are the victims of neglect. Madden (Clinical Gynecology, 1893), quotes Emmet and Thomas in support of his contention that the true state of affairs cannot be ascertained just after labor. American Text-Book of Gynecology, 1894: "It is not proper, in view of our light and methods of to-day, to attempt the immediate repair of cervical tears." Kelly (Operative Gynecology) "The mere fact of the existence of a tear, however deep, by no means constitutes an indication for an operation. I constantly receive patients who have been sent long distances for surgical treatment of harmless injuries of this kind." Operative skill alone cannot make a man a competent specialist. He should also be a physician of experience, education, and sound judgement. — *Dominion Medical Monthly*.

RECENT RESOLUTIONS OF THE ILLINOIS STATE BOARD OF HEALTH:

WHEREAS, Section 2, of an act to Regulate the Practice of Medicine in the State of Illinois, and to repeal an Act named therein, approved April 24, 1899, in force July 1, 1899, gives the State Board of Health discretionary power as to granting certificates without examination to graduates of legally chartered medical colleges in Illinois in good standing as may be determined by the Board, and,

WHEREAS, it is evident, notwithstanding the discretionary power granted to the Board, that the true intent and purpose of this Act is to require all persons to prove their qualifications to the State Board of Health by passing an examination; therefore be it

*Resolved*, That all applicants for a State Certificate to practice medicine and surgery in the State of Illinois, who are gradu-



ates of medical colleges in good standing as may be determined by this Board, shall, before receiving a certificate, be obliged to pass an examination such as contemplated in Section 2, of an Act to Regulate the Practice of Medicine in the State of Illinois, in force July 1, 1899.

*Resolved*, That the phrase "medical college or institution in good standing" in the first paragraph of Section 2, of the Act to Regulate the Practice of Medicine in the State of Illinois, in force July 1, 1899, is hereby defined to include only legally organized, properly conducted medical institutions, having a sufficient and competent corps of instructors, and ample facilities for teaching, dissections, ambulatory and hospital clinics, and which conform to the requirements relative to the preliminary education of matriculates, the course and period of study, the number, character and length of lecture terms, the duration of attendance on hospital and clinical instruction, which obtain in the majority of medical colleges in the United States.

*Resolved*, That the Illinois State Board of Health, will not consider in good standing, after January 1, 1900, any medical institution which does not require of all students (excepting graduates of reputable colleges of Arts and Sciences, or of reputable colleges of Dentistry, Pharmacy or Veterinary Medicine, to whom one year's advance standing may be granted) as a condition of graduation, an attendance on four full courses of lectures of at least six months each, in four separate years, no two courses commencing or ending in the same calendar year of time.

*Resolved*, That no medical college issuing a catalogue or announcement in which are contained misrepresentations respecting its teaching, clinical or hospital facilities, its faculty or its courses of study, or false representations as to the number of students matriculated or in attendance, will be regarded as in good standing.

Springfield, July 12, 1899.

J. A. EGAN, M. D., Sec'y.

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**The International Hahnemannian Association** met at Niagara Falls, June 26th and 27th. The attendance was small, only twenty-three being present, but what was lacking in numbers was made up in enthusiasm and the reading and discussion of good

papers. However, sixteen new members were added to the roll, and the prospects for another larger addition next year are considered very good. The Presidential address of Dr. Walter M. James was a masterly effort, and should be published as a campaign leaflet. The officers elected were: President, Dr. J. H. Allen, Chicago; Vice-President, Dr. S. L. Guild-Leggett, Syracuse; Secretary, Dr. Erastus E. Case, Hartford; Treasurer, Dr. Franklin Powel, Chester. An autograph invitation from Governor Pingree, Michigan, inviting the Association to meet in Detroit in 1900, was unanimously accepted.

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### NEW PUBLICATIONS.

**A Review of Recent Legal Decisions, Affecting Physicians, Dentists, Druggists, and the Public Health.** By W. A. Purrington, of the New York Press. Pp. 105. New York: E. B. TREAT & Co. 1899.

The work comprises a review of cases affecting medical men and medical women, summarized as follows: Statutory Regulation of Medical Practice; Fees; Compensations; Malpractice; Evidence; Excise Laws; Public Health; Manslaughter; Christian Science, etc. Many of these cases are both interesting and instructive, and should be studied by the profession. A careful reading may prevent a malpractice suit.



**The Twelve Tissue Remedies of Schussler**, comprising the theory, therapeutic application, *Materia Medica*, and a complete repertory of these remedies, homœopathically and bio-chemically considered. By William Bœricke, M. D. and Willis A. Dewey, M. D. Fourth edition, rewritten and enlarged. Philadelphia and Chicago: Bœricke and Tafel. 1899. Cloth, \$2.50 net.

Every homœopathic practitioner will welcome a new edition of these remedies with their ever increasing homœopathic verifications. The majority of them have been more or less thoroughly proved, and complete provings of the remainder will eventually remove them from the so-called bio-chemic therapeutics. Many valuable chemical verifications and a good repertory are included. We cannot have too many such works.

**Text-Book of Ophthalmology.** By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Translated from the seventh enlarged and improved German edition, by A. Duane, M. D., with 277 illustrations. Second American edition. Pp. 860. 1899. D. APPLETON & Co., New York and Chicago.

A careful examination of this splendid volume is scarcely necessary to enable the reader to appreciate the fact that this is the second American, from the seventh German edition. It is a classic; a standard work of reference in its special field. Had it not been fully appreciated it doubtless would have met the fate of many similar works. But there are well grounded reasons for its popularity. The author is a man with a genius for hard work. In Vienna he is known as "The Great;" is one of the foremost of living oculists, and is said to have a clinic of twenty-five thousand patients a year. With such a clientele it is not difficult to illustrate his teaching in all diseases of the eye. The work is well and profusely illustrated, and the illustrations are clear and many of them original, bearing evidence of thorough revision, and bringing up to date in everything that goes to make it not only one of reference but a reliable text-book for the advanced student in Ophthalmological science as known to-day. We commend it to the notice of our readers.



**A Practice of Medicine.** By H. R. Arndt, M. D., formerly Professor of Materia Medica and Therapeutics, and Clinical Professor of Nervous Diseases, University of Michigan; Member of the American Institute of Homœopathy, etc., etc. Half morocco, \$8.00 net; by mail, \$8.53. Philadelphia: BERICKE & TAFEL, 1889.

It was the purpose of the author, according to a statement in the preface, to put within one volume of not over one thousand pages the information which the general practitioner and the student of medicine expect to find in a work on Practice, but he had to extend the work to 1331 pages. The type is unnecessarily large, however, and the margins of the leaves unnecessarily broad, so that with some slight mechanical changes in these respects the matter in the book could have been contained in seven or eight hundred pages, without detriment to its appearance. A large amount of information is here brought together that will be very

useful to the general practitioner. In the necessarily incomplete examination which we have been able to make of the work it seems to be strongest in diseases of the nervous system and weakest in the infectious diseases. We noticed here and there errors which we hope are not thickly interspersed. It certainly was a difficult task to correct proof printed at a distance of three thousand miles.

In cerebro-spinal meningitis no mention of the most valuable diagnosis is made, although it has been known for more than ten years, i. e., paracentesis of the spinal cavity in the lumbar region and the microscopical examination of the fluid thereof.

In the turpentine-guaiac test for blood on page 1194 the directions given are to float a heavy on top of a light fluid, which is clearly an impossibility. The work seems, however, to be very comprehensive and will undoubtedly find a place in the libraries of many physicians. The very large type and broad margins, while not conducive to economy of space, give a handsome appearance to the work.



**Diseases of the Ear, Nose, and Throat and their Accessory Cavities**, by SETH SCOTT BISHOP, M. D., Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College. Second edition. Thoroughly revised and enlarged. Illustrated with ninety-four Chromo-Lithographs and two hundred and fifteen Half-tone and Photo-engravings. Pages xix-554. Cloth, \$4.00 net. THE F. A. DAVIS Co., 1914 Cherry street, Philadelphia.

During a large part of the year a physician's daily routine has to do with the conditions forming the subjects of this book. For this reason a text-book presenting the rational and conservative methods of treatment recommended by the leading authorities in these respective departments can always be expected to have a place in the up-to-date library.

New type, new illustrations, new complete chapters, and the addition of new material throughout, increasing the reading matter more than thirty per cent., seem to have convinced all who have seen the new edition that it now stands without a superior as the ideal practical treatise on this branch of medical science.

The subject of the EAR has long been classified with the EYE, to which it bears a comparatively slight relation. Ex-

pressions of gratitude are heard on every hand, that Dr. Bishop should have brought about a more practical and appropriate association. Physicians will find the new arrangement very practical. But in treating patients suffering from these affections of the ear, nose and throat, we should not overlook the prevention of a recurring localized trouble. Only strictly constitutional treatment will do this.



**The Anatomy of the Central Nervous System of Man and of Vertebrates in General.** By Prof. Ludwig Edinger, M. D., Frankfort-on-the-Main. Translated from the fifth German edition, by Winfield S. Hall, Ph. D., M., Professor of Physiology in the North-western Medical School, Chicago, assisted by P. L. Holland M. D., and E. P. Carleton, B. S. Illustrated with 258 Engravings. Pages xi-446. Extra cloth, \$3.00. The F. A. DAVIS Co., Publishers, 1914 Cherry St., Philadelphia.

This work consists of three parts:

I Introduction to the Anatomy of the Central Nervous System.

II Review of the embryology and the comparative Anatomy of the Vertebrate Brain.

III The Special Anatomy of the Mammalian Brain, with special consideration of the Human Brain.

The book is well and profusely illustrated as every work on Anatomy should be, and will be an invaluable aid both to teacher and student. The comparative morphology of the central nervous system is here given in a thorough and comprehensive manner, and every student of Anatomy will be grateful to author and translator. It should, as it undoubtedly will, become a text-book in all medical colleges.



**An Epitome of the History of Medicine,** by Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second edition. Illustrated with Portraits and other Engravings. Pages xiv-370. Extra cloth, \$2.00 net. THE F. A. DAVIS Co., Publishers, 1914 Cherry street, Philadelphia.

That a historical work of this character has reached its second edition is evidence of professional interest in its value. The por-

traits of the old heroes of medicine—among which is Samuel Hahnemann—from Esculapius to Gross, Virchow, Bilroth, Sims, and Agnew, should be in every library.

The author claims that Homœopathy was the natural reaction against the heroic dosage of the time, which is as much as we might expect from one who has never investigated its principles or practice. This is exemplified in the next sentence, “An offshoot of Homœopathy, which demands only the harshest criticism, is Isopathy—perhaps the filthiest theory ever invented—according to which like is to be cured by like.” An author so well known as Dr. Park should be more careful of his reputation as a scholar, for even a tyro in classics should know that Isopathy is derived from *idem*, the same, and has no relation to Homœopathy which is the law of *similars*—likes are to be cured by likes—*similia similibus curantur*. But then we did not expect to find Homœopathy correctly represented in his history of medicine.

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### PERSONALS.

Dr. Thomas Ryall has moved from Salinas, California, to Santa Cruz, same state.

Drs. E. W. Sawyer and F. O. Pease are out of the faculty of Dunham Medical College.

Dr. Wm. Bœricke, the venerable founder of the firm of Bœricke & Tafel, has removed to his country seat at Lake Keuka, New York.

Dr. Leon Simon, of Paris, France, who was wounded during 1870 in the Franco-Prussian war, has been raised to the grade of Chevalier of the Legion of Honor.

Dr. Sara F. Allen (Hering, '98), has just passed with flying colors, a very severe and extensive examination given by the Pennsylvania State Board of Examiners.

Dr. A. K. Crawford was granted a license to practice medicine in California at a recent meeting of the above board. The signature of Dr. Guy E. Manning is now as necessary on Dr. Crawford's license, as Dr. Crawford's affirmative vote once was on Dr. Manning's diploma.

Dr. T. C. Duncan has cast his lot with Dunham College.

Dr. M. J. Kuznik is pleasantly located at No. 429 Oak St., Chicago.

Dr. Julia Holmes Smith has been elected Dean of the National College.

Dr. W. W. Stafford, who has been seriously ill for some time is steadily progressing to recovery.

Dr. E. Mather has removed from No. 22 Adams avenue W. to 319 Woodward avenue, Detroit.

Drs. L. A. L. Day and J. A. Tomhagen have temporarily closed their office while on a vacation.

Dr. E. Z. Bacon will soon start for his old home in New York state where he will spend a few weeks.

Dr. J. B. Gregg Custis has removed his office and residence to No. 912 Fifteenth Street, Washington, D. C.

Dr. Harriet S. Taylor, Springfield Ill., is camping in the Rockies with a party of friends. Fortunate doctor!

The doctors are returning to work after the Atlantic City trip, with good grace, and impoverished bank accounts.

Dr. T. H. Hudson, Kansas City, is visiting Southern California. He is in delicate health and may decide to remain in that balmy country.

The Denver Homœopathic Hospital recently moved into its commodious new building, and is occupying a large field of usefulness in the far west.

Dr. C. E. Fisher, the exuberant, the itinerant, the talented, has gone to Little Rock, Ark., to do some kindly offices to Dr. W. E. Green who is ill.

Dr. Wilson A. Smith, the genial, the jocular, the diagnostic, has returned to his old home in Morgan Park, Illinois, after some years of dreary wandering.

Drs. O. L. Garlinghouse, Hering '98, and L. P. Crutcher, Hering '96, have been elected to professorships of Materia Medica in the Kansas City Homœopathic college.

Dr. Luella E. Axtel, Chicago, will locate at Cripple Creek, Colorado.

Dr. O. S. Runnels, of Indianapolis, Indiana, has a fine private surgical hospital with thirty beds.

Dr. Julia Downey FitzHugh, a graduate of Hahnemann, Chicago, is located at 1517 Welton Street, Denver.

Dr. Joseph T. Cook, of Buffalo, N. Y., has been appointed medical examiner of the Penn. Mutual Life Ins. Co.

Dr. W. J. Hawkes and Miss Jane Gray, Los Angeles, were married in June. The doctor has entered into active practice in Pasadena and Los Angeles and will not resume college work in Chicago.

Dr. J. H. Allen, Professor of Skin and Venereal Diseases at the Hering Medical College, was elected President of the International Hahnemannian Association, at the recent meeting at Niagara Falls.

Dr. Rosalie Sarah Richard de la Hautiere (Hering, '99) has been granted a license by the California State Board of Examiners. What an expensive undertaking it will be to paint the doctor's name on a sign!

Dr. E. B. Nash, Courtland, N. Y., author of that valuable and remarkable work, "Leaders in Homœopathic Therapeutics," expects to be in Chicago next winter and deliver a few lectures at Hering College.

Drs. W. H. Caine, of Minneapolis, and A. B. Cole, of Fergus Falls, have been appointed as surgeons in the 12th and 14th regiments of volunteers just raised in Minnesota. Homœopathy thus has two out of the nine surgeons.

Dr. W. W. Drought, Fergus Falls, Minn., has been re-appointed on the Minnesota State Examining Board. The president of said board is a woman, Dr. Adele S. Hutchinson. Well! Well! Wouldn't that agitate your mesentary?

Dr. Harriet S. Taylor, '97, Springfield, Ill., has proven that one can go to his or her own home and make a success of the practice of medicine. She assisted in the hospital for the care of sick soldiers while they were encamped in the city.



Dr. Agnes Vivers Swetland, Omaha, has written a book entitled "Is Marriage a Failure?" According to the review in the "North American Journal of Homœopathy," it is.

The rivalry between St. Paul and Minneapolis has taken a new form. There is a keen race as to which can register the greater number of smallpox cases. St. Paul is ahead with sixteen cases, while Minneapolis is limping along with two.

Dr. Thomas J. Biggs, New York, a former surgeon of the U. S. Army, has discovered a cure for leprosy in *Naja tripudians*, the poison of the cobra de capello, the hooded snake of Hindostan, The doctor proposes to use the serum hypodermically, but he has not yet cured any cases. If he would refer to the provings of Dr. Russell of England, recorded in our *Materia Medica*, he would soon find that he is not likely to make any cures.

It is a matter of regret on the part of the profession of Southern part of California that Dr. Joseph H. Kirkpatrick has decided to locate in Chicago. The doctor, although a young man and not long in active practice, has already made an excellent record in Los Angeles, having to his credit as a surgeon a considerable list of abdominal operations and vaginal hysterectomies without a failure. The best wishes of his California colleagues will attend him in his new and larger field.

Dr. H. W. Champlin, Bloomsburg, Pa., gives some good hints to the public:

Study health, think health, talk health. This does not mean that you shall study the symptoms of ill health as described in various quack medicine advertisements; you probably have none of the frightful diseases that those sources of information would have you believe. Religious and other periodicals that, for a consideration, convey such false statements to the public, are responsible for much unnecessary drugging and imaginary illness. Nor would I recommend you to study the reliable authorities on diseases and drugs. Keep disease out of your mind.

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"I wish I was a rabbit," said the boy as he puzzled over his multiplication table; "because," he added, "I read in the paper that they multiply rapidly."

## HERING COLLEGE NOTES.

Dr. Barstow, '98, will be connected with the college this year.

Dr. Brown, '98, took post-graduate work during the past year.

Dr. Ida B. Putnam, '97, is located at 2305 Congress street, Chicago.

Dr. Unkrich, '97, is in the college building in the capacity of house physician.

Dr. Walter Wylie, '97, resides at Sparta, Ill., and has had quite an experience with tubercular patients.

Dr. Frances Lane, '98, returned home after several months work in the Woman's Hospital at Philadelphia.

Dr. Weiland, '95, will give a practical course of lectures on diseases of the kidneys this winter at Hering.

Dr. Jessie B. Atkins, '96, is doing excellent work in Clarksville, Tenn. She was among our brightest students.

Dr. Ernest Codwell, '97, is located in Chicago and during the coming year will assist Dr. Roberts in the children's clinic.

Dr. E. A. Hardy, '97, returned to Canada and passed a rigid examination, doing credit to himself and alma mater.

Dr. Belle Gurney, '97, 6854 Wentworth avenue, was elected to continue as assistant to the chair of Medical Diseases of Women at Hering.

Dr. Hollingsworth, '97, has a growing practice in Brazil, Ind. He has purchased a home there which is presided over by his excellent wife.

Dr. Majumdar, '97, returned to India and has shown his faith in his alma mater by sending more representatives of his country for instruction and training at Hering.

Dr. Grace Von Stoffer was the first of the class of '97 to enter matrimony. She married Dr. J. Z. Davis and resides at Muscogee, I. T. She is the pioneer in her school in that part of the country.

Dr. Crosby, '97, went to Rochester, Ind. There are fifteen doctors in the city, but only one other of his own school. He says the Eclectics are hardest to compete with and

would advise beginners to stay away from a town containing many of that school. He has served two years as county physician.

Dr. Edith Clark, '97, is located at 31st street and Calumet avenue, Chicago. During the past year she lectured on Physiology at one of the west side colleges and will assist at Hering the coming winter.

The Hering Alumni, at a recent meeting, elected the following officers: President, Dr. Campbell, '99; Vice-President, Dr. Edith Clark, '97; Secretary, Dr. Frank Weiland, '95; Treasurer, Dr. Belle Gurney, '97.

Now that the Alumni Association has a "Camel" for its president we expect it to get a hump on itself and make its influence felt. With a "Gurney" in its outfit we should ride on to success and settle on its "Wee land."

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### EDITORIAL.

THE MOST IMPORTANT action of the State Board of Health at its recent meeting in Chicago is given in full on another page. As it now stands this change is all in favor of the board and all against the people of Illinois. It gives the board of health too much license, it deprives the colleges of all supervision over the acts of the board, it removes all necessity on the part of the would be doctor from being thoroughly educated at a college.

It provides that "all applicants for a state certificate to practice medicine and surgery . . . . who are graduates of medical colleges in good standing as may be determined by this board, shall, before receiving a certificate, be obliged to pass an examination." On the other hand it allows the State Board to grant certificates to applicants who are *not* graduates in any old way it pleases, with or without an examination. If graduates only, of "colleges in good standing as may be determined by this board," were *eligible* for examination the colleges would be held in check by the board, and the board would be held in check by the colleges.

Is there anything peculiarly immaculate or anything remarkably intelligent about a board of health that makes it less liable to

authorize quacks and incompetents to practice than are regularly organized colleges? The people of Illinois would have their interests much better protected and conserved if the board of health was supervised, or held in check in some way, for animated by the laudable object of protecting the people from quackery, too much power has been put in the hands of the few active members who compose said board. By making *graduates* only eligible for examination, both the power and the temptation to become corrupt is in a measure removed.

A candidate for graduation at Hering Medical College was not allowed to take the examination on account of a previous shady history of quackery, hypnotism, and doubtful credentials. This man now, less than a year after his rejection by Hering, claims the right to practice on a license granted by the Illinois Board of Health. We do not know that our board is not animated by proper and ethical principles, but we know that the elements of corruption are present in abundance, i. e., (1) an unsupervised and irresponsible board. (2) A host of quacks who desire the right to practice, and have money to buy it with.



THE GRADUATES of 1899 having by this time recovered from the mental perturbation of examination week, and the solicitude of selecting a location, are settling down to the "real thing," the sober business of life. The excellent advice, poured forth with, perhaps, platitudinous exuberance on commencement day is now forgotten or remembered only vaguely as a part of the foot-light glare and confusion of that eventful hour. We should like to remind these gentlemen, that now, in the first quiet years of an incipient business, is the time and opportunity to perfect themselves in their chosen profession.

Upon careful search they will probably find a few things that they do not yet know. There is the differential diagnosis between multiple spinal sclerosis, paralysis agitans, and senile trembling, for instance. There are the symptoms of *Dioscorea*, and *Hanthoxylum*, and *Sinape's alba*, not to mention more. What we particularly wish to call attention to is that now and not to-morrow, nor next year, is the time to make up these deficiencies.

Gentlemen with the clean crisp diplomas, begin to-day! Bend your back and also your cerebral fibre over the great field of special knowledge to which you have devoted your life, and keep up the process as part of your daily routine. For fear you may waste time for a subject, let us begin on the eye symptoms of posterior spinal sclerosis, and then for a change take the external rotators of the thigh. Then some day, when you suddenly discover that your arteries are getting as rigid as pipe-stems, that your cornea is getting a hazy ring in it, that your abdomen is waxing and your calf is waning, both in size and tonicity; in short, when you discover one day that you have left the lists of youth and are enrolled upon the tablets of the middle aged or worse, there will be no place for that interminable regret for time and opportunities irrevocably and forever gone.



**The Medical Profession:** Causes of its Divisions into Discordant Elements and the Reasons I am not a Homœopath, by WILLIAM E. QUINE, M. D., Dean of the faculty, College of Physicians and Surgeons, Chicago. An address delivered before the faculty and students of Dunham Medical college.

Dr. Quine quotes from the Organon to prove that Hahnemann was not ignorant but dishonest.

“Homœopathy is an infallible, an unerring law.”

“The great sole therapeutic law.”

“A mode of cure founded on an eternal infallible law of nature.”

“The great art of healing remained undiscovered until my time.”

Because of this latter statement, in which he confounds *the law of cure* with *the art of healing*, Dr. Quine calls Hahnemann and the homœopaths of today, not ignorant, but dishonest.

The *Journal of the American Medical Association* in which the address was printed declines to publish a reply by J. A. Kirkpatrick, M. D., Professor of Pathology, Hering Medical College, Chicago, which appears elsewhere in this number.

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The whole family feels injured when a woman comes home from her sewing society and says she didn't hear any news.

## OBITUARY.

DR. I. T. TALBOT, another veteran in our ranks, another giant in Homœopathy, has fallen, at the ripe age of nearly seventy years. He was born October 29th, 1829, graduated from Hahnemann College in 1853, from Harvard in 1854, became a member of the American Institute in 1853—a member forty-six years—and died July 2nd, 1899. He was a tireless, indefatigable worker in the College, the hospital, in city, state and national societies, and dispensary; in fact, in every thing pertaining to the advancement and welfare of Homœopathy. To him is due the introduction of the resolution constituting the various bureaus of the American Institute, thus entirely changing the original intention of its founders. He has been an acknowledged leader in this association for nearly half a century and will be sadly missed from its councils.



GORDON W. HOYT, M. D. (Hering, '96), Syracuse, N. Y., will have the heartfelt sympathy of his colleagues and class-mates in his sad bereavement, the death of his wife, Gratia G. Hoyt, who died very suddenly, July 11th, of acute Bright's disease, after an illness of only twenty-six hours. Mrs. Hoyt, as Miss Gwynn, was a graduate of Syracuse University, a beautiful and talented young woman, a daughter of Dr. William M. Gwynn, and held a foremost position in the best society of Syracuse, beloved by all who knew her. She and her sister, Mrs. Otis Wiley, of Syracuse, had but recently received notice that the "keys of Phi Beta Kappa" were to be given to them. This is a mark of especial distinction as only graduates of certain colleges, who have stood at the highest in their classes while in college and have done something of merit since graduation, have this honor conferred on them.

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The Detroit Homœopathic College is fully organized and ready for business.

A man was picked up in the streets of New York the other day, who claimed he had been living for weeks on an onion a day. No better evidence could have been advanced that the onion is a strong diet.—*St. Louis Star.*

— THE —  
MEDICAL ADVANCE,  
ELKHART, INDIANA.

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**SIGNIFICANCE OF URINARY SEDIMENT.**

DR. FRANK WIELAND, Professor Renal Diseases, Hering Medical College, Chicago.

I shall give no attention in this paper to the chemical analysis of urine, because an article of this length would be inadequate. But in these days, when the value of the condition of the urine is appreciated in diagnosis and prognosis, there are certain physical features that have come to be understood as meaning something. Unless a physician has kept up in his Chemistry, he should not make his own chemical analyses for the reason that any test, to be of value, must be delicate, and that necessitates clean test tubes and fresh reagents. So I shall speak only of the significance of sediments that any one can observe.

The ideas that some physicians, have of the urine are appalling. One held up for my admiration a test tube about one-half full of sediment, and remarked—"I think my patient is in bad shape. Just see the albumen in his urine!"—in defiance of the fact that albumen does not occur as a sediment.

One insurance company sent word to me that their physician had examined a specimen of urine from a patient I had recommended and the tube was full of crystals of sugar, according to Haines' test. There is no test for sugar that will give crystals of glucose, for a chemical reaction must take place, and the sugar be decomposed.

While sugar does not fall within my subject, I would sound a note of warning in regard to the tests for it. They are apt to be uncertain, on account of chemical change in the reagents used.

Two years ago one of the students brought in a beautiful diabetic specimen, and the whole class reveled in glucose and yellow sediment. The following week the student came to me and said she had cured her patient, as she could find no sugar. Accustomed as I was to the marvelous and rapid cures of Sophomore students, I was hardly prepared for this. I took her reagent and to her beatific satisfaction, got no result. I then made a thick solution of glucose, tested it for glucose, and found none present. I then decided that something was wrong with my reagents.

I do not think a turbid urine is ever normal—I know that a sediment is not. The urine must be clear and transparent. Any departure from this condition is pathological. That is rather a severe word, but it is a relative term, and can be used to express any departure from the normal.

Phosphates, among the chemical sediments are most common I judge. We know that Phosphorus occurs in normal urine combined with alkalies and earths. As the former are always in solution, the latter only are found as sediment. The amorphous calcium phosphate is often thrown down by heat, and may deceive the unwary into thinking he has albumen. Hence the necessity of rendering the urine acid before applying the heat test for proteids. None of the phosphates is an encouraging sediment, and if they occur in the urine at the time it is passed, they mean trouble. They accompany an alkaline urine, and urine of this reaction is always bad. The patient will probably be nervous, despondent, and losing in weight. Loss will always be greater than repair. If at the same time the urine be ammoniacal, it points to a suppurative condition somewhere in the lower urinary tract. Patients presenting these features can scarcely be catheterized with safety, and mechanical procedures have been attended with grave results. While so simple a cause as a vegetable diet may result in a phosphatic deposit in the urine, this does not make the deposit less significant. Phosphates mean starvation or suppuration and neither of these is desirable. One of the most conspicuous sediments, and also a frequent one, is mixed urates, found in acid urine. The deposit is of



pink color, settling in a heavy cloud to the bottom of the receptacle, and leaving often an almost insoluble stain.

With nitric acid urates give a test similar to that for albumen, and often confuse the analyst, if he has not taken the precaution to heat the fluid. Urates are soluble in hot urine, and this is characteristic of them. Occurring in the third week of typhoid, they are critical, indicating a favorable issue. If they occur in a state of comparative health, they signify a deranged liver, a bad stomach, an excess of nitrogenous foods, or inability to digest those eaten. A vegetable diet, and abstinence from alcoholics will cause urates to disappear even in one of an uric acid diathesis.

The chemical relation between urates and uric acid is so close, that what has been said of the former may well apply to the other. In general, uric acid would represent a more intense condition. An intensely acid urine is always deserving of suspicion, as it betokens a possible diabetes later on. I doubt if diabetes, unless it be traumatic, has ever occurred where the urine was not acid originally.

Oxalates are comparatively rare. They most resemble phosphates but are not amorphous, and are heavier. They will occur most often in males who overeat and take little exercise. Most vegetable foods contain oxalic acid, and this combines with the lime salts to form oxalate of lime. The fact that this salt will follow a diet of flesh or fish is evidence that it may be of azotic origin. By diminishing the amount of starchy and nitrogenous foods, and such vegetables and fruits as are rich in oxalic acid, oxaluria can be corrected. The crystals are often present in abundance in a microscopic form and cause burning and cutting on urination.

It is very possible for pus to be present in appreciable quantities in suspension, but it is a frequent sediment, and a significant one. With it may occur amorphous phosphates that that will be liable to cause an exaggerated idea of the amount of pus present.

It is always interesting and important to know the location of the lesion that has caused the pyuria. So many chronic kidney difficulties, as well as acute inflammation of the pelvis and of the bladder are accompanied by pus, that it is difficult to decide by inspection only where the trouble lies. In cystitis the urine is

usually alkaline, turbid and the urination painful. If the pus be from the kidneys as a result of subacute inflammation, the urine will be less turbid, and would not attract attention were it not for its peculiar sea-green color.

Blood occurring as a sediment, is unmistakable, and never innocent. Even in small quantities, it will eventually seek the bottom of the vessel, tending to form gelatinous strings. It is often passed in long irregular masses. Effort has been made to determine the bleeding point by the appearance of the clot, but such conclusions must always be unsatisfactory.

If the hemorrhage is active, even if it be from the kidney or its pelvis, the blood will undoubtedly have reached the bladder before coagulation takes place. Long vermicular clots are evidence of coagulation in the ureter. The microscope will reveal the blood cast of renal hemorrhage, but we have nothing to do with such examinations in this paper.

I have wished simply to call attention to the physical appearance of urine and to the deductions that can be made from it.

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### RHUS RADICANS : A MODALITY.

H. C. ALLEN, M. D., Chicago.

Periodicity has not hitherto been regarded, either pathogenetically or clinically, as a marked characteristic of Rhus Radicans.

Under Rhus tox we have, "Every year on 13th of May; seized with burning, itching of the skin lasting twenty-four hours," is the only hint of marked periodicity given in the *Guiding Symptoms*.

The weather changes, however, are very marked as exciting causes under Rhus tox.

"Sensitiveness to cold open air.

"Sufferings during raw, cold weather and the prevalence of north-easterly winds.

"Bad effects of getting wet, after drinking cold water, especially after being heated.

But from the Radicans, under which most of our cases of poisoning occur, very little is known, or at least recognized as differing from the Rhus tox. However, from an experience and more

or less careful observation of a quarter of a century, I am forced to the conclusion that there is not only a marked difference in symptom pathogenesis, but in a periodicity which stamps it as a remedy of the greatest antipsoric value. It is in deeply psoric or tubercular constitutions that its toxic effects are most felt and long lasting; in fact, the bad or constitutional effects seem almost ineradicable without the antipsoric.

In a foot note to the symptomatology of *Rhus radicans* by B. F. Joslin, in Jahr's *Symptomen-Codex*, is the following:

*Rhus radicans* and *Rhus toxicodendron* are considered by some botanists as varieties of the same species. The trunk of the *radicans* is from five to forty feet in height and is furnished with an immense number of dark reddish-brown radicles or root-like fibres, which enable it to adhere to trees and other objects, and be thus supported as a vine. The *toxicodendron* is a low, self-supporting shrub, only two or three feet high, generally erect and straight. When the *radicans* grows where it meets with no object suitable for its support its height, only four to six feet, and its branches frequently recumbent, in a dry soil the branches may not be recumbent, and the stunted *radicans*, with few or no radicles may be mistaken for a *toxicodendron* from which, however, it is even then distinguishable by the crookedness or obliquity of its trunk. As to the leaves, both are trifoliate, but the leaflets of the *radicans* are generally entire at their margins, and smooth and glabrous on both surfaces, whilst those of the *toxicodendron* are generally toothed or lobed, and their inferior surface pubescent.

Until the precise relation which the *radicans* and *toxicodendron* sustain to each other in their medical properties has been rigorously determined, no specimens of them should be collected, either for pathogenetical or clinical purposes except from wild and almost full grown plants, and from those which possess several of the botanical peculiarities in a high degree, not only to prevent the possibility of confounding them, but to determine the finer points of difference in their medical properties.

If Hahnemann recognized the *radicans* at all he has not mentioned it in any of his writings. The botanical differences between the two plants, however, afford ground for a belief that there is a marked difference in their medical properties. It would be incompatible with the strictness of homeopathic science to rely solely on botanical analogy, or on a general correspondence between their pathogenetic effects.

The provers of *Rhus radicans* were among the most careful and accurate observers which American Homeopathy has produced, such men as B. F. Joslin, S. B. Barlow, E. Bayard, B. F. Bowers, R. M. Bolles, Walter Williamson, R. A. Snow, and Dr. Bute—and they regarded the plants as differing widely in many of the finer points, both botanically and medicinally, enough so to warrant a proving which they undertook personally to make and superintend.

Dunham says in his Lectures on *Materia Medica*, “*Rhus toxicodendron*; or *Rhus radicans*,” and adds:

These two plants are now regarded by botanists as identical, differing only in their modes of growths. I can perceive no essential differences in the symptoms ascribed to them by provers. For ten years I have used them interchangeably in my practice, and have seen no difference in their effects. I shall therefore treat them as identical substances.

Yet with all deference for the opinion of Dr. Dunham we must differ from his conclusions and affirm that the majority of botanical authorities claim two distinct plants, and clinical experience has verified, and we think will continue to verify, their correctness. A few cases in point:

Dr. C. was badly poisoned by *Rhus radicans* the first week in June twenty-two years ago. The hands were enormously swollen, the fingers covered with vesicles and unable to be bent for weeks, and the itching almost unbearable; *the more he rubbed the more he wanted to*. After about ten weeks of topical treatment with various and numerous applications, all said to be sure cures for *Rhus* poisoning he finally recovered the use of his hands. But every year since, the first week in June, marks the onset of the vesicular eruption on the fingers and palms of the hands with the old annoying, intolerable itching.

Mr. C. B. was exposed to ivy on July 4th, 1883. He retired as well as usual, but was *awakened at 12:45 A. M.* by severe, burning, smarting itching of the upper lip. On lighting the gas he found the lip very much swollen and red, and soon the characteristic, erysipelatous blush spread over the entire face, and after a few weeks of misery with the topical applications recommended by friends and physicians he recovered. Every year since, *at 12:45 A. M. July 5th* he has been awakened from sleep by the itching,

smarting, and burning of the upper lip with more or less swelling. As soon as he begins to treat the lip with sugar of lead and glycerine the eruption begins on the toes and soles of the feet. *Rhus radicans* has given him prompt relief from the itching, and a dose of Tuberculinum once a month prevented a return on July 5th, 1898. I am awaiting with some curiosity the return of July 5th, 1899. (July 15th, 1899. No return on lips or face, but the old eruption, vesicular, itching, burning, with rhagades, worse on warm days, appeared in a modified form on the toes.)

Miss W, aged ten, poisoned July 10, 1897 had a prompt return each July 10th with the same vesicular erysipelatous eruption.

Like all eruptions, that of *Rhus* should never be treated by local medicated applications, for it appears to be capable of suppression in the same way as other skin eruptions. It is the psoric or tubercular person that is especially susceptible to its deleterious influence, hence poisonings with this vegetable antipsoric should always be treated with the simillimum. When the acute attack is very severe the utmost care in the selection of the remedy must be taken, and in no case of acute disease is it more essential to take into consideration the old constitutional ailments of the patient or family than here. The more we rely on the over-shadowing prominence of the localized ailment—the agonies of the skin affection—the less liable we are to find the curative remedy. Here that invaluable observation of Hahnemann, a discovery made during his research for the cause of chronic disease, has aided me in many a stubborn case. *When the best selected remedies fail to relieve or permanently improve*, the remedy of the miasm or the antipsoric having the symptoms of the patient, must be selected, and the constitutional symptoms are here the only reliable guide. The same cause that makes rheumatism, gonorrhœa, syphilis and other ailments so obstinate, is that we pay too much attention to the localized manifestations and too little to deeper constitutional symptoms of the patient.

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Tired of life; despondent; thinks nothing undertaken will succeed; thoughts of suicide so profound is the depression—these are mental symptoms calling for *Aurum*.

## BRYONIA AND SANGUINARIA HEADACHES.

THE ANGRY MOTHER'S MILK.  
WHY POISONOUS?

To be able to explain a series of symptoms of a drug is a future art that should be studied and encouraged.

The headache of Sanguinaria may be similar to that of Bryonia up to a certain point, as suggested by Dr. Craddock, p 542, of Medical Advance, while the latter begins in the neck, extends over the head and is worse on motion. The former is aggravated by rest and what lessens the blood flow (like tying the head up tight). The irritation of Sanguinaria is cerebral, while that of Bryonia may be hepatic in origin. The first is a nervous headache, pure and simple, while the latter doubtless is bilious, due to a gastric catarrh—induced by overeating—“aggravation from motion.” The catarrh (enteric) that remains may be met by Mercurius, but should not Bryonia cure this also to be the complete similitum to the case?

The cause of the milk of an angry woman producing infantile death is given a new explanation in Dr. Craddock's article that is a very plausible one. It has been shown that anger causes the saliva to become acid in reaction. It was believed some years ago, and so taught by the writer (while professor of diseases of children), that the milk of the breast was soured by the passionate storm. Acidity kills infants speedily, and it is this the nurse has to guard against constantly. It is the sour milk of summer that causes so many cases of cholera infantum (so-called). As to whether it is the free lactic acid in the milk, phosphoric acid or Cholesterin that causes such deleterious effect upon the nursing infant, chemistry should come in and decide the question. This is a field in which physiological chemistry should demonstrate its value.

In the case of the chemist whose urine became milky from mental anxiety it was found to be excessively alkaline from “earthy phosphates.” How does the writer explain the *modus operandi*? Is it his inference that the milk (in an anxious mother) would become more alkaline (milky) and therefore deleterious?

DR. T. C. DUNCAN.

**MIND AND MATTER.**

A Christian Healer whose Time was much occupied in Thinking about the Unreality of Disease at Two Dollars (\$2.00) per Think was Consulted Once by a highly Unimaginative Man for a Chronic nervous Affection of a Very painful Character. Under the promises of a Speedy Recovery, which were of a Glowing character, made by the Christian Healer, the Man devoid of Imagination came every Day to get his two dollars' (2.00) Worth of Thought on the non-Existence of his Complaint and all went Well with the Healer.

At the End of some weeks, However, the Pain continued with a Cheerful Assiduity that could Not be Disregarded. The patient Began to think that Peradventure his Leg was Being Pulled, and that Mayhap he was What the boys called a "Soft Guy," So he Said, "Behold, now I have had some forty Dollars' (\$40.00) Worth of Thought on this Subject, but I have not had a Cent's worth less Pain than Before. Now Look you! Christian Healer, I would like Very Much to know Just When your Thoughts about my Pain will be Concluded, for I am somewhat Cramped by the Daily Depletion of my Funds."

Then the Christian Healer waxed judiciously Wroth and Got off the following Gag, "O you of little Faith! Why Do you not Believe Me when I Tell you that you have no Pain. Evil and suffering and Pain do not have an Intrinsic Existence. They, Together with Matter and the Material World, are Phantasies of the Brain. The Only Real Thing is Thought." He spoke with such emphasis that the Silver Dollars in his Pocket jingled pleasantly. "But this Sublime Philosophy is too Subtle for your Commonplace mind, and Hence I can Do nothing more for You. You had better Go and fill your coarse Unappreciative system with Quinine or other Drugs."

Then a Vision of forty Dollars (\$40.00) that had Vanished, and of Pain that had Vanished Not arose before the Mind of that long-suffering Man who was devoid of Imagination, and he arose and he Went for and he Seized that Christian Healer and Mopped the Floor and a Portion of the Wall with him, smiting him Sore upon the Head and upon the Back.

And when the Unimaginative Man paused for Breath the Christian Healer was dreadfully Discouraged, and Congestions, Abrasions, Contusions, Incipient Ecchymoses and Epistaxis were to be Discovered by the learned Eye as among the Phenomena presented by his Christian Countenance.

“There is no Real Suffering,” said the Unimaginative Man with Withering Scorn (and it is not to be Denied that, in the language of the Street, he had him There). “The Bruises on your Alleged Head are Entirely hypothetical; the choking that I Gave you was simply an Idea of mine, and a Good idea Too. The Pain that you Feel is merely an Intellectual Mistake, and your Nose Bleed is only one of the Ideal Conceptions of the Cerebral Substance. Believe these things not to Exist, and they Vanish. Good Day, Sir,” and the Man devoid of Imagination departed.

“Confound that Man,” growled the Christian as he Mopped the Blood from off his Face with a Handkerchief.

Dr. EPILEPTICUS PHITTS.

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### POST-PARTUM HEMORRHAGE: NO ERGOT.

C. F. FRIEND, M. D., Lecturer on Obstetrics in Hering Medical College, Chicago.

On the evening of July 3rd I was called to see Mrs. G—— who has had several children and two miscarriages. I found her in labor, and upon examination found the position of the child to be occiput right anterior. Everything seemed to be normal except that the pains were rather weak. As I was within close call, after necessary instructions to the nurse, I went home leaving orders to have me called as soon as the pains become quite strong and closer together. Consequently, about 1 A. M., July 4th, I was called and was there about an hour when a ten and a half pound boy was born.

A gentle kneading of the fundus through the abdominal walls soon brought away the placenta intact, and the uterus contracted down until it was quite firm and hard, and it looked as though I should soon be able to leave.

But it was not long before the patient complained of feeling dizzy and very sick at her stomach and she yawned a time or two,



and of course I suspected a hemorrhage. Upon examination I found the uterus quite high up in the abdomen and very much distended, and upon examining the vagina I found a steady flow of bright-red blood.

I directed the nurse to take the pillow from under the patient's head and to hand me my medicine case and some water. I then gave the remedy that I thought to be indicated, inserted my hand into the uterus, cleared away the clots which had accumulated there and in the vagina, and again gently kneaded the fundus until the uterus was well contracted.

In fifteen minutes from the time the first hemorrhage was stopped she commenced to flow again quite freely but a repetition of the remedy soon stopped it. I continued giving the remedy every five minutes for an hour and the hemorrhage did not return.

Just about a month before the birth of the child the mother was confined to her bed for a week with a bad diarrhœa, which left her quite weak and she had not yet regained her strength when the baby was born. This weakened condition was no doubt one of the remote causes of the hemorrhage.

Now what was the remedy and the symptoms upon which I prescribed it? As partly stated before, the patient complained of being dizzy and sick at her stomach; she thought she was going to vomit but did not. She complained of a pain as if something was "biting" her at the navel, then there was the yawning. These, together with the bright-red flow, led me to give the very plainly indicated remedy which was Ipecac.

Now, why should I report a case with such clear cut symptoms? Simply because I have read recently, reports by so-called homeopathic physicians of cases of post-partum hemorrhage where "doses of Ergot were frequently repeated" with not as good results apparently, as there were in the case that I now report.

If "the sole duty of a physician is to restore health *in a mild, prompt, and durable manner*," then "that medicine which is the most homeopathically adapted, is the most beneficial and is the specific remedy." Paragraphs 1, 2, 147 Organon. Therefore, why should a homeopathic physician resort to such a crude method of giving Ergot in every case of post-partum hemorrhage when we have such an armamentarium of well proven remedies."

Is it ever necessary to resort to Ergot? Its only palliative action is a mechanical one, and that can be accomplished much more quickly and safely with the hand. Some parturients never recover from the effects of large doses of Ergot. Do our homeopaths ever think of that? Read the effects of Ergotism in Belgium, Holland, France, and Germany and think seriously before using it in a system already suffering from an exhausted vitality, for it is in such cases that post-partum hemorrhage occurs.

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### PEDIATRIC NOTES.

#### XI.

THOMAS G. ROBERTS, M. D., Chicago.

**Lachesis and Lycopodium in Diphtheria.**—The following differentiation of Lachesis and Lycopodium in diphtheria, by Dr. Piersons, was originally published in *The Organon*, and subsequently reprinted in *The Homeopathic Physician*, but it is so valuable that I must insert it here:

#### LACHESIS.

1. Pain and soreness begin on the left side of throat, which is
2. Worse from hot drinks, better from cold; more pain on swallowing liquids than solids.
3. Throat excessively tender to external pressure.
4. Spits large quantities of ropy mucus.
5. Protrudes the trembling tongue with great difficulty.

#### LYCOPodium.

1. Pain and soreness begin on the right side of throat, which is
2. Worse from cold drinks (especially milk), except water in some cases; better from hot drinks.
3. Tongue distended, causing a silky appearance.
4. Ichorus nasal discharge in scarlatina and diphtheria, beginning in right nostril.
5. Tongue is darted out, and oscillates to and fro.

**Sepia.**—Child coughs till breath is gone, then gags and vomits mucus. When the child is laid down the cough is constant.

**Ammonium iod.**—Headache with dizziness, unsteadiness of walk, feeble or sluggish circulation.

**Cina.**—Child does not like to be looked at, spoken to, or even touched.

**Phosphoric acid.**—Painless diarrhœa, with discharge as *clear as water*, with a white coated tongue.

**Calcarea carb.**—Fond of cakes, corned beef, eggs, ice-cream, lemonade and pickles.

**Veratrum alb.**—Children are easier when carried about quickly.

**Eggs and Eczema.**—The worst form of chronic eczema, in children or adults, may be produced by eating too many eggs.

**Carbolic Acid Dressing.**—Carbolic acid used as a dressing in children, has caused hematuria and other renal troubles.

**Cough and Measles.**—I have recently treated an unusually severe case of measles in which there was no cough until the appearance of the eruption.

**Thyroidism.**—A nursing child, six months old, suffered from profuse sweating, sleeplessness, and occasional vomiting," because the mother was taking daily two five-grain thyroid extract tablets. When the mother quit taking the thyroid, the child recovered; but the symptoms recurred when she resumed the use of the drug: This happened so many times, that there can be no doubt, that the disturbance in the health of the child was caused by the extract the child received through the mother's milk.

**Spina bifida** is very rare in colored patients.

**Measles and Scarlet Fever.**—An eight-year-old girl had a well-marked attack of measles, and was in the stage of desquamation when she suffered from a scarlatinal eruption, with high fever and sore throat, which was followed, in due time, by extensive and complete desquamation.

**Gonorrhœa.**—According to Cenopf, gonorrhœa in children is twice as common below as above the age of six years, and is much more common among girls than boys. The observer found that only one per cent. of the cases was attributable to immorality. He thinks that in hospitals scarlet fever acts as a predisposing cause.

**Circumcision** often cures prolapse of the rectum, in children with phimosis.

**Whooping-Cough and Greyhound.**—A well-marked case of whooping-cough has lately occurred in an English greyhound that contracted the disease from contact with children suffering from the same malady.

**Sign of Meningitis.**—Netter thinks a patient has meningitis, who, when in a sitting posture, cannot completely extend the leg, while he has no difficulty in doing so when in the recumbent position. In other words, the patient has an inability to extend the leg when the thigh is flexed at a right angle with the body. When sitting, the leg remains at an angle of from 90 to 140 degrees. The reason for this sign, which was first described by Kernig in 1884, is not known; but Netter declares that it occurs in no other disease and should, therefore, be regarded as pathognomonic. It is only occasionally that this sign is present.

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## XII

**Æthusa Cyn. and Cholera Infantum.**—Violent and sudden vomiting immediately after nursing, the milk coming up just as it was swallowed; or, if the milk has been retained a short time in the stomach, it is thrown off in curds so large as to almost choke the child. Milk seems to be poison to the child and cannot be made to agree. Vomiting of a frothy, white substance resembling milk. The child is so exhausted after vomiting that it falls into a deep sleep, but nurses again as soon as it awakens. The vomiting of this remedy is forcible and difficult, and sometimes without nausea. Stools light yellow or greenish liquid, preceded by cutting pain in the abdomen. After vomiting or purging, the child lies stretched out in an unconscious condition, with dilated pupils and a fixed and staring look. Spasms with clenched thumbs, and eyes turned down; trismus; red face; foam at the mouth. The upper lip is pearly white, and there is a drawn condition, beginning with the wings of the nose, and extending to the angles of the mouth, giving the face an expression of great anxiety and pain. This condition, otherwise known as the *linea nasalis*, is very characteristic of the drug. Pulse small, hard and quick, sometimes imperceptible. Restlessness and great anguish; surface of body cold and covered with clammy sweat. The æthusa cases come on sud-

denly, and the most prominent characteristics are the intolerance of milk and the vomiting of large curds, the clenching of the thumbs, the peculiar fact that the eyes are drawn down, not upward or sideways, the linea nasalis, and the great weakness after vomiting, stool, and spasm. Nash says that *æthusa* has complete absence of thirst. According to Bell, it may be necessary to follow *æthusa* with some anti-psoric, most frequently psor. or sulph.

**Arsenicum alb. and Cholera Infantum.**—Vomiting and purging, with much thirst for cold water which is immediately vomited. The thirst cannot be quenched by any amount of water, but the child usually takes only a sip at a time. Vomiting immediately after eating or drinking. Small, watery, offensive stool, smelling like carrion or the discharge from putrid ulcers. Face pale and cadaveric, and the skin dry, harsh, and wrinkled. The skin is hot and dry at first; later it is cold and covered with clammy perspiration. Rapid prostration of the vital forces. Great restlessness; pulse quick, feeble, scarcely perceptible; very rapid emaciation; deep rings around the eyes; mouth dry and hot. Twitching of limbs and tonic spasms of fingers and toes, with stupor and dry, hot skin. Coldness of the extremities. All the symptoms are worse after midnight. There are many symptoms common to both arsenicum and veratrum album, but many differentiating symptoms are to be found. Arsenicum has *scanty* discharges from the stomach and bowels, while *copiousness* of the discharges is characteristic of veratrum. Another grand characteristic of veratrum is *cold sweat* on the forehead. In arsenicum the watery stools are very offensive, while in veratrum they are comparatively inodorous. The after-midnight aggravation of arsenicum is an important differentiating symptom. The restlessness of arsenicum is much greater than that of veratrum. In veratrum, the skin is more clammy than in arsenicum. In arsenicum, motion does not increase nausea as it does in veratrum. These two remedies are frequently confounded, but the differentiating symptoms are so clear-cut that no mistakes need be made.

**Nursing Bottles.**—Dr. Ernest Wende, of Buffalo, has been waging a vigorous and somewhat lengthy war on what he calls *the death-dealing long-tube nursing-bottles*. He has been securing

photomicrographs of the bacteria that breed in the tubes of these bottles, and claims a very marked diminution in the death-rate of cholera infantum since the sale of such bottles has been prohibited by the city of Buffalo.

**Milk and Scarlet-Fever.**—A few weeks ago, an unusually large number of scarlet fever cases appeared in Buffalo. It was found that twenty-nine cases of the disease occurred in families that received their supply of milk from a certain milk-dealer. A thorough investigation of the source of the milk supplied by this particular milkman, brought to light that one farmer, furnishing milk, was evidently in the convalescent stage of scarlet fever. Four other members of his family were sick, at the same time with the disease; so there is no reason to doubt that the farmer contaminated the milk he handled. This farmer's milk was not allowed to enter the city, and the spread of the disease immediately ceased.

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## THE CULT OF THE MICROBE.

By R. E. DUDGEON, M. D.

The last decades of the expiring century will be memorable for the rise and spread of the strangest pathological doctrine that has ever appeared in the history of medicine, which abounds in strange pathological doctrines—I mean the doctrine that ascribes the cause of many diseases to the invasion of the body by pathogenic micro-organisms, which constitutes what is called the science of bacteriology. These micro-organisms are so minute as to require very high microscopic powers, assisted by ingenious methods of coloration, for their detection. They are very various in shape, but all seem to be endowed with the power of multiplying themselves with extreme rapidity under favorable conditions. The micro-organisms to which many diseases and morbid processes are supposed to owe their origin have been indicated, described, and pictured, and it has been found possible to cultivate them in appropriate media such as agar, jelly, broth, blood serum, slices of potato, and other things. The literature of this new science is already immense. Books illustrated with beautiful colored plates have been published, and our medical periodicals teem with articles

on this fascinating subject. The difficulties attending the study are so great that a special education is required to make a competent bacteriologist. Almost every hospital and every medical school has its professional bacteriologist, who devotes himself almost entirely to the investigation and cultivation of these supposed causes of various diseases. And yet with all their researches they are not yet agreed whether the tiny microbes belong to the animal or vegetable kingdom. Zoologists and botanists seem equally unwilling to include them among the subjects of their respective branches of natural history. The general public regard them with aversion and make themselves miserable lest they should be surreptitiously attacked by these powerful but invisible enemies, many not daring to drink a glass of water or a cup of milk without having it boiled or sterilized in order to destroy the dreaded foe. The discovery that every person's mouth harbors some dozens of different kinds of microbes in immense numbers has led some hysterical microbephobes to denounce kissing as a dangerous pastime that should be put down by the strong hand of the law, like cock-fighting or bull-baiting; though the law still enjoins the kissing of the book which has been slavered over by hundreds of more or less dirty witnesses.

If the microbe theory has been a terror to the non-medical world, it has been to many medical practitioners a source of infinite trouble and annoyance. Believing no more in the power of microbes to cause disease than in that of mites to cause the decay of cheese, and convinced of the utter inutility of bacteriology to afford the slightest assistance in the treatment and cure of disease, they had yet to learn the jargon of the pretended science for fear of seeming deficient in the knowledge of what its numerous adherents deem the perfection of pathological science. But they felt that their remonstrances against what they believed to be a monstrous error would be powerless in face of the accepted creed of the vast majority of the profession. Unless some conspicuous and influential member of the profession should expose the folly and futility of the doctrine, it seemed hopeless to expect any impression would be made by the arguments of undistinguished medical men on the prevalent creed, supported as it was by many of the great, wise, and eminent physicians and surgeons at home and abroad.

It is therefore a great satisfaction to all who are weary of the doctrine of the microbic origin of disease to find that their views have found an able exponent in the person of one of the foremost and most successful gynecological surgeons of the day: to-wit, Dr. Granville Bantock, who, at a meeting of the British Gynecological Society in March of this year, read a paper on "The Modern Doctrine of Bacteriology, or The Germ Theory of Disease," in which he attacked with singular ability and logical force this modern perversion of pathological science.

In the beginning of the eighties Dr. Bantock, after prolonged inquiries and experiments, combated the immensely popular views of Lister on the prevalence of disease germs in the air and his plan for their extermination by means of his famous carbolic spray. I need hardly remind my readers that Lister's views and practice were received and adopted with enthusiasm in every part of the world; in Austria, Germany, and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister obtained the most fulsome adulation from every quarter. He was made a baronet, and though his ridiculous proposal to get rid of imaginary disease-germs in the air by means of his carbolic-spray machine has long since been discarded by the whole profession and by its lucky inventor, its early fame still adheres to him, and the present Government, wishing to do honor to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and useless if not injurious plan for killing imaginary disease-germs. Dr. Bantock's opposition to Lister's method and views was deeply resented by the partisans of the latter, who black-balled him twice when he was proposed by some of the most eminent representatives of the medical profession as a candidate for membership of the Medical and Chirurgical Society. He had his revenge, however, when, elected President of the Gynecological Society in 1887, he delivered a scathing criticism of Listerism which contributed greatly to the complete overthrow of that delusion. In opposition to listerism, Dr. Bantock has always been the zealous advocate of cleanliness, as the one thing needful for success, in surgical operations. When Virchow last year delivered an address at the Charing Cross Hospital, with Lord



Lister in the chair, he erroneously gave the noble chairman the credit of having been the first to recommend cleanliness in all surgical operations, whereby, he said, thousands of lives had been saved, and Lord Lister, who had never done anything of the sort, coolly accepted the implied compliment as though he were fully entitled to it. Dr. Bantock's present paper abounds in facts and observations which prove that the "presence of these micro-organisms is the result and not the cause of disease—in other words, that the bacilli are found in association with the disease, or that the disease furnishes the conditions necessary for the presence of the special micro-organisms."

It would be wrong to assert that there is any general consensus among those who contend for the pathogenic property of the micro-organisms with regard to the precise part they play in the production of disease. Some consider them to be disease germs, each species when planted in the soil of the body bringing forth its peculiar disease, as seeds planted in the soil of the earth develop into their respective plants. Others contend that they cause disease by a sort of fermentation. Others again, like Lister in his Liverpool address, assert that "the secretions of bacteria possess poisonous qualities of astonishing intensity," and cause disease by the toxic action of their secretions. It is surely overstepping the limits of conventional pathological absurdity to credit organless microbes with the secretion of poisonous matter on which they live, in which they multiply, and with which they infect their unsuspecting hosts. But all who denominate microbes "pathogenic" thereby imply that in some way they are the generators of disease. As, however, many cases of diseases credited with these peculiar pathogenic micro-organisms are met with where the specific germ cannot be found, the advocates of the germ-theory boldly assert that the bacterium was "undoubtedly present, though the bacteriologists were unable to find it," forgetting the familiar adage, "de non apparentibus et non existentibus eadem est ratio." Again, it is well known that all the mucous orifices of the body even of healthy persons swarm with pathogenic bacteria of many descriptions, some of them being of the supposed most virulent character. Why these do not constantly cause their peculiar diseases was accounted for by the presence in the body of Metchni-

koff's wonderful phagocytes (the leucocytes of physiologists), which gobbled up all pathogenic organisms, and thus preserved the body from their attacks. Other observers have asserted that the the phagocytes do not devour the microbes, but are devoured by the latter. Perhaps, like the inhabitants of the Scilly Islands, who are said to derive a precarious livelihood by taking in one another's washing, the phagocytes and microbes support their feeble existence by living on one another. Metchnikoff's phagocyte doctrine, on its first appearance, immediately received the enthusiastic adherence of Lister, who is always ready to adopt every new pathological fad. Needless to say it is now almost universally discredited, like all other fads our only peer has taken under his noble patronage, such as Pasteur's inoculation for the prevention of hydrophobia, Koch's cure for tuberculosis, Cope- man's supposed discovery of the bacillus of variola, the alleged propagation of plague by rats, etc. Evidently the the representative of the medical profession in the House of Lords has mistaken his profession; as he is so invariably wrong in his appreciations and prophecies, he would have made a first-rate weather prophet.

Dr. Bantock relates many facts in disproof of the disease-producing power of the microbes. The staphylococcus pyogenes aureus, as its name implies, is supposed to be the cause of suppuration. Dr. George Stoker, who has given much time to the treatment of chronic ulcers by means of oxygen gas, had an old woman under his care who had been bedridden for many years with two large ulcers, one on each instep, both precisely alike in form and extent. One of these he treated with corrosive sublimate, the other with oxygen gas. In a short time the former looked cleaner, but had an ashy gray appearance, and showed very little sign of healing; the latter presented a healthy granulating surface with a good margin already healed over. A bacteriologist found that the unhealthy ulcer was "sterile," that is, had no organisms, whereas the healing ulcer had a copious crop of the pyogenic staphylococcus. Dr. Stoker said, at the discussion following Dr. Bantock's paper, that "he had made observations on two hundred and fifty cases of ulcers, and in all rapidity of healing was in proportion to the presence of staphylococci," so that this micro-organism in place of being pathogenic was proved to be necessary to the

healing process. The vaginal secretion of a healthy woman was found to contain quantities of staphylococcus and streptococcus pyogenes. I have related elsewhere (Abolitionist, No. 1) how Dr. Menge introduced into the vagina of thirty-five women and many infants quantities of cultivations of staphylococci, and other virulent bacteria, without any bad effect. Doederlein accounts for the immunity enjoyed by women when pyogenic bacteria are introduced into them in this manner, by asserting that the vagina is inhabited by a bacillus which, like Metchnikoff's phagocytes, destroys all pathogenic bacteria. It is easier to believe that the bacteria are harmless necessary organisms.

Diphtheria is said to owe its origin to a special microbe called the Klebs-Loeffler bacillus. It was asserted that no case could be considered true diphtheria unless this bacillus was present, and that the bacillus could never be found except in cases of diphtheria. As a fact the bacillus generally accompanies diphtheria, but not always, and it has been found in connection with other diseases and also in healthy persons.

So also the gonococcus is regarded as the prime agent in the production of gonorrhœa, and yet numerous cases of gonorrhœa have been recorded without gonococci, and these microbes have been found in vaginal discharges of young children where there was no suspicion of gonorrhœa.

The bacillus typhosus is held to be the cause of enteric fever, and the occurrence of epidemics of this disease is considered to be owing to the presence of this microbe in the water drunk by the victims of this fever, but in the recent outbreak of enteric fever in Maidstone, though "bacteriologists of repute were engaged in the search, none of their efforts to find it proved successful."

That the so-called comma bacillus was the cause of cholera was long believed, but Pettenkofer and his students swallowed large quantities of cultivated specimens of this microbe without any, or only insignificant, effects; in no case did anything at all resembling cholera result from their daring experiment.

As regards to tubercle bacillus, it may or may not be that tuberculosis is invariably attended by this microbe, but that it is incapable *per se* of causing the disease is proved by the negative results that followed the revolting injections of Professor Schrei-

ber, of Koenigsburg, of tuberculin in large quantities on forty new-born infants, of which an account is given in the *Deutsche med. Wochenschrift* of November 13, 1890.

The bacillus coli was at one time regarded as a most virulent microbe, but Professor Kanthach, at the meeting of the British Association at Liverpool, showed that this organism is a natural inhabitant of the digestive tract, and that its absence or reduction in number must be regarded as a departure from perfect health.

There is no doubt that the germ-theory of disease when first promulgated exercised a strange fascination over medical men, and the assignment of previously invisible and unsuspected organisms to various diseases as their exciting causes, coming with all the attraction of novelty, was enthusiastically received by all who longed for a revelation of the hitherto unknown disease-producing agents. There were some who remained unconvinced by the assertions and demonstrations of the authors of this novel idea which threatened to effect a complete revolution in pathology, but their influence was insignificant compared with that of many eminent men who were converted to the new doctrine. The promise of soon having the material causes of all or at least many diseases displayed in bottles on our shelves, which we might see and examine at our leisure, was certain to attract crowds of adherents to the side of the bacteriologists. Many medical men were convinced, and no inconsiderable number set about experimenting in this new field of research, intent on discovering some new pathogenic microbe to which their own name might be forever attached and so become famous. This diversion of pathological studies toward one goal—a false one as I believe—has had an evil influence on real progress in pathological science. Now that men of reflection and observation are beginning to perceive that this germ or microbe theory of the production of disease is a gigantic mistake, and that microbes, in place of being the factors in the production of disease, are only the parasites that prey on the morbid products of disease, or perhaps the useful scavengers of the dirt caused by the morbid processes, there is a good chance of a wholesome direction being once more given to pathological research. The only proper object of such research is to enable us to detect and to cure diseases more certainly and more quickly, but the germ theory or

doctrine of pathogenic microbes has not been of the slightest use in the way of curing disease; in some cases, such as Koch's unfortunate tuberculin injections and Pasteur's pretended prevention of hydrophobia, it has led to disastrous effects on the health and life of hundreds of human beings.

Even to believers in the microbial theory of diseases and its value to therapeutics, the difficulties attending the detection and differentia of the various microbes in morbid products render the examination impossible to be undertaken by those engaged in general practice. Therefore it is usual to intrust this work to some professional bacteriologist, or to the Clinical Research Association, who will, for a consideration, send a report on specimens sent, after a few days; sometimes, it must be confessed, not more enlightening than that of Falstaff's doctor:

*Fal.* What says the doctor to my water?

*Page.* He said, sir, the water itself was a good healthy water, but for the party that owed it, he might have more diseases than he knew of."

The clinical research method of Dr. Hornbook, as Burns describes it is certainly simpler and perhaps equally satisfactory:

"Just—in a nail-blade and send it;  
As sune's he smells't,  
Baith the disease and what'll mend it  
At aince he tells't."

In conclusion it may be said that certain contagious diseases are sometimes, but not always, attended by certain microbes, which cannot be considered as the causes of these diseases, but rather as their parasites; that the presence of some of them, as the *staphylococcus pyogenes aureus*, is distinctly salutary; that all the mucous orifices of the body in the healthy state harbor many different species of bacteria, even those believed to be of the most virulent character; that some of the most markedly infectious diseases, such as rabies, smallpox, and syphilis, have no specific microbe; and that the attempt to cure any disease by the destruction of its peculiar microbe has never succeeded, and can never be expected to succeed, for it is not the microbe that causes the disease, but some virus the exact nature of which, like that of serpents' venom, has not yet been discovered, but the effects of which are manifest. A knowledge of the various kinds of microbe associated with dif-

ferent diseases may be occasionally useful to corroborate the diagnosis deduced from other sources, but its value, owing to the frequent absence of its supposed specific microbe from the diseased part, and the presence of the same microbe in other diseases and even in the secretions of healthy persons, besides the extreme technical difficulty of demonstrating the tiny organism, which cannot as a rule be undertaken by the ordinary medical practitioner, but must be performed by a bacteriological expert, will always render this aid to diagnosis extremely uncertain, and not comparable in value to the other time-honored methods of diagnosing disease.

The study of microbes may perhaps prove interesting to naturalists when once it has been determined whether they belong to the animal or vegetable kingdom. Perhaps they belong to neither, but are common to both, like proto-plasm, which they resemble by being structureless, or at least destitute of organs, but endowed with vitality and capable of unlimited multiplication in favorable conditions. But bacteriology as an adjuvant to medical science and the therapeutic art is utterly useless and misleading, and the sooner medicine dissociates itself from this barren study the better it will be for therapeutics.

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### TWO CASES OF TUBERCULOSIS.

ROBT. N. MORRIS, M. D., 103 State St., Professor of Diseases of the Chest, Hering Medical College, Chicago.

**Case I.**—Man, aged forty years. Height six feet two inches. Weight one hundred and forty pounds. Slender build; light brown hair; blue eyes. Temperature,  $101\frac{1}{2}$ ; pulse, 100; tongue clean and pointed.

Complains of a sore feeling in the left chest about one and one-half inches above the nipple. Family history bad; father died of delirium tremens; mother died of phthisis when about thirty years of age; three other cases of consumption in the immediate family.

Gives a history of a fast life. Drinks whiskey, beer, coffee, etc., ad libitum. Has followed the circus, as a tent hand and general roustabout for several years; exposing himself to all kinds

of weather, sleeping on the ground, eating bad food, keeping bad company, and having the diseases incident to that mode of living.

About two years prior to his visit to the dispensary, had taken a severe cold which resulted in general pneumonia. Was in the hospital for three months and was discharged before he was well. Now presents:

Upper portion of the chest much emaciated, especially on the left side.

Marked mucous rales in the base of left lung; dullness on percussion.

Tinkling sounds in the left apex.

Severe prostrating cough, worse at night and on changing temperature.

Muco-purulent expectoration brought up, only after severe exertion, containing large quantities of bacilli.

Hectic fever; night sweats; diarrhœa, worse early in the morning.

Stool watery, profuse, debilitating, with griping pain before the stool, followed by a sensation of more remaining in the rectum, which would come immediately.

Stool very offensive in character and containing much wind. Stomach, very sensitive to touch.

Finger nails grow over the ends of the fingers like claws.

Microscopical examination shows large quantities of bacilli in the sputa.

Tuberc. 200, seven powders, to be taken one each night on retiring, and report in one week.

August 9th, 1897.—Says he is better of the cough and diarrhœa, fever and other symptoms are about the same. Continue the remedy, by placebo.

August 16th.—Worse, caught cold; cough dry and hacking, severe pain in the left chest when coughing; has been drinking whiskey; also reports having taken a ride on a grip car during the night and sleeping on that vehicle. Aconite. 1m.

August 23rd.—Diarrhœa worse, cough and other symptoms the same.

Says he had eczema several years ago which was cured with sulphur ointment. Sulphur cm—one dose.

August 30th.—Reports that the last medicine nearly killed him.

Has a band of raw skin extending from the sternum around the left side to the spine about four inches in width, like shingles.

This appeared the second day after taking the last medicine. Has been to the dispensary for relief, they dressed the place with absorbant cotton and vaseline. Has had no satisfactory sleep for a week.

Says he must have something to relieve the itching which is intolerable, cannot scratch on account of extreme soreness; continue the remedy.

Sept. 6th.—Much better in every way; cough, fever, diarrhoea, and eruption. Sleep and appetite much improved.

Has been more moderate in the use of beer, whiskey, and tobacco. Is urged to stop them entirely. Sac. lac.

Sept. 13th.—Eruption gone; bowels move twice a day. Sac. lac.

Oct. 4th.—Night-sweats gone, appetite good. Has gained five pounds in weight.

Nov. 1st.—Has taken cold, cough back again.

Temperature, 100; pulse, 110,

Has been drinking whiskey.

Positively forbid the use of both whiskey and tobacco.

Tuberc. 30. A powder at bed time every day for a week.

This man continued coming and received no other remedies. Occasionally he would be given a course of Tuberc. in a higher potency than he had before received and usually he had seven powders given at a time, with instructions to take a powder at bed time. The improvement was gradual but steady; there were occasional lapses from the, to him, rigid rules of conduct which we laid down, and on each occasion there was an aggravation of some of the symptoms.

The progress of the case toward recovery was practically uninterrupted, and much to my astonishment was very rapid for a case of such marked seriousness.

The rales disappeared from the root of the lung; the apex became clear; the peculiar blue-white appearance of the sclerotic coat became normal; the finger nails, even, became loosened and grew out straight and natural.



The fever, night sweats, and cough, disappeared gradually, and to all appearances permanently.

When this man first came to the clinic I urged him to go to some other climate, but he could not do so, for lack of funds. I thought at the time that he could not live three months. He went to work as soon as he was able, and has not been obliged to lose any time on account of sickness since. He now considers himself perfectly well, and I find on making inquiry that he has gained over fifty pounds in weight and is working hard every day.

He first came to us in July, 1897, and has been under our observation and treatment practically until the present time. This, in the face of the most discouraging conditions shows what can be done with some of these cases.

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**Case II.**—A Dane, aged twenty-seven years was sent to my clinic through the courtesy of Doctor Kirkpatrick; has been sick for four years. Has had many hemorrhages.

Cough loose, rattling, comes in paroxysms, worse morning, from about 2 or 3 a. m. until 9 a. m.; also, aggravated by going from a cold room into a warmer one.

Expectoration, yellowish lumps of a salty taste, mixed with a frothy white mucus.

Marked emaciation of the upper chest; vocal fremitus increased in the left apex; dullness on percussion. Temperature,  $99\frac{1}{4}$ . Pulse, 90. Puls. 1m, one dose.

Sept. 26.—Cough better, other symptoms the same. No medicine.

Oct. 3rd.—Has a severe headache, in the frontal region lasting four hours. Sac. lac.

Oct. 10th.—Has had a slight hemorrhage; expectoration increased; salty, yellow, and offensive. Phos. cm, one dose.

Oct. 1st.—I had asked Dr. Peake, of the senior class, to visit this man during the past week and make a careful study of the case for me. He elicited the following symptoms in addition to what we already had:

Can't lie on back because of nightmare.

Cough aggravated by lying on left side.

When a boy, had epistaxis, which was very difficult to con-

trol, and which came at frequent intervals until he was twenty years old, at which time he came to this country.

At times he would bleed for several hours at a time.

The epistaxis was usually brought on by excitement or over exertion.

Has had frequent emissions with dreams, followed by great weakness in the back.

Great fondness for salt and salty things. Repeat, Phos.

Oct. 24th.—Has had a bad week, pain in the epigastrium when coughing. Continue.

Oct. 31st.—All the symptoms much improved. Sac. lac.

Nov. 14th.—Cough only after rising in the morning.

Sleeps well; no hemorrhage. Expectoration, yellow in the morning, later clear. Continue the remedy.

Jan. 16th.—Two months have elapsed since last visit.

Has coughed some blood. Can not sleep, on account of cough, can not eat, vomits with the cough.

Bad headache comes on every morning at 3 a. m., and lasts until bed time.

The pain is located in frontal region, grows worse until about 10 o'clock, when it is almost unbearable, then gradually becomes easier toward night.

No cough while the headache lasts, but a bad cough starts as soon as the headache stops.

This headache is the same that he had years ago in the old country, he does not know how it was cured.

Says "must have something to stop the headache. It is worse than the cough." Nat. mur. 200, seven powders.

Jan. 23rd. Headache left after the first powder of the new medicine.

Night sweats not so bad, cough about the same, etc.

From this on it was easy, plain sailing.

We had found his curative in Natrum. An occasional repetition of this medicine in gradually increasing strength, with a dose of some other remedy as the symptoms made it necessary, has been sufficient to make the case one of almost uninterrupted improvement.

Aug. 1st, 1899.—He is now working every day, and has been since the time of our last report. His work is that of a janitor in a large apartment building, and at times he has to work in water, this usually gives him a cold and he requires some treatment for that, but on the whole his progress has been uneventful. There is no more cough of any account. Gradual increase in weight and strength followed his improved appetite. All of the tubercular symptoms are rapidly disappearing. A careful microscopical examination of the sputa was made at intervals, and the bacilli were always found in large numbers. No doubt, there are many there at the present time, but in my way of thinking that does not make much difference, in the presence of the indicated remedy.

While it will take another year to tell if this man is to be cured, we can wait patiently as long as he is improving and can work to support his family. Of course two cases do not prove anything, yet we have many more that are quite as astonishing and equally interesting.

These cases were selected, because they were well marked cases of phthisis where microscopical examinations were made, and where the anti-psoric remedy was given and developed a latent disorder which no doubt cut a large figure in the case.

We have now under treatment in the clinic, several cases of undoubted consumption. The most of them show marked improvement, while some of them are slowly but surely getting worse.

Were we but sufficiently skillful in selecting the remedy, many of these could get well.

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Papillæ, or little pimples on the tongue, especially on the tip of the tongue, is a strong indication for *Argentum nitricum*, which will clear up the case beautifully.

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The *Belladonna* 30 sore throat is bright red, with feverish condition, flushed face and headache. *Mercurius* 6 sore throat has moist mouth, swollen glands, inability to swallow; quinsy, enlarged tonsils, putrid sore throat. *Phytolacca* 3 sore throat is dark red, accompanied by fever, aching head and limbs. Dark red throat, dry and sore, *Æsculus* 3. Feeling of a sore lump in the throat when swallowing, *Ignatia* 30.

## ACIDS.

E. MATHER, M. D., Detroit.

Acetic acid is especially destructive to the living germ parasite of croup and diphtheria; nitric acid to the syphilitic germ; hydrochloric acid to the bacteria of erysipelas; sulphuric acid to the vibrios of typhoid and various other germs; salicylic acid to the malaria germ. Besides being excellent antiseptics in themselves, acids excite the normal alkaline secretions from the glands and are constituent elements of some of the tissues and secretions of the body.

Both carbolic and cresylic acids destroy contagious disease germs out or in the body; carbolic acid crystals diffuse themselves rapidly; cresylic acid is a liquid, the value of the former is due to its affinity for oxygen; a solution destroys bacteria amœba, vibrios, and in general kills microscopic life.

Sulphur, in all its forms, is an invaluable antiseptic, even the crude sulphur brought in contact with any of the microscopical parasites destroys them.

Sulphuric acid gas, a powerful disinfectant, destroys all living germ poisons, arrests their growth; it even destroys noxious gases, as sulphurated hydrogen, and converts alkalies into sulphites. It is well to know that all sulphates and sulphites are more or less antiseptic.

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Where there is neuralgia with swelling of the affected part *Arsenicum* is said to relieve.

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A verified symptom of *Antimonium crud.* is stomach weak, and digestion easily disturbed; this in old persons.

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Intense despondency and break down following great financial losses has been remedied by *Aurum* 6 or 30th.

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*Lycopodium* 30 is a remedy for flatulence, distension of abdomen, constipation, and dyspepsia, when these are more or less present in a case; a small quantity of food, even when patient is hungry, causes a sense of being filled up.

## MEDICAL OLIO.

THE EIGHTH ANNUAL ANNOUNCEMENT of Hering Medical College is ready for delivery.

IN CONSTIPATION depending upon atonic conditions of the intestines, Dr. Peterson recommends pouring cold water over the abdomen. It is a powerful stimulus to peristalsis.

A DIETARY for Bright's disease can not be formulated with the same precision as in Diabetes Mellitus. Probably as far as we can go is shown by the general direction *to eat sparingly of meat and to abstain entirely from alcoholic beverages.*

ONE OF THE CADAVERS dissected at Hering College last winter, was found upon examination to have a well developed appendix vermiformis in lower right side of his abdomen. This is a remarkable instance of escape from the hands of the surgeons.

NEW METHOD OF INDUCING PREMATURE LABOR.—Spinelli (*Archivio italiano di ginecologia*, December, 1898; *International Medical Magazine*, June) asserts that his method can be performed by the general practitioner; no especial instruments are necessary, and it starts labor in two or three hours with no danger. The patient being prepared for operation, the posterior lip of the cervix is seized and the cervix dilated with the dilator, if necessary, to admit one finger. The finger is crooked and carried up until the membranes are detached from the posterior surface. A yard of gauze saturated in ten per cent. ammonium ichthyolate and glycerin is then passed up on the finger and digitally pushed up higher and higher, care being taken not to rupture the membranes. Nearly the whole of the gauze can be introduced. The vagina should be plugged with sterile gauze and the patient put to bed. Pains begin very soon after the introduction of the gauze, and labor comes on rapidly.

This seems needlessly complicated. The gauze, the ammonium ichthyolate, the glycerin and the plugging may all be dispensed with. A soft rubber aseptic female catheter is all that is necessary. Our Italian colleague is needlessly mystifying.

## NEW PUBLICATIONS.

**The Sanitary Treatment of Melancholia and Neurasthenia.**  
By Robert Walter, M. D., Walter's Park, Pa. Peprint from  
Hahnemannian Monthly.



**Proceedings of the 34th Annual Session of the Homeopathic Medical Society of Ohio.**

A fine well-printed volume of 336 pages, contains as usual a large number of valuable papers. Every member of the Society should be proud of this volume.



**Transactions of the Homeopathic Medical Society of Pennsylvania.**—34th session. 1898. Published by the Society.

This splendid volume of 370 pages is the largest, best printed, and contains the best and most practical matter of any volume of State Society transactions that has come to our table. The members of this Society are evidently workers, intently engaged in furthering their own interests and the interests of the profession, and the results of the semi-annual meetings eloquently tell of hard work in a yearly volume of which every one may be proud.



**The Eye as an Aid in Clinical Diagnosis. A Hand-Book for Students and General Practitioner.**—By E. H. Linnell, M. D. Boericke & Tafel: Philadelphia and Chicago. 1898. Cloth, 248 Pp. Net \$2.00.

This book is what its title indicates, simply and only a Hand-book of Diagnosis, and as such is a valuable addition to the every day working library of the general practitioner. Hitherto the indications furnished by the eye in differential diagnosis have been too often overlooked or too little understood. Like the pulse, temperature, respiration, urinalysis, the dilated or contracted pupil comes under daily observation in the routine duties of the physician, but the general and deeper significance of many conditions of the eye as aids in diagnosis are imperfectly utilized. The eye reflexes are almost too numerous to mention, and often the onset of serious nervous and constitutional affections are first complained of in

some derangement of vision. The diseases also, are as numerous as the causes, the simple enumeration of which would fill a page: Addison's disease, Albuminuria, Alcoholism, Anæmia, Aneurism, Apoplexy, Abscess and tumor of brain, Hysteria, Insanity, Leprosy, Tobacco, Ptomaine and other poisonings, Syphilis, Tuberculosis, etc., etc. And with the complete drill now given the student in every college, he should be prepared to diagnose these diseases, and will find this book an invaluable aid.

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### PERSONALS.

Dr. T. W. Dike has removed from Wellesly to Boston, Mass.

Dr. Charles C. Bowes, of Springfield, Ill., has located in Granville, Texas.

Dr. Earnest Cadwell has moved from 24th St. to 2452 Wentworth Ave., Chicago.

Dr. Flora M. Watson has moved from 221 Oakwood to 3946 Drexel boulevard.

Dr. Harriet E. Messenger has removed from Hutchinson, Kansas, to Des Moines, Ia.

Dr. S. R. Vincent has returned to Indianapolis, and can be found at 633 E. Market street.

Dr. F. C. Titzell formerly of Lake City, Minnesota, is professor of anatomy in Hering College.

Dr. M. W. Van Denburg has removed from Fort Edward to 107 Union Ave., Mt. Vernon, N. Y.

Dr. E. A. Bradbury, of Norway, Maine, has baptized his recently arrived son, Samuel Hahnemann.

Dr. W. L. Bywater, Lake City, Iowa, was in the city recently and paid the Advance sanctum a call.

Dr. G. F. Thornhill writes that he has moved to Fort Worth, Texas, and is doing remarkably well.

Dr. L. A. Williams, University of Minnesota, has located at 922 Raymond Ave., St. Anthony Park, Minn.

Bœricke and Tafel have opened an additional branch store in Philadelphia on N. Sixth street, near Market.

Dr. McEwen, Mason City, Ia., is using *Lactucarium* very successfully in advanced cases of diabetes mellitus.

We notice the name of Dr. Henry Sherry, formerly of Chicago, on the staff of the Good Samaritan hospital at Los Angeles, Cal.

Mr. Edward Bœricke is about to take a brief vacation at Malvaruhe, his father's country seat in New York State at Lake Keuka.

President McKinley is said to have the best memory of any man ever in politics, not excepting Blaine. He never forgets a face, rarely a name.

Dr. E. C. Sweet, Professor of Renal Diseases, also Registrar and Director in the National Medical College, Chicago, handed in his resignations.

Dr. Harvey Farrington, son of Dr. Farrington of materia medica fame, is carrying on a large practice in his father's old house on Green St., Philadelphia.

The father and brother of Elihu Root have both held professorships in Hamilton college, where they were known among the students as "Cube" and "Square" Root.

Dr. Thomas Skinner, of London, England, well-known and honored by all homeopaths for many years, is seventy-four years old and still engaged in professional work.

A gentleman with a fair sized bump of philoprogenitiveness, asked his wife why it was they had no children. She replied "I cannot conceive," which was a very clever answer and perfectly true.

Dr. Doyen, a French surgeon, has exhibited to numerous doctors and students at the Kiel university cinematograph pictures showing various surgical operations. The doctor advocates the use of such pictures for the education of students, saying that they are far more effective than the most elaborately written descriptions.



Dr. John C. Rollman has removed from Burr Oak to Ann Arbor, Mich.

Dr. Thomas A. Cheal, formerly of Topeka, Kans., is now located in Amarillo, Texas.

Dr. W. J. Hawkes says in a private letter, dated this month, that he is out of college work in Chicago. It is pretty near certain that Dr. Hawkes is now a permanent resident of California.

Dr. Kate L. Hickox, St. Joseph, Mo., and Dr. Sarah Smith, of Council Bluffs, Iowa, have been spending their vacation in Chicago, and consider it one of the finest summer resorts in the west.

Dr. R. M. Johnson, Ravenna, O., considers *Sanguinaria nit 2x* a good remedy for the treatment of hay fever. The doctor uses *Phytolacca* berry juice for rheumatism, from which he obtains cures.

Joseph Jefferson studied medicine early in life and intended to become a physician. He attributes his good health to strictly keeping the rules which he laid down for himself while an enthusiastic medical student.

Dr. W. B. Kreider, Goshen, has just secured a large phono-massage instrument, operated by a small dynamo propelled by water power. Since the first of March last he has very materially benefited most of his deaf patients, and is evidently working some cures.

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## EDITORIAL.

THE DOCTOR who attended the patient just previous to the one now in charge, is generally the most abused of mortals. For some occult reason he is hated with exceeding hatred, and the copious streams of abuse that ignorance and malice have ever at command, are poured upon his head without stint.

He may have been most assiduous in his attention, and unremitting in his exertions for the patient's benefit, but all that matters not, he is "the doctor I had before," and must be abused. He may have been dismissed for a very trivial reason, or for one so ignoble as is furnished by a large, unpaid, overdue bill. However that may be, he is dismissed and another physician is called.

From that moment begins the downward career of his good fame, the death and funeral of his reputation in that family and its sphere of influence. The head of the family affirms in a gruff voice that "he is a butcher;" the female contingent declares in shrill falsetto that "he couldn't treat a sick dog for me." Quack, charlatan, and other opprobrious epithets are freely used.

Now it may be strange or it may be quite the natural thing, according to our ideas of human nature, but the "physician who succeeds" takes no pains to shield the reputation of his departed brother, but rather aids his downfall, finds fault with his methods, laughs at his diagnosis, and heaps contumely upon his treatment.

It is scarcely probable that "the physician who precedes" is always an ignoramus and a quack, nor that "the physician who succeeds" is always a Galen and an Hippocrates rolled into one. In the interest then, of what is right and true, and for the furtherance of that charity, which as the apostle saith, "envieth not," and "rejoiceth not in iniquity but rejoiceth in the truth" let each one see to it that the "physician who precedes" is not too evilly talked about, and his reputation slain by malicious tongues.

Self-interest, if not a better motive, should incite all to this, for it is as certain as sunrise that each one in time will occupy the unenviable position of "the physician who precedes."

We know a very virtuous and competent physician (ourselves) who after spending much time and many carfares on an incurable case of dilatation of the stomach, was incontinently dismissed when the bill for services had grown inconveniently large. The gray-haired aggregation of nerve and mendacity, who was then called in, claimed that both diagnosis and treatment were radically wrong, and if he had had the case a little sooner he could have saved the patient's life.

To do that kind of ill-natured thing is as easy as lying or breathing or other natural function, and we will all have the unpleasant experience of encountering it. The point to attend to is that we do not become guilty of that kind of ignoble slander, either tacitly or actively, when it becomes our turn to be "the physician who succeeds."

K.

THE sixteen derelicts have returned to the scientific? liberal? school? Who was to blame for this defection? There can be but one answer to this question: Their homeopathic *alma mater* that failed to do its duty. They paid for a *homeopathic education* and they received the education *minus the homeopathy*. The corollary of the law, the philosophy of cure, the great art of healing was never taught them; hence there was no tie to bind these men to the principles they professed to preach and practice.

Judged from this, the true standpoint, to an outsider this question of defection appears to be a very simple one. The stream never rises higher than the fountain, and these sixteen men are to be pitied, not blamed. Their so-called homeopathic *alma mater* made them so liberal? so scientific? so well drilled in the germ and antiseptic theories that they were left astride the fence, they did not know to which school of practice they belonged, if they belonged to either or any. Now, "what are we going to do about it?"

The editor of the *American Homeopathist* has for the last year turned his attention to this crying evil, and almost single-handed has attempted to rid us of this dark spot on our escutcheon. But such a task is not easy. Truth is not always palatable, especially when couched in caustic and withering criticism. There is little doubt that his criticism on the unhomeopathic teaching of our so-called homeopathic colleges, has cost him his position in college where he was doing good work. But he can afford to wait. The mills of the gods grind slowly but they grind exceedingly fine. He has the conscious satisfaction of knowing that he is right and, like Henry Clay, of being able to say, "It is better to be right than be president."

We have been fighting this battle for twenty-five years and can add in a specific way, what he could not do in his impartial and general charges, viz., there is one homeopathic college now in the eighth year of its work organized to teach pure homeopathy. Allopathic palliatives in every form are discountenanced and the successful work in every clinic demonstrates the vast superiority of Hahnemann's Homeopathy. The student sees it.

Nearly all our colleges now have the *Organon* as a text-book; few, if any, had it a decade ago. But putting it in the catalogue

and teaching its principles from the rostrum or illustrating them in the clinic and hospital, are two very different things. No man can properly teach the Organon who does not practice what he preaches. Few preceptors would expect their students to be thoroughly indoctrinated in correct homeopathic treatment in an allopathic college. They may, like Dr. Quine, have the theory, but are entirely innocent of its practical application in the sick room. It is not a simple thing to teach the art of healing. It requires years of observation, close application and hard work, but when properly done it yields a reward not to be found elsewhere in medical science. The student is entitled to a correct knowledge in the beginning of his career, and our college should give him what he expects to receive and for which he pays.

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### OBITUARY.

Professor Robert Wilhelm Eberhard Bunsen, the chemist, died Aug. 16th.

He was born in Sallingen, Germany, March 13, 1811. He studied at Gottingen, where his father was professor of Occidental literature, and at Paris, Berlin, and Vienna. In 1836 he succeeded Wohler as professor of chemistry at Cassell, going later to a similar position at Marburg.

In 1841 he became director of the Chemical Institute at Marburg. In 1851 he became connected with the University of Breslau, and a year later was with the University of Heidelberg. He was, together with Professor Kirchhoff, the founder of stellar chemistry. Numerous discoveries were made by Professor Bunsen, many of them of great value to the scientific world.

In 1875 the University of Leyden gave him the honorary degree of M. D., and in July, 1877, the University of Heidelberg held a big celebration to commemorate the twenty-fifth anniversary of Professor Bunsen's election to the chair of experimental chemistry.

He was appointed one of the few foreign associates of the Paris Academy of Sciences in 1883.

**DANIEL GARRISON BRINTON.**

Daniel Garrison Brinton, professor of American archæology and linguistics at the University of Pennsylvania, and a resident of Philadelphia, known to scientists all over America, died at Atlantic City, N. J. Aug. 1st.



Dr. Brinton recently presented to the University of Pennsylvania his entire collection of books and manuscripts relating to the aboriginal languages of North and South America. It embraces two thousand titles, in addition to two hundred volumes of bound and indexed pamphlets bearing on the ethnology of the American Indians. Dr. Brinton was born in Chester County, Penn., May 13th, 1837, and was graduated at Yale and then at the Jeffer-

son Medical School of Pennsylvania. After traveling and studying abroad he returned to America and entered the Union army. He was disabled by a sunstroke just after the battle of Gettysburg. He served as superintendent of hospitals at Quincy and Springfield, in Illinois, until mustered out at the end of the war. Then he became a student and writer on ethnological subjects, and produced more of value in those lines, perhaps, than any other man in the country. Not only was his fame established in this country, but he was recognized abroad, being a particular favorite in France. He was president of the Numismatic and Antiquarian Society of Philadelphia, and a vice-president of the American Association for the Advancement of Science, presiding over the section of anthropology. He was author of twenty books, each demanding the most patient and profound research. His studies did not relate to the Indians at present occupying reservations in the West, but to those almost forgotten tribes whose hunting grounds are now farms or populous cities.

**PRESIDENT KEEN.**

Dr. W. W. Keen, the newly elected president of the American Medical Association, is known throughout the length and breadth of the country as one of the foremost members of the



medical profession. His reputation even extends to Europe, where he numbers many eminent men of his line as his warm friends. In Philadelphia, the city of medicine and surgery par excellence, Dr. Keen wields a tremendous influence in the profession. He occupies the chair of surgery in Jefferson Medical College, and is, of course, an expert with the knife. He was appointed by the president as a member of the war inquiry commission, and he has held

numerous important offices of trust in his own city. He has been lecturer in Jefferson Medical College, professor of surgery in the Woman's Medical College, and professor of artistic anatomy in the Pennsylvania Academy of Fine Arts. He is a member of several American Scientific societies and a corresponding member of the Societe de Chirurgie of Paris. He published a work on the sequels of typhoid fever, and his books on surgery are standard.

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It is a poor contortionist that cannot make both ends meet.

Be calm in argument; the other man will then lose his head wondering why you do not get mad.

The man who had never done anything foolish, should watch himself well until he is dead.

When a woman gets thinking what would happen to her if her husband ceased to love her, she gets most as miserable as thinking what would happen to him if she did not love him.

— THE —  
MEDICAL ADVANCE,  
ELKHART, INDIANA.

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**ACTUAL AND POTENTIAL EXISTENCE AND ACTION.**

By J. H. ALLEN, M. D., Prof. of Skin and Venereal Diseases,  
Hering Medical College, Chicago.

[Read at the meeting of the I. H. A., Niagara Falls, June 1899.]

Actual existence and its action, all men see and to a greater or less extent understand. But man being a materialist in his very nature, his conceptions of most things are principally ocular. The mind's eye he will not trust, partly because he doubts its accuracy and partly because he does not know how to use it; it has no correspondent as the physical eye has in touch and in feeling. The mind of man says to the will, come let us reason together. But the answer comes, I know you not. Induction, reason's method of separating things and cataloguing them, he is not acquainted with, therefore he lives absolutely on the material plane. He is esoteric in every sense of the word. His body being material, he thinks its prime mover, its animator, is material, or in other words, it is all by virtue of chemical phenomena depending on its existing elements proportionately compounded which allows him to sustain himself within the same material arena. The existence of a potential universe is a thing inconceivable, yet he is aware of a universal dynamis, a potential universe that must be accounted for: a kingdom of force, a principality of power by which the actual universe is maintained, out of whose dynamis cometh all action and all motion. Thus we place before the

student of philosophy for study the actual or the material universe and the potential or dynamic, their correspondent relationship and their inseparable association.

I wish to use the word *actual* in the same sense as *material*, and the word *potential* to be intimately associated with and to be taken in the same sense as *dynamis*. Potens and dynamis are synonyms of power, the former from the Latin and the latter from the Greek. Herbert Spencer says we have no state of consciousness by which potential existence becomes actual, yet we see all around and about us innumerable manifestations of these ever present and ever acting potential forces, working out and through the material and bringing forth and developing the actual: as in the action of sunlight, heat and moisture upon all life, stimulating, nourishing, developing, showing that the actual is latent, dead, lifeless and undeveloped without the potential, which makes the actual inseparable from the potential. The unfathomable mystery to the materialist is the primary creation of matter (or something) out of nothing, forgetting that the Divine Author of all things was not an artificer but a creator. Man is the artificer, God is the Creator, and here is the thought that puzzles the will. He created all things by the power of his word.

Now let us see what the word is: all things shall pass away or disappear, become as naught, but the Word passes not away, it is eternal, all else is temporal. Now we see that the whole universe, all actual things if we may use the term, are evolved out of and do exist by virtue of this potential existence.

Taking this knowledge to be truth it becomes the basis of all things, of a truth there is no simile to this thought, it is an understanding conception, our senses cannot assist us in analyzing it. Shall we call space or time something or nothing? Were they created, if so what from? Such questions are unanswerable; they belong to the infinite. Then we say that all actual existence was first potential existence, and furthermore, all actual existence depends upon the potential for its present maintenance. For as has been said, it is behind all motion and all life: no potential existence, no motion; no potential existence, no life. Therefore, it is the genesis of life and motion. Again, without life or motion there would be no actual existence. Medicinal and chemical action



are not directly potential; they have crude potentiality of their own, which as in the case of the chemical can be by potentization changed back to their creative potential. As students of medicine we must accept the fact that no cause can be absolute except the absolute.

Then we base our article upon this grand fact that in all our dealings with matter or the material, whether it be an organism imbued with the highest form of potentiality or be it some inert medicinal substance, any therapeutic agent whatever, we must deal with it absolutely from the potential side. To deal with them otherwise is to ignore the potential universe and its influence and power over the material; it is more, it means to catalogue life with the material, with the chemical, to raise it no higher than that of the chemical series. To say that such things as time, space, life, motion force in the potential sense of the word are not objective realities is to say that they belong to the non ego and do not belong to us, is to take refuge under the Kantian philosophy that "they are forms of the intellect," when the truth is that if there were no mind they would yet exist. The testimony of all consciousness is that they do exist but that they bear a thousand fold relationship to the whole material universe. "Time is the warp of life," it is meted out to the worlds that revolve about us, to birth, to life, and to death whose arena is the living present with the mountains of eternity before and behind it. Knowing this we can confirm that all these, time, space, life, motion, potentiality are in strong relationship with our own personality. Why do I bring these things so positively before you? Because if we agree that one is subjective all are subjective, but if we believe that one is objective all are objective. If time is objective, potentiality is objective; if space is an existence, dynamis is an existence and a positive existence. Nothing can be relative in this sense of the word.

We distinguish something from nothing, not by our senses alone, if it were so that would be a limitation, but by the power by which they act on our consciousness. In the potential it is more than that, it is the power of their action on our life forces. In the actual, it is the consciousness of form, of size, of color. In the potential, it is a consciousness of action, of change force, and

of position and of motion. In the actual in order to lessen it or decrease it we subdivide, or in other words, divisibility is a quality of matter which disposes, yea even destroys matter as far as we can be assisted by our senses, and by the aid of science in following and tracing it until the time comes when even consciousness must cease to follow attenuated matter, as we find in the case of our higher potencies. It is now no longer the actual but the potential, the true dynamis. This is the true potential as I would have you understand it. If you cannot let go of the thought of the indivisibility and the indestructibility of the molecule, and that all actual can be changed back to the original potens, that it now becomes us to call it energy highly potential or dynamis. I say if you cannot wholly let go of this thought you are not fully convinced that this is the true dynamis, you have not fully thrown off the antipathetic conception of life and of what disease is. I think I am safe in saying that scarcely five per cent. of all homeopaths have stepped upon this higher plane of homeopathics.

If you follow the teachings laid down by others than Hahnemann in his Organon, you cannot dispense with your materialism.

If you follow Kant or Herbert Spencer you cannot let go of the idea that there is no end to the divisibility of matter.

If we insist that matter can be divided indefinitely, we must admit that it can be divided infinitely, which would take as Spencer says infinite time, which would make it infinite matter, infinite potens, which is infinite conception. Long before the remedy has reached the fifty thousandth potency it becomes a mental process and we can only conceive of it as a potential force of inconceivable activity and intensity of action, whose presence, or knowledge of its presence is inconceivable, by any process of thought, until we are brought to the knowledge of it by its action upon the life forces. For not until then do we see the action of the second potential (medicine) by the disappearance of the phenomena of the first potential (disease).

The phenomena of first potential we call pathogenesis, and the phenomena of the second potential we call pathopæsis. The pathogenesis and its true pathopæsis, is similia which is the life line law, which removes the action of all subversive potentials (disease producing agents) restoring to the organism its original, creative

action, for true biological, physiological or histological action or whatever you wish to name it, is a *creative action*. Life action is then creative action, disease action is disintegrative action. Both being absolutely potential in their action, *and both in their dealings with matter produce the actual*, which, if we understand not the laws governing dynamics, we deceive ourselves and we take the results of their action for the cause, when we should have studied the actions of the life forces themselves carefully, we would have seen their action was a perverted one. So that the pathological, the tumor, the abscess, the congestion, whatever it may have been, were but inhibitory points of an over action of the life forces, for all over action must have its inhibitory or death, and destruction must immediately follow. So we see the actual, the real, coming into existence, both as through the potential to the organism itself, or to any imperfed state we may find present. True, we find the organism to be built out of its earthy constituents. But what changed them from the actual inanimate to the actual animate? The potential, what potential? The highest of all potentials, *life force*, and this potential life force when not in motion, as is the case at conception, could not be deflected from its true course, save for the presence of some other potential, deflecting and changing its true action. The father of death is a subversive force, a miasmatic dynamis, whose potential action is co-existent with the life forces, and through whose co-existent action, we may have either an anatomical, histological or physiological imperfection; yea, more, we may have a mental or any psychic imperfections even to a spiritual imperfection. Or in other words, if it were not for the presence of psora or the chronic miasm in the organism, the life, as in man, must have moved forever in the same unchanged and unchangeable state, never to be related to time, to environment, or to death. Notice the corollary about which we are specifically concerned. A recognition of the real as distinguished through the phenomena presented to us in the study of drug action and disease action, enable us to observe the changes (pathologically) of tissue or of organ, which to us as homeopaths is simply of prehistoric value of the action of some subversive force. They are simply the ripening or ripened fruit of that prolonged perverted action of the life forces.

As the action of the physical forces for ages has changed the whole face of nature, so has the action of miasms changed the whole physical, mental, and spiritual basis of man. He is a wreck of his former self, all due to this subtle nonentity as mentioned by Hahnemann in paragraph thirteen of the Organon. "It is a subtle non-entity as compared with the pathological," but rather let us call it a subtle entity or the actual potential in action with the life forces.

The result of such action is dual. It is a creative (as the life forces are endowed with) plus the destructive action with which the subversive force is endowed. Herbert Spencer has told us "that there can be but one first cause and that all cause is infinite." If the life force on the life is finite and the cause is finite in disease, then it is not true that cause is infinite. Let us now notice closer this dual action of the life forces plus psora. "All vital action," says Spencer again, "considered not separately but in their ensemble, have for their purpose the balancing of certain outer processes by certain inner processes." The balancing of the effects of force we call equilibrium, and as soon as this standard barometer of action falls, we have disease, and this prolonged dual action must sooner or later set up a counter action which gives us the inhibitory point before mentioned, which becomes a new center of action or a wheel within a wheel. Here is where the pathological begins, and a new and false creation, by virtue of the new and false action of the life forces. In this way we can establish some true relation between what is seen in the real, and what is producing the real.

SOME CONNECTIONS BETWEEN SUBJECTIVE STATES ANSWERING TO  
SOME CONNECTIONS BETWEEN AFFECTIVE AGENCIES  
OR ACTIONS.

We see in disease two things, the pathological condition and the phenomena of that condition. The first has always the same grouping of phenomena, the second has never the same grouping. As homeopaths we accept the latter in prescribing for each case, because it always represents the truth in each case while the real, the pathological, only represents a portion of the truth, as it is the finished work of the life forces or last cause. For first cause or first action we must study the remainder of the phenomena, and as

we analyze perverted vital action as a whole, it leads us back not only to cause, but to a true conclusion of the unknown. Yes, you say, but what are we to do with that which transcends knowledge? We are to rest wholly in the consciousness and arrangement of the phenomena and use the law of similia whose action alone can unfold the mystery of *prima causa*.

Then we conclude the thought that what we see in the real is not only impressed upon consciousness as a mental impression, but it is substantiated by our senses of sight, touch, feeling and taste, while on the other hand we can, by the extension of the same mental process, prove that the real came out of the action of the potential.

As healers of the sick, how well we know "Reality underlies appearances." The phenomena of appearances is not *prima causa*. That the absolute cannot be known in any degree in the positive sense of knowing, but that it can be reached in disease through a careful study of the totality of its phenomena is true. The disposition of cause is in the disposition of its phenomena, or to be more pronounced in our statement, the application of the law of similia to the active miasm in the organism is the only true method of curing disease. The same principle is to be applied in all expressions of the miasmatic action, yet we cannot think of the existence of a miasm as an objective reality, as it exists in the organism. If that were true, all men in all schools could see their action. No, we must look upon this from the potential side and regard all phenomena, whether produced directly or indirectly as manifestations of some force, that is limitless in its power and scope of action, and the science of homeopathy is the correct grouping of all the relations of pathogenic phenomena under law—and the better interpretation we make of the phenomena of the disturbed life force, applying it to law the shorter and more easy the route by which we are led back to cause; of course in this retrograde process many complex groupings of phenomena may present themselves for study and analysis, until perhaps a long history of perverted life action has disappeared in the reverse order in which it came. In the end are we able to establish and locate cause, or rather pronounce the cause, and the positively unknown becomes known, which may be

reasonably called a science, where if we reason in the reverse order it becomes empiric. Thus, a clear and penetrating light is thrown upon both the actual and the potential, and we see clearly the true relationship of the actual and the potential. In the potentization of our remedies we see that every step we take acquires new momentum and new power; thus is it in disease, as the potential of the miasm is, so is the pathogenesis and the pathology. The new reality in disease, or the new pathology is the result of a higher potential in the disease-making element. We are thus compelled to use and believe in the highest potencies in order to meet and offset the greater momentum of perverted life action, which becomes the perfecting of similia. The fact of the matter is that what we call the real as seen in pathology is only the appearance of the real, the true real being potential or dynamic in action, the dual action heretofore mentioned. If, on the other hand, we could say that the real has always existed (pathological) there would be some truth in the statement, but knowing the pathological did not always exist, that it belongs to a perfected organism, it becomes an objective reality *and the true real is now seen in the potential*, which has always existed in the organism in some degree of latency.

The study of the potential as concerned in the action of the life forces, becomes then the ultimate of all ultimates, and the whole science of homeopathy becomes a study of the phenomena of the forces, as based upon the biological action of the healthy life force. On the other hand, as the real or the visible (pathological) came through the potential, or by virtue of the power of the potential. This is true healing and is embraced in the teaching of the first paragraph of the Organon. The true healer sees nothing in disease to cure but the phenomena of perverted life action, and its change back to the normal, involving the close study of the phenomena as viewed in series or sets, and as one grouping of the phenomena is removed, we draw near to that unknown quantity that we know to be *real* or the sick making potens. If we apply the first law of motion to the action of these forces we would find that every established force, like the life force, must preserve or maintain a uniform motion, independent of all other existing forces, which is a standard of health. Any deflection,

any acceleration or diminishing of this uniformity of motion, is sickness of some kind, and new or strange phenomena appear as this uniformity is changed. The former denotes that there is not a resisting medium, or rather a co-existing one, constantly producing all perversion of action, and it was this persistence in disease that led Hahnemann to the study of chronic disease for twelve long years, as seen in his wonderful revelation of the miasms, whose presence in the organism produced this persistence of perverted action, which he proved to be the persistence of cause. Hence, the absolute of disease was reached and found to be in miasmatic action on the life forces, the primary cause of all sickness whether pathological or non pathological. This conflict between the life forces and the miasms furnishes us as healers of the sick with material for a life study, and the suffering one with all the ills life is heir to, with all the phenomena, subjective and objective, visible and invisible, and our works on practice and books on therapeutics are emporiums filled with data of the phenomena of disturbed vital actions. Therapeutically speaking, all we know for truth about disease is what we individually know of of the phenomena of potential drug action. In the beginning of this conflict, or when their action is latent, we see only signal flags of distress, only threatenings of greater future action as seen in flying or wandering pains, or in mild sensations of heat or cold, or peripheral irritation. And then again we see great centres profoundly disturbed as in epilepsy, spasms and convulsions, until we get any degree of perversion.

In the end all the phenomena are due to motion. The difference between chaos and cosmos is simply motion governed by fixed principles. All movement ought to be governed by fixed laws, and when motion is interfered with we know law is interfered with, or the law governing that motion. Every true action in the universe is under law. The life forces are not exempt from this rule, hence when there is any disturbance in them, it must be admitted that the laws that govern it have been disturbed by the interference of some other force, but the science of homeopathy is the great medium by which we study these interferences and correct them by another law even the *law of similia*. A nebula of disease is but a nebula of perverted motion, and a climax of disease is a climax

of action in the perverted life force. We live or exist on a higher plane of action, even as the life forces act upon a higher or lower plane.

It is the momentum that kills or makes alive. Force must be multiplied or diminished before lines of action are changed or destroyed. How do we know we have uniformity of law in the forces, even in the life forces, by uniformity of action, and how do we know we have uniformity of action, by the constancy of the same phenomena, that we know to be present in normal life action, which becomes the standard from which we judge all perverted life action? Thus an inductive conclusion is drawn from the datum of all symptoms that fall upon our field of consciousness, which if properly arranged becomes the first similia, that we base our first prescription. But frequently by a study of the data upon which is based our first prescription we are led to believe there are back of all other similia and in the course of the cure the phenomena of the new similia makes its appearance. Thus do we see that there is something in every case that is beyond consciousness, and which persists; and it is this persistence that premeditates cause other than that which we now see.

In this advanced age of scientific research men have invented instruments of all kinds to measure the forces, and in which new conceptions of force were rendered cognizable that the eye or the fingers could not distinguish, we have some of these in medicine, yet we find but little aid from such instruments for measuring the power of the life force. We are compelled to confine ourselves to the study of the phenomena whose persistence confirms the fact of the kind of bond the subversive force has made with the life force, if it proves to be an inseparable one, we call the disease malignant, and if easily separated, a benign one.

The positiveness or the persistence of the bond establishes the equilibrium between the life forces and the subversive force. If the balance of power is on the side of the life forces, the subversive force is latent but if the balance of power is on the side of the subversive forces, then we look for any degree of intensity and persistence of the disease and the real or the actual becomes magnified as the potential becomes magnified. The history of disease must be a history of something coming out of the imperceptible; out of



the invisible, or potential, and in like manner it disappears into the imperceptible, into the unknown and invisible. This is as true of the world as it is of a simple pathological state, and the phenomena that have passed must in some degree become the phenomena of the future in the curative action of true principles until the whole past is expressed, and a history of all disturbance of the sick one is complete through the genealogies of the forces. Thus have we found that the real, the actual, is but the creation of the potential, that the actual has no power unless animated by the potential; that the real has no existence but through the potential; that the correlation of the forces are behind all form, and sign and name of matter; that if we would know or see what disease is as we must know and see it through the potential; that if we would remove disease from these suffering organisms, we must remove it, in like manner, that is, by and through the potens of medicine; we may be wanting in knowledge, but we are not wanting in law or principle; we may lack in the knowledge of a true conception of the true principles, but are not lacking in the resources of power. There are flections and expressions of the law we have not dreamed of yet; there are new potentials in medicine, undiscovered, with unheard of power and breadth of action; there are Neptunes in the far out circles of homeopathics to be discovered; there are new moons and new rings of knowledge circling about us that we must telescope into clearer vision; there are potencies in nature that will cure consumption and epilepsy and the malignancies of Psora, if we will but search for them, and the principalities and powers of the potential, of the invisible promulgators of sickness, will pay homage only to the majesty of a higher law than chemistry, even to the imperialism of similia.

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*Hypericum* 3 has proved curative in cases of lock-jaw resulting from injuries.

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*Rhus tox.* is good for backache resulting from exposure to cold and wet. Backache with little amelioration needs *Cannabis ind.* 3. *Eupatorium perf.*, *Belladonna* and *Oxalic ac* are also remedies. *Belladonna* back is generally characterized as "lame back." Pain in coccyx, or at end of backbone, *Petroleum*.

**THE ADVANCEMENT IN HOMEOPATHY.**

By D. DUNCAN, A. M., M. D., Chicago.

The last half century has witnessed gigantic strides in progress in every department of science and art. The railroad has supplanted the slow plodding stage coach of our fathers, our floating palaces succeed the flat boat. Messages are flashed from continent to continent, the occident and the orient join hands and sing pæans in commemoration of this wonderful progress. And later we have the telephone which in many respects is superior to the telegraph, enabling us as it does to transmit not only words but sounds. Everyone remembers the derision and opposition with which Prof. Morse was met on every hand when, less than half a century ago, he desired to construct a line of telegraph from Washington to Baltimore; and like Columbus, appealed to the government for assistance. The idea was laughed to scorn. People did not understand how it could be done and few were wise enough to investigate, preferring to send their messages by the steady-going pack horse, rather than trust any new enterprise; until by the indomitable energy of the inventor it was put into successful operation and the world made to acknowledge its benefits.

And now while you are lost in amazement in the contemplation of a century of progress, let me tell you of something still more wonderful by reason of its great power and efficacy in relieving the suffering of poor humanity. Medical practice had long groped in darkness "in confusion worse confounded," fettered by superstition and blinded by ignorance, when Samuel Hahnemann, a poor, modest but resolute Teuton, undertook the herculean task of pointing out the follies, cruelties and uncertainties which the cupidity of the medical profession of 1776 had heaped upon the healing art. Under this inspiration he promulgated the great law of cure and published his views on pathology and therapeutics. His earnestness and zeal in battling with error was met with anathemas and scorn; his motives were impugned and vilified and so unremitting were his persecutors that he was compelled to leave Leipsic. Fortunately for mankind, persecution could only drive him from place to place, it could not force him—

though standing alone—to renounce his allegiance to the great cause he had espoused, the cause of humanity.

*Magna est veritas et praevalabit.* Homeopathy found favor with candid, reflecting men though opposed so strenuously by the “Scribes and Pharisees” of the profession. It was cradled among the nobility of Europe, where it continues to grow, as it does in our own country, and will in proportion as the people advance in the scale of intelligence.

Only a few years ago homeopathy was unknown west of New York and Philadelphia. In fact in 1830 there were but six persons in the United States known as homeopaths. In 1837 it was first introduced west of the Alleghany mountains in Pittsburg, since which time it has steadily advanced until it extends from ocean to ocean, and from the frozen regions of Canada to the gulf of Mexico; and to-day more than twelve thousand able physicians are demonstrating the adaptability of this beautiful law to the successful treatment of all forms of disease. And venesection, emetic, cathartics and other relics of a barbarous age are fast disappearing before the onward march of a higher type of civilization.

#### WHAT IS HOMEOPATHY?

An answer to this interrogatory will necessitate a further elucidation of the principles of this science, involving practical homeopathy and its glorious achievements in actual practice, also the circumstances which gave it birth.

In 1790 while Hahnemann was employed in translating Cullen's *Materia Medica* from the English into his own language, he became dissatisfied with the explanations given to account for the curative properties of Peruvian bark and he determined to experiment upon himself; which he did by taking—while in perfect health—Peruvian bark in considerable quantities when he discovered that it produced an ague similar to the intermittent marsh fever, the very disease for which it had been prescribed as a curative agent. This great discovery; like the falling apple to the mind of Newton, the swaying of a lamp to the reflection of Galileo, opened a new field for investigation and experiment. The fact that Peruvian bark would cause a fever led him to regard this result as a key to its therapeutic powers.

Further experiments upon himself and friends fully corroborated previous results and he exclaims "Shall it be said, that the wisdom of the Eternal Spirit could not produce" remedies to allay the suffering from the diseases he allows to rise? He believed there was some "easy, sure, and trustworthy method" by which to learn the effects of medicines. With these thoughts to inspire him he pursued his investigations with all the ardor and enthusiasm which his straitened circumstances would permit, selecting many other drugs which produced in healthy subjects morbid phenomena similar to some phase of disease for which they had been prescribed. These researches finally resulted in bringing to light and establishing a therapeutical law which individualizes every known remedy, affording an ample test of its capability and power. He gave us the simple remedy *similimum*, for polypharmacy, a pathogenesis for mere opinion, a *science* for empiricism. Hahnemann had, through an inspiration—which was little less than sacred—grasped the outline form of that great *law of cure* which was destined in future to reconstruct the healing art, but which the world—more unwilling then than to-day to acknowledge the benefits of a new invention—could not receive until it had been proven by a superabundance of evidence. Other men by giving Peruvian bark, as a remedy for some other disease, had developed chills and fever. It remained for Hahnemann's brilliant intellect and clear penetration to perceive that the disease caused by cinchona was a similar *disease that it was capable of curing*.

After years of toil, experiment and study, these facts were published to the world and began to receive the credit and attention which they so well merited and Dr. Hahnemann again resumed the practice of medicine which he had abandoned when he had to "grope in the dark, guided only by books in the sick room, to prescribe, according to this or that view of the nature of the disease, substances that owe to *mere opinion* their place in the catalogue of medicines."

Now when the light of science had become clear to his vision, he became *the true physician*, the healer of the disease. When called to the sick he carefully noted all the symptoms and prescribed such a remedy as he had found by previous experiment

could of itself produce a similar train of symptoms. For instance, ipecacuanha causes incessant nausea and vomiting. When these symptoms are met with in disease ipecac will relieve them.

Again, aconite causes fever, dry, hot skin with rapid pulse, etc. On this account it is the remedy for such an attack. Large doses of belladonna will cause a rash resembling scarlet fever hence it is a foremost agent in its treatment.

Bryonia and rhus tox are prescribed for rheumatism because of their ability to excite symptoms resembling the disease.

These illustrations could be multiplied indefinitely did time permit, yet it would only attest the fact that every remedy in the materia medica has a pathogenesis of its own, distinct and peculiar. Homeopathy applies to one department of medical science only, that of treating disease by the administration of remedies and a strict observance of hygienic rules.

The human body presents the same tissues to every scalpel, the same elements for analysis. Therefore, we have no new anatomy. In our chemistry, physiology and pathology, we offer no new curriculum. There can be no disagreement upon true physiological and pathological doctrines, nor upon operative surgery and obstetrics. In the treatment of obstetrical and surgical cases the same difference exists between us and other schools as obtain in ordinary ailments. For many diseases in which they can suggest nothing but the knife, or blistering, purging, leeching or cauterizing, we offer mild and efficient remedies having an influence upon, and an affinity for, every distinct part of the human organism, be it the head, the heart, the lungs, or any portion of the body which may be diseased, so that the whole body may not be made sick when one part only is affected, thus avoiding a long period of convalescence.

Thousands of suffering women appeal to our physicians for help in parturition and obtain relief, where old school practitioners *dare not* make the attempt and when appealed to, can only resort to the hackneyed phrase "that nature must take her course" as if, perforce, nature's powers could not become perverted. Alas! it is this perversion of nature that causes the sickness we deplore—the suffering we try to ameliorate. Again, how many thousands are languishing with the ills peculiar to the sex and going down to

premature graves under this uncertain treatment, many of whom could be relieved and *cured* by our rational method.

Homeopathy repudiates nothing but error. What there is good in the accumulated experience of past ages is adopted. Mixing remedies found no favor with Hahnemann. His diligent researches led him to regard them largely as incompatibilities, exerting a modifying influence upon each other when given together, rendering their effect uncertain and mischievous.

By applying the principles of homeopathy, the physician can select the remedy which will cure without any *guessing or doubt* as to the result whenever it is possible for a remedy to cure, for sometimes cases are met with which are beyond the reach of science or medicine.

Hahnemann regarded disease as an entity, individual in its character, requiring a corresponding individual treatment. He did not prescribe for names of diseases, knowing them to be unreliable and that they invariably led to a routine practice.

Stereotyped prescriptions he ignored, and guided by the symptoms, which is the expression of disease, he selected that remedy which when given to the healthy would excite morbid phenomena entirely in accord with the pathological lesion. By this method he was enabled to regard every case as a new one, demanding such treatment as the peculiarities of the disease might render necessary.

Success crowned his efforts without an assault upon the stomach and bowels with drastic purgatives and nauseants; and without passing the patient through a purgatory of sweating and blistering.

The remedial power or efficacy of a drug depends upon the presence of an active principle pervading every atom of the substance, a force *sui generis*, positive in character and endowed with distinct properties which constitute it an individual agent; the very idea of which precludes the possibility of substitution so often resorted to in filling prescriptions by the old school, and forbidding the mixing of drugs, to which allusion has heretofore been made.

“Every therapeutic agent is in rapport with some pathological lesion, and is characterized by definite symptoms, as change of

color, temperature, pulse, eruption, etc." When a physician possesses this knowledge he does not need to experiment on "county paupers" and the needy poor, as was lately advised by a leading allopathic journal, to establish the medical properties of "untried drugs." I think that those unfortunates who are obliged to accept gratuitous treatment, must feel exceedingly grateful to know that they are being experimented upon in the interest of a medical school, entirely devoid of a rational system of treatment, and who have never had anything better than the uncertain and indefinite knowledge obtained by experimentation with mixed drugs upon the sick. The poor mortal who can withstand the ravages of the disease on the one hand and such fearful onslaught upon the stomach and bowels as they too often make, should thank God for a constitution that will not fall a victim to the slayer. This idea of utilizing pauper practice is an "error which like straws upon the surface flow. He who would search for pearls, must dive below."

Homeopathy does not relate to dose but rather to the selection of the *one remedy*. It recognizes a definite relation of medicine to disease.

The action of medicinal agents is developed from their surfaces; hence, it follows that they must be made to occupy as great a surface as possible, and in order to increase this surface power, we use a menstrum, that is, if the medicine is dry it is triturated with sugar of milk; if a liquid, it is diluted. By this means a single grain is made to pervade a thousand grains or more of the medium. In this manner all the latent properties of the drug are brought forth and reduced to that state of attenuation which is compatible with absorption, and which enables them to exert those salutary specific influences which the homeopathic practitioner so uniformly observes.

The comminuted dose is more readily received by the stomach, irritates much less the place where it first comes in contact with the organism, hence acts more completely and permanently than a massive dose.

It may be said that the operation of our attenuation is analogous to that of infection by means of contagious diseases; that the inert matter of the substance is destroyed and the active principle

set free, which diffused through the menstruum is capable of communicating to the vehicle its properties, and to the organism its its peculiar action.

This principle of drug action in attenuated doses, is quite in keeping with nature's laws and exhibits nothing more wonderful than the action of miasm in causing chills and fever, or small pox contagion in producing that dire-malady.

Examples might be multiplied almost indefinitely, to show the inherent power of agents, which, to us seem infinitesimal, yet in perfect harmony with nature's mighty and beneficent operations. It is an oft repeated, though unreasonable objection that homeopathic remedies are tasteless, therefore they must be powerless. This objection is urged by those who are unacquainted with the action of our remedies; these individuals are not satisfied unless they see and feel the poor body writhe and suffer for the sin of being sick. If a person is suffering from indigestion, he ought to be made to endure retching, pain and purging, that all may be made right within. If he has an eruption, his taste ought to be disgusting, his head ought to ache, and other disagreeable symptoms produced in the operation of "purifying the blood". "And this is called sensible action." Sensible with a vengeance! Why should this treatment be considered sensible? Is it pleasant? Is it safe? Is it beneficial? If a man has a journey to make, does he reach his destination any more safely, swiftly or surely, because he is jolted along over rough ground in a springless vehicle? You commiserate the poor traveler, who prefers this method to the pleasant locomotion of a luxurious railway carriage. Much more you should pity the sufferer already racked with pain, or enervated by the ravages of a fever, who is obliged to endure this "sensible action", and whose purgation, if it removes one cause of disorder, produces another. With our rational method, though the inexperienced eye may not perceive any immediate action, the work is going quietly on, tissues are being rebuilt and the constitution restored to its normal condition. They say that our medicines are poisons. What a miserable subterfuge! That we give arsenic, deadly-nightshade, strychnia and mercury! If our opponents were honest, this charge would never have been made. Fowler's solution of arsenic, in their hands, has been made to do service



at a fearful expense to the human system, while calomel, quinine, iron and strychnia have produced untold suffering and irreparable injury in the loss of teeth, chronic diseases of the intestinal tract, paralysis in its various forms, rheumatism, bone diseases, roaring in the head, deafness, etc., all of which thousands of poor suffering humanity—traveling barometers—amply attest.

Another objection to Homeopathy, and a great bugbear it seems to be in the hands of our opponents, lies in the fact that one can take a large quantity of our medicine and suffer no inconvenience therefrom. True, yet that proves nothing from which they can derive consolation. On the contrary it confirms the physiological character of Hahnemann's teaching, that the healthy organs have no susceptibility to attenuated remedies. We have already shown the necessity of administering large doses in a crude form to insure their action on a healthy organism.

How then can we expect a disturbance of the system when our medicines are prepared to act in disease only? We should ever be mindful of the fact that the parts are far more sensitive in disease and more easily affected than in health; an exalted susceptibility is induced which yields quietly to the action of a *corresponding remedy* in the small dose and contrasts favorably with the so-called "heroic treatment" of the old school.

As we have before mentioned, Homeopathy has no reference to any certain attenuation, high or low; although there are in our ranks men who are disposed to give this matter a prominence which it certainly does not deserve. There are no arbitrary rules by which to determine the size of dose, nor can there be. The nature and duration of the malady, the constitution, temperament, and former treatment of the individual are the factors by which to determine the amount of medicine to be given.

The history of every patient treated homeopathically confirms the fact, that our remedies though mild, are efficacious; so much so, indeed, that a long period of convalescence is avoided and the contrast between this method and that practiced by the old school is so marked that many patients in their first experience often imagine that they have not been very sick. This is the experience of many in their first trial of Homeopathy. We remember an old lady, widow of a distinguished allopathic physi-

cian, who was subject to sudden attacks of a hereditary complaint, which, under the old fashioned treatment always kept her confined to her room for a week or more. She had been advised by some members of her family, who were converts to Homeopathy, to try the new system, but she scouted the idea of countenancing such quackery. On one occasion, however, she was taken so suddenly, and so violently ill during the night, that the nearest physician, who happened to be a homeopathist, was sent for in all haste. He brought such prompt and effective relief, that the old lady was out again, apparently as well as ever, two days after the attack. Was she convinced that she had submitted to better treatment? By no means; it was a mere happening. The next time her old medical attendant was on hand, and, as usual, she languished and suffered for more than a week. After a while another exigency brought the homeopathist to her bedside again, and his ministrations were attended with the same results as on a former occasion. This was too much for even her prejudice. Conviction though tardy came at last, and she is now a staunch friend of Homeopathy. Even though no more could be said for it than that it was equally successful, Homeopathy should supercede the old system of medicine simply on the score of humanity.

In regard to the preparation of medicines, there are several points of difference worthy of particular notice, between the old and new school.

1st. "Allopathy employs her drugs in a crude form, while Homeopathy makes use only of their pure, essential principles unencumbered by foreign matter."

2nd. "Allopathy employs so great amount of artificial heat in her pharmaceutical operations that a large proportion of the active properties of her drugs are expended in evaporation, while Homeopathy makes use only of expression, trituration, and succussion, and this not only retains all of the virtues inherent in the drug, but actually develops power, which would have remained latent under other circumstances."

3rd. "On account of the peculiar mode of preparation, the remedies of Allopathy are offensive to the taste, they nauseate the stomach, and by their indigestible and irritating properties, serve

directly to induce gastric and intestinal derangement and other serious medicinal symptoms."

Homeopathic remedies are liable to none of these objections. The practice of Allopathy must always be indirect, uncertain, and empirical. The violence of the remedies employed necessarily induces medicinal and sympathetic affections, which, mingling with the symptoms of the natural disease, render it impossible to distinguish between the two classes of symptoms or to judge whether the malady or the medicine, or both combined are killing the patient.

The fact that so few Allopathic practitioners coincide precisely in regard to the treatment of very many diseases proves, conclusively, that their system is one of *guessing* rather than one founded upon scientific knowledge and ascertained facts.

The system of Homeopathy is founded upon national and scientific principles, insomuch as its remedies are exhibited with a definite object, and the results can, in most cases, be predicted with mathematical certainty. We invite investigation from all, and ask that the investigator will apply or use remedies according to Homeopathic principle, if he wishes to learn the truth or falsity of the system. We use no cunningly devised theory, but rest our belief upon the unchangeable laws of nature. We have known of allopathic physicians representing to the friends of Homeopathy, that they were good Homeopaths themselves and gave the same remedies. This was said simply to obtain patronage and can only avail with those entirely unacquainted with our methods of practice.

Homeopathy grows in spite of opposition; not only at home, but abroad.

The city of Leipsic, from whence Hahnemann was driven has erected to his memory a monumental statue in bronze. In England the Royal College of Surgeons passed a resolution, that it was not expedient to interfere in the controversy between Allopathy and Homeopathy. "Contempt is being followed by recognition; recognition is leading to concession; and concession, in many cases, ends in conversion."

Many of the best and most brilliant intellects of the age have been devoted to the uplifting of Homeopathy; not a few of whom,

like Saul, were persecutors of the faith, but afterward astonished the world with their scientific attainments and practical experience in the new system. In this connection a name written high on the proud escutcheon of our glorious cause deserves special mention: that of our lamented and venerable Dr. Hering, "born with the century, a bitter opponent of Homeopathy, was appointed to write a book against the heresy in Germany. To write intelligently, he must read Hahnemann's writings and experiments, expecting to find weapons to overthrow Homeopathy." His investigations led him to espouse the cause, which it was expected his writings would overthrow, and he became a staunch advocate of its principles; leaving much valuable literature to attest his earnestness and faith in its teachings. Many other remarkable conversions might be mentioned did time permit.

The following facts sufficiently attest the increasing popularity of Homeopathy. The city of New York is noted for homeopathic dispensaries and public hospitals; and the state legislators for their enterprise in donating liberal appropriations for the establishment of homeopathic institutions, one of the most noted of which is the asylum for the insane, costing one million dollars. Homeopathy is represented in nearly every state board of health throughout the land, and in the national board of health having headquarters at Washington. Hospitals statistics and the mortality records in all epidemics, both in Europe and America, show a death rate of from five to ten per cent., while the old school lost from twenty to forty per cent. Eighty thousand cases in private practice from the official records of the cities of New York, Philadelphia, Boston, Brooklyn, and Newark, show a mortality of seventeen to each allopathic physician and but ten to each homeopath. The official report of twenty-eight state asylums for the year 1877 give an average ratio of cure of nine per cent., while the New York homeopathic asylum gives twenty per cent. Similar records by other homeopaths attest the superiority of the *new school* over the old, they having lost from twenty to forty per cent.

At a meeting of the allopathic physicians in Chicago in 1871 one of their number complained bitterly, "that in a certain portion of the city then inhabited by the wealthier and more intelligent portion of the population, Homeopathy had seventy-five per

cent of the practice; in the neighboring ward among the shops and cheap residences, they had fifty per cent.; but in the neighborhood of the river among the most ignorant and degraded portion of the people, the practice was entirely old school.

While hastening to a conclusion we cannot forego mentioning the quackery that is growing up as a parasite on Homeopathy. Although we deprecate this, it is not unexpected, for anything possessing real merit is imitated and the credulity of many people offers an abundant field for those, calling themselves Homeopaths who are ignorant of its first principles, and a standing disgrace to the profession which through them, is brought into disrepute. Moral conflicts are not of themselves desirable, neither is a listless conservatism commendable. The former should not be coveted or the latter encouraged; but it so happens in this life that all truth is antagonized—all good is maligned and counterfited; and he whose teaching and practice tends to uproot a system as antiquated as the *old school* must expect—not argument but derision, not truth but sophistry. “Truth is mighty and will prevail”.

Homeopathy is the practice of the future and its innovations will continue until the last expiring groan of “Old Physic” will only be heard in the dim vista of the past, where it has been left by the advancing spirit of the age to go down to the vile dust.

“From whence it sprung  
Unwept, unhonored and unsung”

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Nash, in his excellent *Leaders in Homeopathic Therapeutics*, tells of a case of a child suffering from obstinate constipation, yet in whose bed would often be found “a large chunk of solid feces.” *Aloe* quickly and permanently cured the case.

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Itching scalp and skin, “extreme dryness of scalp and skin, but no dandruff, itching is intense and hair falls out.” *Alumina* has very marked dryness of skin and hair and might benefit; use 30th potency. If *Alumina* does not fully relieve follow with *Arsenicum*.

## INTERMITTENT FEVER.

GEO. HELMCAMP, Alton, Ill., Hering, 1900.

These cases were treated by a senior student of Hering College during his vacation, but the facts (symptoms) are as clearly stated and the remedy as well selected as though he had the M. D. at the end of his name. It is the ability to "take a case" properly, and select the correct remedy, not the age or years of experience that constitutes the value of a clinical report. [Ed.]

**Case I.** A boy aet. 10, Sanguine mental temperament, has had several chills every other day about 5 p. m.

Chill begins in chest and shoulders.

Great thirst before and during chill.

Vomiting of bile during chill and fever.

Bone-ache and head-ache during all stages.

Eup. 200, three powders, to be taken two hours apart after fever subsided.

Cured promptly.

**Case II.** Mr. H., aet. 35, bilious motive temperament.

Fever every day.

Chill every other day, coming on at different intervals.

Thirsty "all the time."

Bitter vomiting before chill and during chill and fever.

Severe frontal headache.

Yellow coated tongue.

No appetite.

Violent backache throughout the whole paroxysm.

Two powders of Eup. 1m cured the case.

**Case III.** Mrs. W., aet 30, sanguine, nervous, motive temperament.

Chill 8:00 a. m.

Thirsty before chill.

Raging thirst during chill and fever, but the water is immediately ejected, having a bitter taste.

*Nausea* during the chill and fever, feels so "deathly sick."

*Nausea* from lying on *left* side.

Yellow coated tongue.

Greenish diarrhoea mixed with bright red blood.

Throbbing pain on vertex.

Oppressed breathing during chill and fever.

A powder of Ipecac, 1m., dissolved in three teaspoonfuls of water, a teaspoonful every two hours cured the patient.

**Case IV.** Mr. B., aet. about 40, bilious, motive temperament. Has had the ague for some time.

First chill came on between one and two p. m.

Each succeeding chill anticipating an hour.

Short chill followed by intense heat.

Insatiable thirst during fever, but water is vomited as soon as taken.

Pain and distressed feeling in stomach.

Tongue dry, great prostration during all stages.

Watery diarrhœa.

He received three powders of Ars. 1m, after which he had no more chills.

**Case V.** Mrs. Jno. S., sanguine vital temperament.

July 14, chill 7:00 a. m.

Thirst for large quantities of water before and during chill.

Severe backache by motion.

Soreness of the eye balls.

Bitter vomiting during chill and fever.

Headache, tongue coated. Eup. 1m.

July 15, fever 102, no vomiting, backache less severe, Sac. lac.

July 16, no chill, fever 102, frequent nausea, cannot keep any thing on stomach. Ipecac. 200, completed the cure.

**Case VI.** Mrs. J., bilious motive temperament. Chill in the forenoon every other day.

No thirst before or during chill.

Chill begins in the back; aching and heaviness of the legs.

Thirst and perspiration during fever.

Stiffness of the neck.

Occipital headache throughout the paroxysm.

Gels. 1m cured.

**Case VII.** Rudolph II., aet. 14, sanguine motive temperament.

Aug. 1. Violent and long lasting chill at 11 a. m.

Chill begins in the hands.

Thirst for large quantities of water during fever.

Desire for cold milk.

Two hours after the chill, temperature 105.

Hydroa on upper lip.

Dull frontal headache during chill and fever.

Perspiration during fever.

Nat. mur. 1m three powders.

Aug. 3, Chill 11 a. m. As all the symptoms were more violent, the aggravation was attributed to the action of the remedy, Sac. lac.

Aug. 5. Another chill at 11 a. m.

No change in symptoms.

Patient and family discouraged.

A few doses of Nux vom. 1m given before bed time cured the boy.

No more chills.

**Case VIII.** Mr. H., aet. 45, sanguine vital temperament.

Chills and fever each alternate day, no regularity as to time.

Chill begins in the back and spreads rapidly over the whole body.

Thirst before and during each paroxysm.

Headache during chill and fever.

Can not move on account of a sharp pain in ilio sacral region—during fever.

Tongue coated yellow.

Scanty perspiration during fever.

Eup. 1m cured.

**Case IX.** Sadie, aet. 15, sanguine nervous temperament.

July 15, chill 7 a. m. followed by high fever.

Thirst during chill and fever with sour vomiting.

Pulsating headache.

Must hold head with both hands.

Great distress in stomach aggravated by least motion.

Eyes sensitive to light; must keep them closed.

Bell 200, three powders.

July 16. Fever 101; violent headache, sac. lac.

July 17. Chill, 9 a. m. No change in symptoms.



Patient frantic with headache. Glon. 200 relieved the headache in a short time and cured the chills.

**Case X.** Willie, aet. 6, bilious temperament.

Has had several chills every other day, between 7 and 11 a. m. Yawning, stretching, and nausea before chill which is not very marked.

Nausea and vomiting during chill and fever.

Thirsty during chill and fever, but drinking increases nausea and vomiting.

Headache most severe during fever.

Ipecac, 200 cured.

**Case XI.** Mr. N., aet. 28, sanguine motive temperament.

Has had ague several weeks and took quinine without effect.

Has two chills every other day; a severe one at 8 a. m., and a light paroxysm at 5. p. m.

Aching of the bones during both paroxysms.

Thirst during all stages, vomiting during chill and fever.

No headache; no appetite; great prostration. Eup. 1m. cured.

**Case XII.** Mr. S., sanguine vital temperament.

July 25. Chill 3 p. m. followed by intense heat.

Thirst for large quantities of water during chill and fever.

Violent frontal headache; sour vomiting; vertigo aggravated by least motion; throbbing pain in stomach.

Motion aggravates all symptoms.

Bry 1m. two powders.

July 27. Temperature 104; terrific throbbing headache.

Sensation of a "*ball rolling in stomach.*"

Retching and vomiting.

Headache worse from pressure or by least motion, Glon. 200 cured.

**Case XIII.** Mrs. R., bilious motive temperament.

Chill 2 p. m., begins in the hands.

Every bone in the body aches.

Insatiable thirst several hours before chill, increasing during chill.

Sour vomiting during chill and fever.

Frontal headache—from pressure.

Thick brownish coating on tongue.

She received Eup. 1m, and had but one more light paroxysm.

**Case XIV.** Mrs. B., bilious motive temperament.

Chill 11 a. m., lasting over an hour.

Begins in the hands.

Thirst and temporal headache before and during the chill.

Thirst and headache during fever, the latter increasing in severity with the rise in temperature.

Vomiting of water at the close of chill.

Profuse perspiration during the fever which relieves the headache.

Nat. mur. cm. one powder, cured.

**Case XV.** Mr. R., Aet: 20, sanguine nervous temperament.

Has had the ague over a week, took various things, but received no relief.

Chill each alternate day between 3 and 5 p. m.

Chill begins in the back where it is most severe during the cold stage.

Thirst with vomiting during chill and fever.

Tongue coated; frontal headache; want of appetite.

One powder of Eup. cm., given the evening before his chill day, cured without the recurrence of another paroxysm.

**Case XVI.** Mrs. M., sanguine motive nervous temperament.

Chill every other day between 7 and 8 a. m.

Knows chill is coming on account of the unquenchable thirst.

Vomiting of bile during chill and fever.

Headache; tongue coated yellow; backache; watery diarrhoea.

Eup. 1m. cured.

**Case XVII.** Mr. M., sanguine vital temperament. Chill in the forenoon each alternate day.

Thirst and vomiting during chill.

Great distress in the stomach.

High and long lasting fever follows the chill.

Yellow tongue; violent *hammering* frontal headache during chill, fever and *apyrexia* worse from least motion.

Throbbing pains in the eyes during fever; must keep them closed. Glon. 200 cured.

**Case XVIII.** Mrs. B., bilious lymphatic temperament.

Has had the ague three weeks in spite of quinine.

Periodicity of the chill not marked.

Whole body aches before each paroxysm.

Bones feel as though they would break.

Thirst before and during chill, but water makes her vomit.

Tongue coated white.

Chill followed by intense heat; no perspiration during fever.

She received five powders of Eup. 200, one every two hours, and had but one more chill.

**Case XIX.** Boy, aet 6. Has never been healthy.

Has now chills every other day, time not marked.

Thirst during chill but drinking causes cough.

Profuse perspiration during fever.

Headache, skin dirty looking.

Little sore patches all over the body.

Offensive stools.

All symptoms worse from heat.

Psor. cured the chills and also the skin trouble.

**Case XX.** Mr. B., bilious motive vital temperament.

Chill 7 a. m.

Yawning and aching of legs before the chill.

Chill begins in the back, stiff neck with occipital headache during all stages.

Legs feel tired and heavy, thirst during fever.

Drowsiness during *apyrexia*.

Three powders of Gels. 1m. cured.

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When everything eaten seems to turn to wind, *Nux moschata* is a remedy that may be needed.

*Hamamelis* is said to act chiefly on the veins and is especially indicated in hæmorrhages of dark, venous blood.

### MEDICAL OLIO.

A RECENT RULING of the courts declares the medical practice act of Iowa to be unconstitutional.

PAINTING THE NIPPLES several times a day with the white of an egg is stated to be a most successful prophylactic, and also treatment for the sore nipples of nursing women.

BANANAS are said by Dr. Ussery of St. Louis, Mo., to be excellent diet for typhoid fever patients for the reason that there is such a small part of excrementitious matter in their composition that they do not irritate the ulcerative condition of the mucous membrane of the intestines.

AMONG THE ASTONISHING THINGS in medical literature is the chapter on foreign bodies in the various accessible cavities of the human organism. Rhinologists are familiar with the tricks of children who are in the habit of placing various inappropriate objects in the nostrils, with sometimes serious results. In an article in the *Medical Sentinel* is recorded a number of cases of foreign bodies in the bladder. The substances introduced included a leather shoe string, a glass tube three inches long, a grape vine stalk, and a flowering head of squirrel grass.

WATER CHARGED with carbonic acid gas—in other words soda-water—has been found useful in abnormal sense of hunger or bulimia. Its singular property of lessening hunger is probably due to the titilation of the gastric mucous membrane, by  $\text{CO}_2$  and the fact may be profitably remembered in chlorosis and diabetes mellitus. Such water may be likewise employed with advantage in many cases of hyperpepsia in which there is a sensation frequently present of goneness, emptiness and gnawing. Massage of the abdomen in the region of the stomach and duodenum will often relieve obstinate cases of the vomiting and nausea of pregnancy.

POISONING cases from use of sulphonal continue to be noted in journals with some frequency. Mr. J. F. Gillett of Andover, England, reports the following:

“At 10 p. m. on July 9th, I was called to see an anæmic and neurotic girl, aged 17. Sulphonal to the amount of sixty grains had been taken during the four hours previous to 3 p. m. She became drowsy and slept for two hours; awoke with some nausea and

ataxic gait. She became rapidly worse and at 10 p. m. I was called and found the patient lying in bed with closed eyes; there were marked muscular twitchings. Respiration 48 and shallow. Temp. 95.4. Extremities were cold, great cardiac weakness. Pulse 58 and very feeble, pupils dilated, with slow reaction to light. The corneal reflex was absent. The patient had hallucinations, thinking she was pursued by beetles and fleas. When spoken to she immediately became very delirious, striking at and fighting with her attendants, until she was exhausted. The symptoms gradually grew better and so continued to complete though slow recovery. The urine was suppressed for a time, and when passed contained no albumen."

AT THE RECENT English Homeopathic Congress in Leicester, England, the President, Dr. Byers Mair, of London said, "There remains this essential difference between the two schools of medicine: Homeopathy recognizes and still maintains that there are definite laws which regulate the choice of medicines, and from these, strict rules have been adduced for practice. Looking back over the century we see medicine gradually giving up the heroic treatment, and recognizing the value of one medicine at a time, in much smaller doses; we see it also recognizing the necessity for finding out the action of drugs by pharmacological experiments, thus drifting towards the principles which Hahnemann was the first to lay down, and which now fall in line with modern physiological work."

A SOMEWHAT REMARKABLE instance of a patient having arrived at a successful method of treatment for himself is recounted in the *Semaine Medicale*. It was a mere accident and founded upon a blundering ignorance of chemistry. A man who had suffered for years from sciatica was treated in an Algerian hospital by means of hypodermic injections of salt and water, but without success. After he left he bethought him that perhaps the salt was not strong enough and that a stronger preparation of salt might be more successful. He therefore procured some "spirit of salt" (Hydrochloric acid) and painted it on the skin, getting rid of his long-standing trouble in a few days. Dr. Bourlier took the hint and tried the treatment on a dozen cases, the account says, with invincible success.

TASTE A SAFE GUIDE.—Dr. King of the Medical Advance has evidently been indulging in too much “health coffee,” or else he would not allow for a moment that the average human biped can trust his palate in the selection of suitable food for the purpose of maintaining perfect mental and physical health. He says: “Every one carries in his sense of taste, and his desire for food, the keenest critic of what is good to eat, or the reverse, and this wise adviser, combined with past experience, is a much safer guide as to what is good for any given individual than is the cock-sure unthinking advice of some sedulous reformer with his dress reform pancakes.” Honestly, now, Brer. King, hasn’t every one of your dyspeptic patients been made so by what his palate informed his massive intellect was good?—*Syracuse Clinic*.

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Dr. Robert L. Rea, who died July 10, left a fortune to various charities. The Illinois Humane Society, the Home for Self-Supporting Women, the Visiting Nurses’ Association and the Illinois Industrial Training School are to share \$100,000 equally among them. The medical school of the Northwestern University receives \$10,000 as an endowment for a chair of anatomy, to be known as the Rea Professorship of Anatomy. The Chicago College of Physicians and Surgeons receives \$5,000, to be devoted to worthy, indigent students to pay for their instruction. These gifts to the medical schools are payable in a short time, the larger endowments first mentioned to be given at the death of the widow, but the income derived from that amount is to be distributed to them annually. The noble-mindedness of Dr. Rea is again shown in this crowning act of his long and faithfully arduous career. It is especially gratifying that the teacher of anatomy in Chicago in the college where he labored so long is to be commemorated in the manner indicated.—*Recorder*.

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*Hamamelis* is a good remedy for orchitis, inflamed testicles; in this, also, consult *Pulsatilla* and *Clematis* if complicated with venereal disease.

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The tottering, childishness of old age may be held up, to some extent, by *Baryta carb*.

**THE ILLINOIS UNION MEDICAL ASSOCIATION.**

S. J. Avery, M. D., President. A. C. Cowperthwaite, M. D., Vice-President. T. A. Bland, M. D., Secretary-Treasurer, 875 Jackson Boulevard, Chicago. Organized August 30, 1899.

CHICAGO, September 11, 1899.

DEAR DOCTOR:—Your earnest attention is invited to the enclosed paper. This movement was inaugurated by representative physicians of the leading schools, who believe the time has come when the profession should unite in an effort to check the arrogance and avarice of that politico-medical ring falsely called the "State Board of Health." The men chosen as officers will give you a fair idea of the membership of the "I. U. M. A." and for the information of those who do not know them, it is admissible to say that President Avery is one of the leading physicians of Chicago; a member of the alumni of Rush Medical College, and of the Chicago Medical Society. Vice-President Cowperthwaite has held professorships in the homeopathic medical colleges of the Universities of both Iowa and Michigan, and is now the professor of materia-medica and therapeutics in the Chicago Homeopathic Medical College. He has been president of the Homeopathic Societies of Nebraska, Iowa and Illinois, and is a prominent member of the American Institute of Homeopathy. As a medical author he is well known, his materia medica and other works being standard text books in the colleges of his school.

Secretary Bland was president of the "Eclectic Medical Society of the District of Columbia" from 1887 to 1895; is the author of a popular medical work, and a liberal contributor to medical and other journals.

The objects of the association are quite clearly set forth in the enclosed paper. If you are in sympathy with those objects please show your sympathy by enclosing your membership fee of one dollar to the secretary at once, and ask your brother physicians to do the same.

Address

T. A. BLAND, M. D., 875 Jackson boulevard, Chicago.

The following Declaration of Principles of the Illinois Medical Association, a new and rapidly growing organization has been extensively circulated among the profession of this state. In same envelope was enclosed the above explanatory letter.

**DECLARATION OF PRINCIPLES.**

WHEREAS, the State Board of Health of Illinois, organized under authority of an act of the Legislature, passed in 1877, as a

sanitary body, has been reorganized under an act passed in 1899 as a medical examining board, clothed with such extraordinary powers as to make it a menace to the rights and privileges of every physician in the state. And

WHEREAS, said act of 1899 was prepared by the secretary and attorney of the said board near the close of the session of the legislature, and lobbied through to its passage by said secretary and attorney without the concurrent approval of the board of health as a body, or of the medical societies of the state, and by deceiving senators and members as to its character and intent. And

WHEREAS, said act is in some of its chief provisions unconstitutional, and also by the fact that it was not read in full, as the constitution of the state provides, when put on its final passage in the senate. And

WHEREAS, the board of health at a meeting in Chicago, July 11, 1899, did reorganize under that act, and did adopt rules and resolutions which shows a purpose to construe the act in the most despotic, and to enforce it in the most oppressive manner.

Therefore, we, physicians of Illinois, believe it our duty to ourselves and to the profession at large to associate together in an organization on a non-sectarian basis, for the purpose of protecting our professional rights and privileges against any unjust action of the Illinois State Board of Health and also for the purpose of securing the repeal of the medical practice act of 1899, the abolition of the state board of health in its present form, and a substitution therefore of a board of sanitation, whose members shall be chosen by the people as other state officials are chosen.

#### CONSTITUTION.

ARTICLE I.—NAME.—The name of this organization shall be The Illinois Union Medical Association.

ARTICLE II.—OBJECTS.—The objects of this organization are:—1. To protect the constitutional rights of its members against unjust action of the state board of health of Illinois, under the medical practice act of 1899. 2. To secure the repeal of said act. 3. The abolition of the state board of health, as at present organized, and to oppose enactments in future of all unjust restrictive medical legislation.



ARTICLE III.—MEMBERSHIP.—Members of this association are of two classes. 1. Physicians in good standing and in regular practice, or who are qualified and desire to begin the practice of medicine in this state. 2. Students of medicine or any persons of good character, who sympathize with the objects of this association, may become associate members.

ARTICLE IV.—MEMBERSHIP, FEES AND DUES. The entrance fee to all members is \$1.00, and yearly dues \$1.00, which shall be paid yearly in advance.

ARTICLE V.—OFFICERS.—The officers of this association shall be a president, one or more vice-presidents, and a secretary who shall also be treasurer.

ARTICLE VI.—MEETINGS. The association shall hold an annual meeting in Chicago, on the second Tuesday in January each year, for the election of officers and the transaction of other business. Other meetings may be held on call of the secretary.

ARTICLE VII.—AMENDMENTS. This constitution may be amended at any annual meeting of the association, or at a special meeting called for that purpose, by a two-thirds vote of the members present.

ARTICLE VIII.—BY-LAWS. A code of by-laws shall be adopted for the government of the association.

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### NEW PUBLICATIONS.

University Bulletin, No. II, College of Veterinary Medicine, State University, Columbus, Ohio.



Suggestions for My Nurses in the Care of a Laparotomy. By H. F. Biggar, M. D., Cleveland, Ohio.



Ninth Annual Announcement of the Philadelphia Post-Graduate School of Homeopathics, Philadelphia, Pa.



The Open Court Publishing Company have just issued an authorized reprint of Veitch's translation of Descartes' *Discourse on Method*, which is a famous philosophical classic and one of the most fascinating books in the history of serious literature.

**Over 1,000 Prescriptions** or Favorite Formulae of Various Teachers, Authors, and Practicing Physicians, the whole being carefully indexed, and including most of the newer remedies. Cloth, 300 pages, postpaid \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This is the second edition of this handy manual, and is just from the press; it has nearly one hundred pages of new matter added. As the practical worth of this kind of a book consists in its having a handy and complete index, this book has it, for some sixteen pages of small type are devoted to this object, and some of the lines have as many as twenty different formulæ; this would go to show that there are about two thousand different prescriptions given in the volume. In other words, taking the price of the book into consideration, it would argue that there are furnished some twenty different prescriptions for one cent. We notice that many of the newer remedies are among the prescriptions, thus bringing the treatment of many of the diseases down to date. Both old and new writers of both home and foreign countries are represented among its formulæ. Blank pages are frequently introduced, so that a handy place is furnished for recording any new prescription that one might wish to preserve. The printed index will index all such penciled additions, if care is taken to write them opposite a page with a formulæ for similar disease; this would then save the bother of indexing the penciled additions. It may be a very excellent book for an allopath, but it is absolutely useless to any one having even the faintest tincture of homeopathy.

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**Detroit Homeopathic College**, is the latest, but by no means the least, addition to the galaxy of homeopathic colleges. It starts with a corps of teachers, many of them veterans of years of experience, of which the profession may be proud. And if we can form an opinion by the occupants of the chairs of *materia medica* and practice, it bids fair to teach homeopathy. So far as clinical and hospital advantages are concerned no college in our school has opened its doors under such favorable auspices. There is ample room for another college in the metropolis of Michigan, if there is room for five colleges in the metropolis of Illinois, and we bid the new institution God-speed on its errand.

## PERSONALS.

Dr. Arthur Peake, Hering '99, is located at Wahpeton, N. D.

Dr. Elizabeth Trumbull has located at 420 Garfield boulevard.

Dr. J. W. Harris, Denver, Col., was in Chicago recently on a visit.

Dr. A. M. Cushing has removed from 175 to 137½ State St., Springfield, Mass.

Dr. Wells LeFevre has removed to Pine Bluff, Ark., from Hot Springs same state.

Dr. Lane, of Englewood, starts for the west in a few days. She expects to locate in Iowa.

Dr. E. Mather removed from Detroit to Birmingham, Mich., a beautiful country residence.

Dr. W. W. Misner, Tacoma, Washington, has just returned from Dawson City, of gold fame.

Dr. King has another baby; messages of condolence and sympathy may be sent to his office, 100 State street.

Drs. Parker & Parker have removed from Warsaw to Peoria, Ill., and will continue the special practice of surgery and gynecology.

Two of the Hering faculty, Drs. Friend and Pollach, have been medical missionaries and can tell you much of Africa and China respectively.

Dr. Sarah J. Maloy, formerly of LaGrange, Illinois, has sold her practice in Riverside, Cal., to Dr. Louise Andrews, formerly of Grand Rapids, Michigan.

Dr. E. Stillman Bailey, Dean of Hahnemann College, after a sojourn of eighteen years' duration on the corner of 31st and Michigan avenue, has moved his office down town. He will be found hereafter in the Marshall Field Building.

Dr. C. H. Coggsell, of Cedar Rapids, Iowa, Professor of Obstetrics in the Homeopathic Department, U. of Ia., and Mrs. Coggsell, have spent a few weeks in Scotland where the doctor went with a patient. We trust both physician and patient will be improved by the atmosphere of Scotia.

Dr. J. C. Morgan, died at Los Angeles, Cal., June 27th. He was the first professor of Practice of Medicine in the Homeopathic Department U. of M. and for many years held a chair in Hahnemann College, Philadelphia. We are indebted to him for the best proving of Chin. sulph. yet given the profession.

Dr. O. L. Garlinghouse, (Hering '99), married Sept. 27th to Miss Pearl A. Clark, of Centropolis, Kansas. Congratulations. This young man has made a record for himself and for Kansas in the closing year of the century. He received the degree of Doctor of Medicine, a chair of Materia Medica in the Kansas City College, and becomes a full fledged man by taking a life partner.

The indefatigable Dr. T. C. Duncan, whose desire to study materia medica becomes more furious as the years go by, has been elected president of a new club organized for the purpose of making useful, practical studies of our remedies. Dr. Duncan is president, Dr. A. W. Woodward, vice-president, and Dr. P. S. Replogle, secretary and treasurer. The first meeting was well-attended and interesting. It is proposed to hold monthly meetings. There are no dues, no assessments, and no fines. Send in your name to the Secretary, 2306 Indiana avenue, as a member.

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### EDITORIAL.

\* There seems to be a wide-spread feeling among the medical profession against the recent resolutions of the state board of health. One hears it expressed on all sides, even among doctors who are not especially interested in medical education. It certainly does not tend to raise the standard of knowledge of the physician to a higher level to have a state board licensing men to practice who have *not* spent four years of study at a medical college, and then quibbling about licensing a graduate of a four year college because the application for a license came a few hours after a certain date arbitrarily determined by the board.



The importance of keeping the mind free from "fixed ideas" prejudices, preconceived notions, and such obnoxious mental lumber is sufficiently evident in all walks of life but nowhere more so than in the medical profession.

If the practitioner clouds his judgment with preconceived ideas that all mankind suffer more or less with nervous prostration, or that most of the suffering of mortals is due to ocular reflexes, or rectal reflexes, his ability for making correct diagnoses, and of helping his patients, is correspondingly diminished.

The text for these remarks is a patient who came under the writer's observation immediately after a sojourn in a large sanitarium, which, whether professedly or not, is run in the interest of the stomach and its troubles. Under its auspices grains and nuts are exalted to the loftiest rank as food, and meat is eschewed as toxic and deleterious. Immediately after the patient's admission an elaborate chemical and bacteriological examination of the stomach contents obtained after a test meal was made.

The report included total acidity, calculated acidity, total chlorine, free hydrochloric acid, acid combined chlorine, neutral combined chlorine, total combined chlorine and fixed chlorides, besides the bacterial examination and the salivary activity. The treatment was not at all therapeutic but entirely confined to dietetic and hygienic measures.

Notwithstanding this imposing array of scientific procedures and analyses, the patient was suffering but little from stomach trouble of any kind. There was an almost universal sclerosis, very pronounced hypertrophy of the heart, chiefly in the left ventricle, epithelial tube casts, and albumen in the urine, and slight œdema of the feet.

The misleading results of having a preconceived idea of the undue importance of digestive troubles as a nearly universal basis of human suffering, is rendered very evident by a consideration of this case as here presented.

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The regular winter term of Hering Medical College opened auspiciously on September 11th at 8 p. m. Dr. Frank Wieland was master of ceremonies, and entertained the assembled audience, with a program consisting of a number of bright speeches, some well rendered musical selection, and a bounteous supply of frappe. The large auditorium was so crowded that chairs had to be placed in the aisles. Lectures began next morning to four large and enthusiastic classes.

## OBITUARY.

DR. I. TISDALE TALBOT, Dean of the Boston University School of Medicine, died on July 2nd, at the age of sixty-nine years. He was born in Sharon, Maine, Oct. 29th, 1829. He opened a private school in Baltimore in 1848, which proved a very successful venture and procured means for him to prosecute his own studies. In March, 1851, he entered the Harvard Medical School and graduated therefrom in 1854. The intervening two years were spent at the Hahnemann Medical College of Philadelphia whose diploma he obtained in 1853. Four years were spent in perfecting himself in European schools and clinics. The most of his professional life was spent in Boston where he was engaged in an extensive practice and where he did much to organize and support the homeopathic institutions of Massachusetts.



DR. WILLIAM T. BRANSTRUP died at Indianapolis on August 15, 1899, of cerebral hemorrhage, after an illness of several years.

Dr. Branstrup was one of the oldest practitioners of the middle west. He graduated from the Eclectic College in Cincinnati, in 1858, and from the Hahnemann, of Chicago, in 1877, continuing in active practice until his health failed. He settled first in Vincennes, Ind., later in Laporte, Ind., and finally moved to Topeka, Kansas, where the remainder of his professional career was spent. He was one of the advanced men in the profession and strove always to keep abreast of medical progress, subscribing to all the magazines and new text-books, buying the latest instruments and refreshing himself by attendance upon clinics in the medical centers of this country and Europe.

Personally Dr. Branstrup was of a genial nature, one whose presence in the sick room contributed as much as did his medicine to the patient's recovery. He took an active interest in affairs outside of his profession and was in all ways a model citizen. He joined the American Institute of Homeopathy in 1877, belonged to the local societies, and was a prominent mason. His widow survives him.

— THE —  
MEDICAL ADVANCE,  
ELKHART, INDIANA.

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PEDIATRIC MATERIA MEDICA, No. 2.

CALCAREA OSTREARUM.

THOS. G. ROBERTS, M. D., Chicago.

This remedy was called *Calcarea carbonica* by Hahnemann, who supposed it was a pure specimen of carbonate of lime. It is not a pure carbonate of lime, for it is obtained from the oyster-shell, and contains some of the animal matter belonging to the oyster, besides, it always contains a trace of *Calcarea phosphorica*. In view of these facts, it seems to me that Hering was right when he substituted *Calcarea ostrearum* for *Calcarea carbonica*.

**Mind.**—Child sad and unhappy. The child has the reputation of being *self-willed*. This is, perhaps, the most important mental symptom; but there are certain symptoms of the mind especially important in connection with certain morbid states. In inflammation of the brain, this remedy has proved curative when the child was afraid of everything it saw; in rachitis, the child is frequently very fretful and stubborn; in chorea, very peevish and easily vexed; in keratitis, restless and cross during the day.

**Inner Head.**—Rheumatic headache of children, with pains half-sided, tearing, shooting, throbbing. Inflammation of brain during dentition, and in scrofulous subjects.

The psoric or scrofulous child has brain disease, and has frequent spells of screaming without apparent cause. Headaches in school children. *Chronic hydrocephalus*.

**Outer Head.**—*Head too large, with open fontanelles and relatively small neck.* This irregular growth is very characteristic of this remedy. *Hydrocephalic enlargement of head.* *Profuse sweat on head, especially during sleep, rolling down face in large bead-like drops, wetting the pillow some distance around the child's head.* It is apt to be worse on back of head and neck, and about the shoulders. Sometimes it is confined to the chest and upper part of the body. *Nocturnal sweats of head.* The perspiration is neither warm nor cold, but becomes cool from evaporation. Silica has a perspiration that is somewhat similar, but the Silica perspiration is about the whole head and extends lower on the neck, and is apt to have a sour or offensive smell. A point of much importance is that the smell of *Calcareo ost.* is *not sour*, notwithstanding the fact that the secretions generally are sour in this drug. Under *Calcareo*, the perspiration begins as soon as the child is asleep; therefore it occurs before midnight; under *Silica*, it comes after midnight or towards morning. Very efficacious when the scalp is smooth and seems to be thickened, and is covered all over with dandruff. Itching of the scalp, which causes the child to scratch the head impatiently on getting awake, or when disturbed in sleep. Moderately itching scabs on scalp, thick and bleeding when picked.

Thick scabs covered with thick pus; *tinea favosa*. *Crusta lactea* with violent itching; burning after scratching. Crusts on head in nursing children.

*Eczema capitis, with thick scales and yellow pus beneath.* The eruption sometimes appears in the form of a ringworm. *Crusta serpigiosa*; *herpes circinatus*. *Hair is dry and looks like tow.*

**Eyes.**—*Dilated pupils.* An invaluable remedy in some cases of scrofulous ophthalmia, especially if the child has light hair, blue eyes, and distended abdomen. The lids itch, are red, swollen, and painful, and the child wishes to keep them closed. In the morning the lids are glued together. *Corneal affections of children.* Conjunctiva inflamed and very red, and pustules on the cornea. One of the best medicines to remove thickening of the lids and corneal opacities. Acrid flow of tears, but blandness usually characterizes the discharges from the eyes. Excessive



secretion of mucus, which is yellowish-white in color. Stitching or stinging pain in eyes. The photophobia is so great that the child complains bitterly of daylight, on waking in the morning, but the child dreads artificial light even more than sunlight. Spasmodic closure of the lids and photophobia. Inflammation of eyes in new-born children. Dark rings around eyes in vermiculous subjects. Strabismus coming on after cutting eye teeth. In eye troubles, usually acts better after sulphur than before it.

**Ears.**—The action of Calcarea upon the ears is quite marked, causing inflammation and swelling of the outer and inner ear. “We find,” says Farrington, “in these scrofulous children calling for Calcarea, inflammation of the external ear or auditory canal, and also of the middle ear or cavity of the tympanum. First, Calc: produces thickening of the membrana tympani, with all the symptoms of defective hearing. There are humming, roaring, and buzzing in the ears, all dependent upon the abnormal pressure on the chain of bones. The otorrhœa has a sort of pappy or fatty appearance, looking just like chewed-up paper. Now, in cleaning the external ear of this pus, and looking at the membranum tympani, you find it perforated from previous inflammation. You will find the edge of the rupture thickened and granular, and you may even notice a tendency to the formation of polypi.”

**Nose.**—*Swelling of nose and upper lip.* Stoppage of nose. Acrid discharge from the nose, which is red and thick. A peculiar symptom is a metastasis from nose to abdomen; colic sets in when coryza ceases. Severe fluent coryza followed by colic. Loss of smell with nasal polypi.

**Upper Face.**—Anxious look of face when child is raised from the cradle. Idiotic expression, on account of the open mouth, and the drawing down of the eyes and mouth. Face looks old and wrinkled. Cold face and forehead; face pale and cachectic. These symptoms are found in marasmus, and in what the older writers miscalled cholera infantum. *Face puffed up.* In children troubled with worms, deep set eyes surrounded with dark rings, and the face pale and lean.

**Lower Face.**—Swelling of upper lip, especially in the morning.

**Teeth and Gums.**—Difficult dentition when the stools are large, hard, and have a chalky appearance, or are thin and whitish. The teeth are a long time in coming through, and the gums are often pale and shiny. The abdomen is apt to be large, and cold, and tumors are found about the neck. Cold and damp feet; loose rattling cough; soft and flabby muscles; stools often offensive. Hydrocephalus sometimes threatens. *Large head with open fontanels. Child peevish and fretful; very light sleeper. Vomiting milk in thick curds.* Swollen and distended abdomen, with emaciation and good appetite. *When the teeth come early the fontanels close late, and vice versa.* Dry mouth, alternating with salivation. Dentition tardy, often attended with convulsions and a loose rattling cough. *Longing for eggs. Sleepless after 3 a. m.*

**Tongue.**—Swelling of sublingual glands. Ranula, when recurring in patients with leucophlegmatic temperament.

**Mouth.**—In stomatitis, when salivation alternates with dryness of mouth and lips. When teething children are subject to sore mouths; canker sores.

**Throat.**—Especially in scarlet fever, the throat very painful and inflamed, with aphthæ on the tonsils and roof of mouth; swallowing difficult; cellular tissue around cervical glands swollen; nose sore and obstructed.

**Appetite.**—In mesenteric disease, appetite ravenous; great thirst. Eats much and yet loses flesh. *Appetite poor, with a craving for boiled eggs and an aversion to meat.* Longing for eggs, in sickness or during convalescence, is very characteristic of this remedy. There may also be craving for wine, sour, salt, or sweet things, but sugar disagrees.

**Eating and Drinking.**—Sweat after eating or drinking, especially in *crusta lactea*. Nausea and sour eructations, after drinking milk. Milk disagrees.

**Vomiting.**—*Sour* vomiting, especially during dentition. Teething children suffer from vomiting and diarrhœa. *Vomiting of milk in the form of curds like cheese.* Sour vomiting and ravenous hunger in the morning. Sour vomiting is very characteristic in the digestive troubles of children.

**Stomach.**—*Pit of stomach swollen like an inverted saucer, and painful to pressure.*

**Abdomen.**—*Hard, distended abdomen.* Mesenteric glands so hard and swollen, that the abdomen feels as if filled with stones or ovoid bodies. Claylike stools are present when the enlargement and the indurations of the mesenteric glands are marked; the muscles are flabby and the skin dry; hair dry and looking like tow.

**Emaciated everywhere except Abdomen.**—*Atrophy of mesenteric glands.* Soreness of navel; the navel of infants is affected with a moist excrescence like proud flesh. (Kali carb., Nat. mur.) *Great emaciation, with swollen abdomen and good appetite.* Inguinal hernia, with white chalk-like stools, and long and continued crying. Extremely valuable in this condition. Umbilical hernia.

**Stool.**—Inclined to diarrhœa, especially toward evening. The time of aggravation serves to distinguish this remedy from sulphur, which has its aggravations in the morning. *Sour smelling diarrhœa.* Claylike diarrhœic stools, smelling sour or fetid. Profuse painless diarrhœa, watery or slimy, with bits of coagulated milk of sour smell. Whitish frothy diarrhœa, watery stools, most frequent in the after part of the day. Milk-white diarrhœic stools. In mesenteric disease, stools copious, pappy, offensive, of a dark greenish-brown color. Sometimes in this condition the stools are chiefly from 4 a. m. until noon, seldom after noon or before midnight.

*During dentition stools like lumps of chalk.* Hard, light-colored, undigested stools. Stools large, hard and of a chalky appearance, or thin and whitish. Hard stool with ascarides. When worms are present, the itching at the anus becomes very great toward and in the evening. Guernsey says it causes tape-worms to disappear, when indicated by the symptoms.

*Stools whitish, watery, sour and undigested.* Meat frequently passes undigested in the stools. Bæhr says that a copious, watery, sour-smelling diarrhœa is the surest indication for Calc. ost. Diarrhœa with acid stomach, worse in the evening. In the so-called cholera infantum there are ravenous appetite and thirst, and the thirst and diarrhœa are worse toward evening.

The stools are greenish, watery and *sour*, and may contain *undigested food*. *Unusual craving for egg; milk disagrees, and is vomited in sour curds or passes downward in white curdled lumps*. Child becomes sore around the anus.

**Urinary Organs.**—Child desires to urinate, but no urine flows; at another time, child cannot retain the urine. Nocturnal enuresis in *fat, fair and flabby* children with red faces, who sweat easily, and catch cold easily. In cholera infantum, the urine may be clear, but of a strong, pungent, fetid odor.

**Male Sexual Organs.**—On the genitals appear dry and copper-colored eruptions.

**Lactation.**—The mother has a profuse secretion of watery milk which the child will not take.

**Milk Disagrees with the Infant.**—The child cries much, and will not nurse, because the milk has a disagreeable, nauseating taste. “Child will not take the breast,” say Hering. “Cries itself hoarse, has swollen gums and swollen sore tongue; slimy stool; at times thin, sour fluid from breast; child takes it, but draws too lightly, then cries and makes body stiff; has large blood boils and lumps; often has pains in lungs and chest, groaning in sleep; severe cutting in abdomen, with urging to stool without passing anything.”

**Infant Breasts.**—Breasts hard but not red; when the trouble is found in infants with the general constitutional symptoms of Calcarea.

**Respiration.**—Asthmatic attacks, in children, from suppressed eruptions.

**Cough.**—A constant, hacking, and seemingly involuntary cough during the entire day. The cough seems to continue through force of habit. Whooping cough, when the attacks are worse in the morning. Teething children troubled with pertussis. Cough after measles and small pox.

**Lungs.**—Abscess forms in the lungs of children, particularly in the left lung.

**Outer Chest.**—Costo-sternal region the site of rachitic deformity, with bronchial asthma coming on in paroxysms.

**Neck and Back.**—A swelling comes in the neck, and there is oppression of the chest and cough, from a cold. Enlargement of

the glands of the neck with dry flabby skin and cold, damp feet. Glandular swelling of neck with eruption on head. In marasmus, neck thin and scrawny. Curvature of dorsal vertebrae.

**Pott's Disease.**—Spine curved laterally. Intolerable back-ache, especially in coxalgia, ophthalmia scrofuloso, and scarlatina.

Curvature of the spine, especially in the dorsal region, in children of the leucophlegmatic temperament, who are weak at the ankles, have open fontanels, and are slow in learning to talk and walk. Spina bifida of the new-born.

**Upper Limbs.**—Arms cold to elbows, in gastro-intestinal diseases of children.

**Lower Limbs.**—Very valuable in coxalgia, in the typical Calcarea child. When *contraction* is a marked feature of the disease; drawing, shooting, tearing, cutting or stitches in the hip. Disease of the hip with dislocation of head of femur. Second stage of hip disease, when the child has diarrhœa, swollen glands, scratches head on awaking, craves boiled eggs, sensitive to cold, damp air, with great liability to take cold. Has cured atrophy of right hip, following spasms. Backward in learning to walk, or after walking for a time, the child seems to forget how to walk. Children have no disposition to walk, will not put their feet down. *Cold, damp feet.* Coldness and deadness of feet in epileptic spasms.

**Nerves**—Child is peculiarly afraid of shadows thrown by candle light. *Convulsions. with chalky stools and distended abdomen.* Spasms, especially during pertussis and dentition. Tendency to spasms in children having the scrofulous diathesis; teething very slow or may be too rapid, if *Bell.* seems indicated but fails to cure. Chorea, in leucophlegmatic children, when, after a fright, the child falls down easily; especially during the second dentition.

**Sleep.**—Wide awake; cannot sleep; on closing *eyes sees figures.* Sleeps only when rocked hard. *Children frequently chew and swallow in their sleep* (Bry.) Restless at night, with sweat on head. After midnight, children scream and cannot be pacified. Perspiration in first sleep. Cold feet at night in bed.

**Temperature.**—The child has great aversion to open air; the least cold air seems to go right through it.

**Fever.**—Hot skin, especially evenings and at nights, when it is covered with sweat, which exhausts the child. Skin hot, then cold, clammy sweat. *Perspires easily, and consequently takes cold readily.*

*Profuse sweat on the head and scalp of children with large heads and open fontanels wetting the pillow far and wide; on nape of neck and on the hands, knees, feet, etc. Partial sweats are exceedingly characteristic of this remedy.*

**Tissues.**—Tendency to glandular engorgements with impaired nutrition. Inflamed glands. *Painful swelling and induration of glands.* Glandular swelling of scrofulous children with general atrophy. Softening of bones; skull very large and fontanels remaining open too long, joints swollen. *Curvature of bones, especially of spine and long bones.* Crooked, deformed extremities, the result of rachitis. Imperfectly growing bones. *Slow development of bony tissues with lymphatic enlargements.* Children suffer from muscular weakness; muscles soft and flabby. Scrofulous ulcers and eruptions. Children and young people tend to grow fat; but instead of fatness there may be emaciation, sometimes with swollen abdomen, and good appetite. Bloating body and face with abdominal enlargement. *Marasmus with large abdomen; appetite good, but the body and limbs wasted; skin dry and wrinkled; hair dry; sensitive to cold.* Malassimilation. The tissues are irregularly nourished, hence the growth is irregular, thus giving the large head and abdomen, etc.

**Skin.**—Eruption moist, scurfy, as milk crust. Small pox during teething, also for the sequelæ of this disease. Sequelæ of measles. Urticaria when the eruption is white, hard, and elevated, and seems to itch much, causing the infant great uneasiness. Skin jaundiced, in subjects that otherwise call for this remedy. Scarlatina, with swelling of the glands about the ear, first left side, then right; face pale, bloated, and free from the rash; corrosive nasal discharge; patches on the tonsils; threatened paralysis of lungs manifested by great anxiety and oppression, with loud mucous rattling. In cases of scarlet fever where the eruption is not evenly distributed, and consequently there are extensive portions of the body without redness. Protracted cases of

scarlet fever, where the temperament is leucophlegmatic, glands of neck swollen, nose sore and obstructed; the fever is slow and is worse in the morning; the child remains languid and pale, and does not seem to convalesce after regular recession of the eruption. Hering says the fever is worse in the morning, but Guernsey says the slow fever is especially worse in the evening.

**Constitution, etc.**—Children with leucophlegmatic temperament, where we have a large head, large features, open fontanelles, if the patient is an infant, and the skin is pale and has a chalky look. Children with blonde hair, blue eyes, fair skin and light complexion; muscles soft and flabby; hair dry and looking like tow. Infants and children become thick and grow as if fat, but are pale and unhealthy.

*Children and young people grow too fat and heavy. The child is slow in its movements and of torpid disposition. The child is late in teething and in learning to walk; is self-willed; fair, fat and flabby, or emaciated, with large abdomen.*

**Differentiations.**—It is necessary to consider some of the differences between Calcarea ost. and Silica, for they have many symptoms in common. I have already differentiated the symptoms associated with the perspiration of the head and upper part of the body. In Silica, the head is too large, but the body is rather emaciated. The Silica child is nervous and excitable, and very sensitive to external impressions, owing to a weakness of the cerebro-spinal nervous system; not fat and sluggish like the Calcarea ost. child. Silica has offensive perspiration of the feet, which is liable to produce soreness on the soles, and between the toes, Calcarea does not produce this condition. There is a greater tendency to ulceration in Silica, and the pus is rather thin and excoriating. The diarrhœic stool of Silica has a very fetid smell; the stool of Calcarea smells sour. The constipated stool of Silica is peculiar because it recedes after being partially expelled. The head is especially sensitive to cold, and consequently must be well wrapped. The face is apt to have an earthy or yellowish waxen hue. The child is over-sensitive and thin from imperfect assimilation, not from lack of food.

Many other points of difference might be mentioned, but these are usually sufficient to lead to the selection of the right remedy.

There are also many points of resemblance between Calc. phos. and Calcarea ost., but the differentiating symptoms are very marked. The Calc. phos. patient is spare and anaemic, and the complexion is not so clear and white as in Calc. ost., but is dark, as well as the eyes and hair. The face has a dirty white or brownish color. There is not so much perspiration about the head as in Calc. ost. The skull may be soft and thin, and crackle like parchment when pressed. The child craves ham, bacon, salted or smoked meats, instead of eggs. Another peculiarity is green, sputtering stool. The absence of the leucophlegmatic temperament is a marked negative symptom.

**Relations.**—According to Hahnemann, Calcarea ost. is incompatible before nitric acid and sulphur. It is complementary to belladonna, acts a long time, but in children may be often repeated. Hering suggests, when the drug does not act well, to put it in the child's milk, if bottle fed.

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### SOME POISON CASES.

FRANK WIELAND, M. D., Chicago.

In an article published in a recent medical journal the writer spoke of disappointment in the emetic properties of Apomorphia.

In possibly a dozen cases of poison the drug has never failed me. I think he should not have depended on a single injection, as when a patient is in a state of collapse, response to any drug is apt to be slow. I usually repeat the hypodermic within five minutes, if vomiting does not follow the first.

**Case I.** I was called at midnight a week ago, to see a woman who had swallowed a quantity of carbolic solution, which she had been using as a gargle. I saw her within twenty minutes after she had taken the poison. Her agony was dreadful to witness. While I was getting the particulars of the case, she passed into a convulsion, assuming the most complete opisthotonos I had ever seen. I hastily saturated my handkerchief with chlo-



roform, covered her mouth and nose with it and almost instantly she relaxed. Her heart, which had been very weak before the convulsion, apparently ceased beating during it, and we could detect no radial pulse for some time after relaxation.

Thus far I had done nothing for the poison, and had lost fifteen minutes. I gave her a hypodermic of Apomorphia; she was unconscious, but in about two minutes she vomited the supper she had eaten and a large amount of albuminous fluid. As soon as she was sufficiently aroused to swallow, I gave her raw eggs, but they were not retained.

She was so badly burned that everything caused spasm of the œsophagus. After the stomach was emptied, the heart became stronger; the patient remained semi-conscious. In about half an hour she took, and retained, a small amount of black coffee. This was repeated at hour intervals for thirty-six hours. I gave her Arsenic 1m to counteract the burning in the mouth, œsophagus and stomach, and it seemed to relieve.

I was much assisted in my successful handling of the case by the fact that the stomach was full when she swallowed the fluid, and the acid dilute. I have always taught my classes certain general rules or principles in treating poison cases. I have never had any respect for the numerous antidotes that are so rare and unheard of that one would rarely be able to procure them, especially in an emergency.

A few simple measures kept in mind for each of the three great classes of poisons will allow one to bring his patient through, if he meets the case in time.

**Case II.** This case was a little more obscure. The patient had bought from a neighboring druggist a bottle of citrate of magnesia at 9:40 P. M. She had drunk half of it and gone back to bed; at ten, as the clock was striking, she awakened with an intense thirst; she could not find the water pitcher, but in groping about in a dazed way, she came upon the citrate bottle, and drinking what was left of the fluid, she went back to bed.

I was called soon after midnight to find a woman with widely dilated pupils jabbering constantly and reaching out in the air for imaginary insects. Now and then she would try to get out of bed. She was not quiet a minute, but would begin a sentence

and after a few words would begin the senseless jabber. She told me she had "floated" up stairs to the servants' room to get aid. The floor of her room was strewn with matches; she would light one, try to reach the gas jet and then would become unconscious. As she was delirious, I examined the room very carefully for a clue to possible intentional poisoning, but I could find nothing except the empty citrate bottle.

Her son had gone with her to the drug store for the magnesia and knew that she got nothing else. When she drank it, she said to him, "This doesn't taste like the magnesia I have had before." As is too often the case, she refused to touch the emetic we had prepared, so I gave her a hypodermic of Apomorphia, although I felt sure we had an alkaloid to deal with, and that it was all absorbed. Not until the second injection did she vomit, but the quantity then was sufficient to please any one. The pulse was very rapid, too rapid to count, and even in the delirium she complained of dryness of the mouth and throat. Her symptoms were all those of Atropia, and I gave her Morphia  $\frac{1}{4}$  gr. as a physiological antidote. I also prepared some Bell. 1m, which she took every fifteen minutes for some hours. The next morning she had a bowel movement, black as ink and horrible in odor. She remained delirious for about twelve hours, and was in bed one week. She has never quite recovered from the nervous symptoms. There was left a half drachm of the fluid in the bottle and I took it to the laboratory to test for Atropine. Instead of a purple reaction I got a dark green. I still feel convinced that I had Atropia to counteract, though possibly not that of Belladonna. To avoid publicity the case was never investigated, to the evident satisfaction of the druggist.

**Case III.** I never shall know the complete history of case No. 3, as I never saw the patient conscious. The man in the case lied so badly that I told him no explanations were necessary, unless the girl died, and then he could make them to the police. I was called at 3 A. M. to see a woman who was dying, the messenger said. I found a girl lying across a bed breathing very, very slowly, and sterterously. The pulse was of fairly good volume, but irregular in the extreme. I examined the eyes and found the pupils contracted to a mere point. I decided upon

Opium in some form as the poison, but promised the terrified young man no results. I caused her to vomit, using Apomorphia, then prepared some Nux in half a glass of water and gave her of this every fifteen minutes until I saw reaction. Meantime we gave her coffee, with some difficulty to be sure.

We would open her mouth, pour in some coffee, and she would, at times, swallow it. I am forced to say, however, that more ran out on the pillow than was swallowed. We also rubbed her limbs with brandy, as there seemed to be no circulation in the legs, below the knees, and there was marked cyanosis. I remained several hours with her and then left, as she seemed to be returning to consciousness. The young man came later to pay the bill and told me the girl had made a good recovery.

**Case IV.** Case 4 was that of a servant girl who took a quantity of creosote. The symptoms were those of carbolic acid poisoning. After the patient had vomited, the immediate danger was over, although the constitutional symptoms were pronounced during the following week. I kept her well stimulated and on a milk diet. When I last saw her she was a nervous wreck as a result of her experience.

**Case V.** In case No. 5, the patient had drunk a small glass of Ammonia by mistake for Rubinat. I do not think she swallowed much, although some must have entered the stomach. She was practically in convulsions when I saw her, and suffering intensely. Her friends kept insisting, with the usual logic of friends in these cases, that I use a stomach pump. I do not think that a stomach pump or tube should ever be used after an acid or alkali.

Examination showed a mouth and pharynx completely denuded of membrane, and a swollen and thickened tongue. We gave her milk; it was instantly rejected, but so changed that I felt sure we should get results. After a time she swallowed some. This she vomited, but the emesis seemed to ease her.

For her very irregular heart, we gave her hypodermics of brandy. We all know that acids are the chemical antidotes of alkalies, but I know that no sane man would ever have given an acid, however dilute, to further irritate the raw mucous membrane. After the stomach has been emptied, our main depend-

ence must be upon supportive measures, except in the case of alkaloids. This woman made a good recovery, although she could retain no food for some days.

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### MATERIA MEDICA.

*Aconite*—Covered or affected parts sweat profusely, likes to be uncovered.

*Actea rac.*—Chill, then heat, then sweat, alternating with dryness of skin.

*Agnus cas.*—Sweat on the hands when walking in the open air.

*Aloe soc.*—Sweat, smells strong, especially about the genitals.

*Alumina*—Entire inability to sweat.

*Ambra*—Profuse sweat at night, especially after midnight and on affected side.

*Ammonium carb.*—Sweat only on lower part of body.

*Ammonium mur.*—Clammy sweat in palms, particularly the left.

*Antimonium crud.*—Sweat which returned at precisely the same hour, usually every other day.

*Apocynum can.*—Dropsy improves after sweating.

*Argentum met.*—Sweats easily; during and after eating.

*Arsenicum alb.*—During sweat, unquenchable thirst.

*Baryta carb.*—Severe sweat on the left side, especially on the head.

*Calcarea carb.*—Copious sweat, during the day, in cold air.

*Carbo an.*—As soon as he shuts his eyes, a very profuse sweat breaks out.

*Carbo veg.*—Night sweat of putrid odor.

*Cinchona off.*—Sweat on side laid on.

*Conium mac.*—Sweat day and night, as soon as one sleeps, or even when closing the eyes.

*Cyclamen eur.*—Sweat at night during sleep, moderate, but of offensive odor.

*Dulcamara*—Sweat entirely suppressed.

*Euphrasia*—Sweat often confined to front of body.

*Ferrum*—Sweat profuse, clammy, debilitating, strong smelling, and long lasting.

*Gelsemium*—Sweat always relieves the pains.

*Glonoinum*—Sweat relieves all symptoms (Helleborus.)

*Graphites*—Sweat from the slightest motion or entire inability to sweat.

*Guajacum*—Sweat profuse at night on back (Hepar sul.)

*Hepar sul.*—Sweat, cold, clammy and offensive, day and night without relief.

*Ignatia*—Sweat on upper lip when eating.

*Ipecac*—Smells sour; stains yellow; cold, clammy; increased out of doors; worse during sweat, better after it.

*Kali carb.*—Sweats all night without relief.

*Lachesis*—Profuse sweat, stains yellow or bloody, staining bloody.

*Mercurius sol.*—Complaints often increase after sweat.

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## HYPERCHLORHYDRIA.

(ACID DYSPEPSIA.)

DR. T. C. DUNCAN.

It may be cited as an evidence that the bug theory of the cause of disease is waning, that the first paper presented at the recent meeting of the Chicago Homeopathic Society was a clinical one, pure and simple, and Hyperchlorhydria is discussed as a disease of the stomach, and not as the result of the activity of certain (or uncertain) microbes.

We are pleased to note that allopathic authors are coming to appreciate the symptomatic side of the disorders of the body, as demanding chief attention, rather than the hypothetical state of the interiors. We are sorry, however, to note that in the paper spoken of above our homeopathic confrere, when he comes to treatment, absorbs the antipathic (allopathic) methods, dosage, and all. Bi-carbonate of soda, or any other alkaline agent, can only act chemically, and therefore as a temporary palliative. It is well known to most physicians that alkalies ultimately stimu-

late the acid-secreting glands to renewed activity, thus making a bad matter worse. How often have homeopathic physicians been called to cases of hyperacidity of the stomach, that has been palliated by soda for years, the condition gradually growing worse until gastric ulcer was threatening? How often have we cured these cases by the similar remedy given in very small doses?

If the idea that I worked out years ago is true, that acid children need acid remedies and alkaline children alkaline remedies, these cases of hyperacidity should be treated by acids, and it would be a fine field to verify or overthrow the theory. We need a remedy to strike at the root of the matter, which lies in the innervation of the stomach. If grief or mental anxiety are the chief causes, they act probably by retarding the elimination of Lactic acid from the system, and this in the stomach by decomposing the Sodium chloride would develop an excess of free Hydrochloric acid, thus causing the hyperacidity. We should understand that in selecting a similar remedy the hyperacidity is simply one symptom and not the whole thing. The nervous symptoms, the aggravations and ameliorations; in short, the totality must be met by the remedy and covered by it.

Of course the food should be carefully selected. Food that contains or gives rise to lactic acid (which is the active agent in liberating the hydrochloric acid) should be eliminated, and albuminous food, such as eggs, white meat, bovine, etc., may be allowed. Meat extracts so highly seasoned with sodic chloride must be avoided.

Water should be freely administered, and perhaps such mineral waters as Carlsbad or the Deerlick water, which is a home production, could be used to advantage. Lake Michigan water, unboiled, unfiltered, with all its salts intact, may be drunk freely an hour or two hours after meals.

The following remedies may be considered among many others:

- Acidity after eating, Phos. Acid, Dios., Sabina.
- Acidity from milk, Nux Vom.
- Burning after eating, Agar.
- Burning after dinner, Eucal., Lyc., Zinc.
- Burning after supper, Lyc., Carlsbad.

**CHICAGO MATERIA MEDICA SOCIETY.**

Pursuant to call a number of physicians assembled in the Sherman House Club Room, Sept. 15, 1899.

Dr. Duncan called the meeting to order and Dr. J. B. S. King was elected Secretary pro. tem.

In explanation of the purposes of organization the chairman said:

Fellow Physicians: We have assembled here to consider the desirability and feasibility of a united study of the *Materia Medica*; the plan proposed is to take up some one drug and divide up its pathogenesis among those who are most familiar with a given portion of the body for study, and then come together at stated times and have a free exchange of views of its general and special action from a physiological as well as anatomical standpoint.

One of the most interesting evenings I ever spent was at Dr. Hering's residence where there were present, among others, Drs. Raue, Guernsey, Morgan, Dunham, Allen and Lippe; the drug action was the favorite study of all. Hering was by far the best informed, but each added an idea or asked questions on the pathogenesis of Ars., Lach., Sulph., Nat. c., and Stan. that drew out many new and valuable facts; disease was not mentioned once.

We have not a *Materia Medica Oracle* like Father Hering, but we have others equally enthusiastic and we have many silent sources of information, and these duly interpreted and simplified will make very interesting conferences.

We all realize we should know more how drugs act. It has been thought best to form ourselves into an organization with outlined duties and responsibilities.

A draft is herewith submitted for your consideration and adoption. It has occurred to some that many non-residents of Chicago would like to be identified with us so the dues and limits will not be a bar to any physician being elected a member.

**BY-LAWS.**

Name—The Chicago *Materia Medica* Society.

Membership—Any physician interested in its objects may be elected an active member, if proposed by an active member.

Students of medicine and others interested in the objects of the organization may be elected associate members with all the privileges of active members except voting and holding office.

**Officers**—The officers shall be a President, Vice-President, and Secretary, who shall also act as Treasurer. The officers shall perform the usual duties of such offices and also be the executive committee to arrange the time and place of meeting, and assign the different parts to the various members for study and report.

**Meetings**—The regular meeting shall be held every two weeks.

These by-laws may be altered or amended at any regular meeting of the society.

After the adoption of the by-laws the following officers were elected for the ensuing year: Dr. T. C. Duncan, President. Dr. A. W. Woodward, Vice-President. Dr. P. S. Replogle, Secretary and Treasurer. Board of Censors: Dr. H. C. Allen, H. C. Evans and W. A. Smith.

The committee on preliminary organization suggested that the order of drug study shall be:

- 1st. Its identity, synonyms, description, chemistry.
- 2nd. History of its development, parts used; who tested it, and how.
- 3rd. Order or sequence of effects, general action.
- 4th. Action on (1) the Visceral organs, (a) brain, nervous system; (b) thoracic; (c) abdominal. (2) Special organs, eye, ear, kidneys, bladder, sexual and skin, etc. (3) Conditions, better, worse, Modalities. (4) Relations and comparisons.

The President said, "Now that we are organized, the outline of study and research it seems to me should elucidate the drug action along Physiological and Pathological lines. In that way we get at its general course of action and then we can take up the symptoms of the various anatomical sub-divisions and explain the reason for the symptoms.

As stated in my paper to the Institute, I believe drug action must follow a definite course. To classify similar drugs we must know the "trend" also dissimilar drugs, and antidotal drugs, and why they antidote.



If the curative end of the drug must be the last or secondary symptoms, then the full course of the drug should be studied out. We should know the organs or parts first deranged, and also those last affected. Part of this work has been done; we should take it up and complete it.

One of the first things we should all do is to become clear on the physiological relations of the bodily organs and their functions. Then it seems to me there should be selected four or five expert physiologists who can read the action of the remedy in the various systems. (1) nerves, (2) thoracic, (3) abdominal, (4) urinary, etc. Some expert should summarize its action in an outline way. Then there should be regions assigned for arrangement of the symptoms in a sort of sequential order.

Most of the small works give us the therapeutic end of the drug and they can be used as bases. Hahnemann's *Materia Medica* and T. F. Allen's works give the order or time of appearance of the symptoms. We must remember that the big dose brings out the severe or primary symptoms, and there will be need for care in determining the range of action. This study and comparison will be perhaps the most profitable and interesting.

The order once established there will follow the amount of trouble set up. The force of Aconite e. g., seems spent upon the nervous system; perhaps nervo-circulatory systems, involving of course the respiratory.

Then there arises another practical question, and that is the times and circumstances of aggravation, as for example, the force of Aconite is worse in the latter part of the day and early evening, i. e., when the bodily powers are fatigued and the system loaded with post organic matter.

This latter department should be taken up by some one who is familiar with the study of Modalities.

#### STUDY OF ACONITE.

The President stated that Aconite had been selected for the first study and called upon Dr. King to tell us of what the active part of Aconite consists.

Dr. J. B. King's remarks:

The Aconite plant is a perennial shrub, growing in the mountainous regions of Europe; it varies from two to six or possibly

eight feet in height. It has been cultivated in gardens as an ornamental plant, and thus introduced into the United States. Its active principle, the alkaloid Aconitia, when pure, is probably, weight for weight, the most poisonous vegetable substance in existence. Considerably less than 1-300th of a grain has produced serious results. In the shops, however, it is seldom found pure, and this irregularity in quality together with its tremendous toxic power should and practically has done away with its internal administration entirely. Its sole use is as an ointment.

The tinc. of aconite of the U. S. Pharmacopœia is made from the *dried root*, about six troy ounces to the pint, a fact that should be borne carefully in mind, for this tincture is considerably greater in toxic power than the homeopathic mother tincture, which is made from the juice of the whole *fresh plant*.

Few adults can stand more than four drops of the old school tincture. Considerably more of our mother tincture could be given, even although it is one-half fresh juice and one-half alcohol.

I have seen several cases of aconite poisoning. In all of them there were early symptoms of prostration and collapse; pale face, weak voice, small thready pulse, and muscular weakness.

I was struck with the resemblance of the effects of a dose of aconite to a stage fright, and have used it successfully for that condition. The pale face, sighing respiration, weak pulse, dry throat and lost voice all correspond closely with the symptoms of aconite; fear as a cause of the trouble is an additional and corroborative indication.

The effects of aconite upon the kidneys is part of its general effect.

Involuntary urination from fright is a symptom, not very common, perhaps, which it meets. In the vascular tumult which it produces, it may congest the kidneys so as to produce a high-colored and scanty secretion, or to abolish it entirely, the kidney being gorged with blood in this last case.

#### ACTION OF ACONITE ON THE MIND.

Replying to a question as to the action of Aconite on the mind, Dr. E. R. McIntyre said, "In my experience of twenty years, I am led to the conclusion that the drug produces (1) chill;

(2) frequent, full pulse; (3) elevation of temperature; (4) dry, hot skin; (5) restlessness; (6) anxiety; (7) fear.

To get at the cause of fear, which is usually a late symptom, it is necessary to go back to the chill and trace from cause to effect, and the nerve relation one symptom bears to another. Chills tell us of contraction of the cutaneous capillaries, owing to irritation of the vaso-motor nerves presiding over these vessels. This contraction forces the blood from the surface to the internal organs, and since the cerebral vessels have less resistance than others, we get an undue amount of blood to the head, causing cerebral irritation, affecting the cardiac acceleratory centres increasing the heart's action, which further increases the determination of blood to the brain, disturbs the caloric centres, causing elevation of temperature with the logical results, viz., restlessness, anxiety and fear.

Later, we get the reaction established, when the cutaneous capillaries are thrown wide open, and profuse perspiration results; the vagus is irritated, producing a slowing of the heart's action, sighing breathing, and frequently vomiting. All this, of course, tends to relieve the cerebral vessels of their load, hence, relief of the mental symptoms first, and very soon all others."

Dr. Duncan's remarks:

#### ACONITE ON THE RESPIRATORY ORGANS.

I have been asked to explain the action of Aconite on the *Chest*. The *modus operandi* of the action of Aconite upon the thoracic organs is worthy of deep study. If the first action of Aconite is something of a shock, causing a chill the result of the shock or chill is to cause a deep inspiration, which at once inhibits the blood flow through the capillaries about the twigs of the bronchial tree. If with this there is here, as in the skin, partial peripheral paralysis, then we will expect that there is an emphatic order from the nerve centers to increase the force of the heart pump. The constricted capillaries on the surface of the body send the blood into the large vessels. (Vomiting is one of Nature's methods of relief; so is stasis in the mucous surfaces everywhere as well as transpiration by skin and kidneys). The secondary effect is rapid respiration. When the systemic circulation is obstructed

then the pulmonary is surcharged. Now with the local condition of partial paresis we have also a favorable state for pulmonary congestion or stasis.

The paralysis of Aconite is not profound but temporary, as in elimination of any other acid from the body by the way of the pulmonary mucous membrane, hence stasis and inflammation are necessary results which are here, as elsewhere, blood extravasations. This congestion of the pulmonary tissue reaches the pleura and the friction of raw surfaces causes pain aggravated by the arrested acids in the muscles. (Lactic acid and potassium phosphate). The pain is, therefore, a double one. The history of chill, the pain, the oppression of breathing, from interfered respiration through the diminished bronchi, the rusty sputum, and reactionary fever all give a similar picture to pneumonitis, produced by this drug.

We have also the systemic restlessness and mental anxiety for which attends this Aconite outline.

This congestion may, however, be localized, as in the trachea, due to a weaker point of nerve supply perhaps, or possibly to chronic injection at this point. A chill has taken place (primarily). Now, with the high fever, rapid respiration and rapid heart, there is a constriction of mucous membrane of the upper trachea and the muscles become involved, and this constriction frightens the system, and there is a violent effort to breathe and cough. This is the Aconite croupal expression.

The constriction may only affect the lesser bronchi (and with the inhibitory paralysis) affecting the muscles of expiration and we have the prolonged expiratory effort, the Aconite asthma.

Coming to the circulation, we see that the Aconite starts the storm by capillary (peripheral) contraction, and the heart starts slow and rapidly responds to the increased blood pressure, and we have a rush of blood sent back to the peripheral capillaries and the Aconite storm is on. The rapid respiration increases oxidation so that the mind is very clear and acute. But motion changes the current, much leaving the head, frightening the nerve centers and a fresh supply is telegraphed for, which comes again with a rush, then motion is compelled again. This continues, and we can thus understand the "feverish, restless, apprehension" characteristic of Aconite, the partial anæsthesia" that is

observed aids in emphasizing the anxiety. If part of the body is lost to feeling, the clear mind computes "the day of death."

Any vegetable acid or wine, Hahnemann found, destroyed the effect of Aconite, as well as other drugs that start the circulation and nervous system in a similar manner.

There will be local congestions, blood stasis under Aconite if there are nervous constrictions or old obstructions anywhere. The rapid respiratory æration does not favor venous stasis.

If we now take the Aconite symptoms given in Hering's 'Condensed we can understand them better.

"Oppression about the heart, burning flushes along the back." That is an early symptom. With it and continuing is secondary "palpitation," we read, "Palpitation, with feeling as if boiling water was poured into the chest." Now with this we have the concomitant symptoms. "Anxiety about the præcordia, heart beats quicker and stronger." "Anxiety (mental), difficulty of breathing, flying heat in face, sensation of something rushing into the head." During this storm may be "Fainting with tingling," also, "Fear of death," "Tremor Cordis."

The pulse at first may be sixty or seventy, small and soft, after this, in one patient, it rose in an hour to one hundred and two full and hard. With this there was agreeable warmth over the body, followed by perspiration; leg became cool. "Pulse hard and strong" is secondary.

In toxic cases the pulse does not rise but "Sinks below normal, intermits every fourteenth or fifteenth beat and stops;" that belongs to the gross or primary effects and cannot be therapeutic guides. But we are not studying therapeutics or drug application now.

Papers were ably discussed by Drs. Woodward, Saunders and others.

The meeting adjourned subject to the call of the secretary.

P. S. REPLOGLÉ, Secretary.

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*Kali bichromicum* is a remedy especially adapted to the fleshy, light-complected and blonde; it will often give relief for the fat of that class.

## DO NOT FORGET,\*

A. L. FISHER, M. D., Elkhart, Ind.

That *Baliaga* when your patient complains of palpitation of heart from mental emotion, especially from pleasant thoughts, but compare *Coffea*, before giving it. [Also compare *Calcarea Ars.*—*Ed.*]

That the sensation as if heart was constricted, if alternating with relaxed feeling, calls for *Lilium tig.* and not *Cactus*.

That *Lilium tig.* "fits" more cases of salpingitis than any other remedy.

That *phlegmasia alba dolens* accompanied by intense pain in the genito-crural nerve meets its Waterloo when *Xanthoxylum frax.* is given.

That the old man with a young wife needs *Lycopodium high* instead of *Phosphorous low* when he comes in with a hang-dog expression and says there's not much the matter with him, but —

That *Silicea* 4x trituration frequently repeated will hasten supuration in those cold, glandular abscesses that have existed for weeks and "nothing has done any good." The formation of pus will be slight, but resolution of the swelling rapid. Iodine "is not in it," comparatively speaking.

To give *Epiphegus* to the country woman who gets headaches when she comes to town to buy clothes for the children, and to the school teacher who has the same complaint during examination week. (Read between the lines: Headaches from unusual mental work *with worry.*)

Iodine in diabetes. I have cured two well marked cases with it twelve years ago. Both have been under observation ever since and there has been no tendency to a return of the disease in either one. Look it up; it has every prominent symptom of diabetes.

*Stannum* in syphilitic or other headaches when the pain is severe and continuous from day to day, and there is such a lachrymose condition that you have hastily given *Pulsatilla* without relief. Patient cannot talk on any subject without shedding tears and losing voice.

That a drop or two of tincture of Arnica in the ear will allay inflammation, and give almost immediate relief in nearly all cases of "ear-ache," by which I mean acute inflammation.

That tincture of Cimicifuga in one to five drop doses every fifteen to thirty minutes will hold up the nerves when the hard drinker has quit his cups, and that it will sober a drunken man (never tried it on a woman) very rapidly.

Sinapis alba in the distressing pyrosis of pregnancy and lactation. I have "harped on this string" for years and wish the members of this society would look up the remedy in Allen's Encyclopedia. It is a jewel.

To send your cases of spermatophobia to the Christian Science "doctors."

\*Read at the Seventh Semi-annual Meeting of the N. I. and S. M. Homeopathic Medical Association, Elkhart, Ind., Oct. 17th, 1899.

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## REGULAR PHYSICIANS.

### DR. BLAND REPLIES, CORRECTING DR. MOYER'S DEFINITION.

In his speech before the senate judiciary committee yesterday, Dr. Moyer defined the term regular as applied to or rather appropriated by the highly conservative medical sect known as Allopathic, or old school. Having said that he represented the regular medical profession, as president of a medical society and professor of the Rush Medical College, a member of the committee asked what he meant by "regular."

"I mean," he replied, "the medical profession which has no creed but pursues medicine as a science in its broadest sense, and being free from dogmatic limitations, adopts every agent for the cure of disease which stands the test of experimental science."

Dr. Moyer is a member of the American Medical Association, I believe, and he probably attended the annual meeting of that representative body of regular physicians in Denver last June, and listened to an essay by Dr. Robert C. Eckles, a member of the committee appointed by the A. M. A. to revise the American Pharmacopœa.

The title of Dr. Eckles' essay is "The Pons Asinorum (Asses Bridge) of Therapeutics" which he said "the profession is sadly

in need of to enable them to cross over from the wilderness of empiricism to the canaan of exact science."

I quote him verbatim. He proceeds to say, "When we can trace by cause and effect exactly how remedies produce a result, then, and not till then, will we have a true law of cure.

"The therapeutic bridge we need is a scientific system of naming diseases so that the average medical man will be able to know what he is trying to get rid of by the remedies he uses. Our present lack of system is a sad hotch-potch, that if merely useless might be tolerated, but being positively misleading, should be consigned to oblivion as quickly as possible. In medical matters we stand to-day precisely where botanists and zoologists stood before the immortal work of Linnæus was accomplished. Our confusion is as great as theirs was, and our gain from a similar revolution would be far greater. Now is the time for us to inquire, 'where are we at,' and try to get order out of the awful chaos that surrounds us. If something is not done soon, we will all be constrained with Cicero to exclaim, 'O dii immortales, ubinam gentium sumus?' (Ye immortal gods, where in the world are we?)."

Dr. Eckles addressed medical men, who have learned that medicine is not a science, hence there is no scientific school of medicine, nor are there any scientific physicians.

Dr. Moyer's speech was delivered before an audience composed chiefly of laymen, and his speech was in the interest of a bill to limit the right to practice medicine to, what he terms, scientific physicians. His definition is absurd, and such a speech would at least excite a smile, if made before a body of medical men. Again, I was forcibly impressed with the absurdity of naming a regular medical college after Dr. Rush, one of the most irregular physicians of his time. Why, Dr. Benjamin Rush was a Brunonian physician: that is, he was a disciple of Dr. John Brown, of Scotland, one of the greatest and most radical medical reformers of the Eighteenth century, and the original founder of what is now known as the Physio-medical School. Brown studied medicine with Dr. Cullen, but he afterwards denounced Cullen's system of nosology in strong terms.

If Dr. Moyer is a regular, he follows Cullen, instead of Brown



and Rush. At any rate Cullen's nosology is taught in Rush Medical College, and in all other regular medical colleges in spite of the fact that they all know it is, as Dr. Eckles says, "a sad hotchpotch," they cling to it because it is regular.

Dr. Rush was an irregular in that he was not in favor of restrictive medical laws. He said, "such laws are the bastiles in which science is imprisoned; they are the greatest enemies of progress, and besides they are relics of despotism, and wholly out of place in a republic."

Having once been, myself, a regular, and from the sublime height of orthodox assumption looked upon all medical reformers as publicans and sinners, I beg to correct Dr. Moyer's definition of that high sounding word, regular. Its true definition is conservative, and its synonyms are, old foggy, pharisee, orthodox. Its creed is the mediæval version of the hypocratic oath, now christened a code of ethics. It clings to the old superstition known as pathology, as the basis of therapeutics, and its high priests denounce as heretics (quacks) all physicians who, like Brown and Rush, recognize physiology as the basis of therapeutics.

When regular doctors come together, they acknowledge to each other that medicine is not a science; and that they are simply learned quacks. Learned in anatomy, chemistry, etc., but without compass, anchor or rudder in the unexplored sea of therapeutics.

T. A. BLAND, M. D.

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*Kali bichromicum* is a remedy to be thought of in chronic catarrh, with tough, green or yellow plugs, and ulcerated mucous membrane.

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In any case presenting tough, stringy mucus that can be drawn, or hang, in threads, *Kali bichromicum* is probably the needed remedy.

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Children, dwarfish in mind and body, inclined to glandular swellings and with a scrofulous taint, may be greatly helped with *Baryta carb.*

### MEDICAL OLIO.

**DROPSY.**—Local œdema of the eyes is most likely due to kidney troubles; of the feet, to heart disease; of the abdomen, to liver affections.

**MALIGNANT TUMORS.**—It may be stated as a clinical rule that tumors of the breast, appearing after the climacteric, are nearly always malignant.

**A GOVERNMENT INVESTIGATION OF ALCOHOL.**—An amendment to the agricultural department appropriation bill, which is pending in the senate, provides for an additional appropriation of \$5,000, "to enable the secretary of agriculture to investigate and report upon the physiological action and nutritive values of alcohol and alcoholic beverages."

To STRENGTHEN the eyes, the eyelids as well as the eyebrows and temples should be moistened with cold water every day, best before going to bed. There is nothing which will strengthen the nerve-power of the eyes more and do so more lastingly, removing at the same time congestion of the blood, than this simple and harmless measure.—*Hom. Recorder.*

**THE KING OF SWEDEN DYING WITH BRIGHT'S DISEASE.**—It is announced that King Oscar of Sweden is suffering from Bright's disease in a particularly acute form, and has been obliged to hand over the reins of government to his eldest son, the Crown Prince Gustavus. King Oscar, it is feared, will never be able to undertake again the duties of reigning.

**DR. WILLIAM C. KRAUS,** of Buffalo, looks upon the nasal passages as ventilators of the brain, and instanced the mental dullness commonly observed during the nasal obstruction result from an attack of acute rhinitis. He asserted that children should be taught the necessity of making the nasal toilet a part of the regular daily toilet. For this purpose, there was, perhaps, nothing better than small quantities of warm Dobell's solution, followed by the use of some bland oil.

**MEDICAL EDUCATION: ITS RELATION TO CLASSICAL LITERATURE.**—Dr. C. De La Montayne, of Port Ewen, says the writings of many authors were greatly aided by their knowledge of medi-

cine, such as Holmes and Holland, of the United States; the hand of the physician was shown in all their works. Rabelais, the greatest satirist in any language, showed his knowledge of midwifery in Gargantua and Pentagruel. John Brown, the Scotch physician, Charles R. Darwin, Huxley, and others were assisted by their medical knowledge. Even Homer, in the "Iliad," showed his understanding of anatomy. Fleming, Conan Doyle, S. Weir Mitchell, Brown, and others were literary men whose success was undoubtedly due in no small part to their knowledge of medicine.

**GYNECOLOGIC TEACHINGS.**—All pelvic congestions are venous, and the term "chronic inflammation," so far as it applies to the organs in that cavity, is a misnomer, because the arterial vessels are not involved in the process.—*Emmet.*

The most common displacement of the ovary is dislocation downward into the retro-uterine pouch, to which the name prolapse has been improperly given.—*Tait.*

Cancer of the womb usually begins on the vaginal portion of the cervix, and consequently has to bear the brunt of the insults of coition and parturition.—*Goodell.*

Tepid vaginal injections, so generally recommended and inadvertently used by patients in place of hot injections, have no therapeutic effect whatever.—*Barnes.*

**TO REGULATE HUMAN NATURE.**—The North Dakota Senate has passed a bill requiring all applicants for marriage licenses to be previously examined by a board of physicians as to their mental and physical fitness for the marriage state. The certificates must show that they are free from hereditary diseases, with special reference to insanity and tuberculosis. The idea is to insure that the children born of future marriages shall be sound both mentally and physically. Legislation of this kind is interesting, but that is about all that can be said for it, for there is nothing to hinder the contracting parties from going over the border into adjoining states to have the ceremony performed.—*Scientific American.*

Since Love laughs at locksmiths, how lively will be the duet of giggle and guffaw over this effort of the wise men of Dakota!—*Mod. Med. Science.*

**A SYMPTOM ANTICIPATING THE EFFECT OF CHLOROFORM ANÆSTHESIA.**—Dr. Lehmann (*All. med. Central-Zeitung*, 86, 1897) says that by means of his sign one can tell at the beginning of narcosis whether the anæsthesia will be an easy or a difficult one. In patients in whom the anæsthesia will be difficult, the eyelids remain open or half open from the beginning; if the lids are closed by the anæsthetizer, they at once reopen entirely or to half that extent. On the other hand, those patients who stand the chloroform well—in other words, those in whom anæsthesia is easy—will keep their eyes closed from the very beginning. Without attempting to enter into any explanation of this sign, Lehmann is so convinced of its value and efficacy, that in the presence of open eyelids during the beginning of chloroform anæsthesia, he at once prepares any necessary instruments before proceeding to the operation.

**NATURAL LABOR.**—Labor at the ninth calendar month in a woman free from organic and functional diseases of the heart, lungs, kidneys, brain, and other internal organs, and from all fever diseases, and when there is no impediment in the maternal passages of either hard or soft nature to the descent of the child; when there is only one child in the womb; when the vertex of the child presents alone in either the first or the second occipito-anterior position; when labor is complete within twelve hours from its commencement; when a living child is born; when neither instrumental nor manual operations have been required; when the after-birth comes away without the use of manual operation within twenty minutes after the birth of the child; when there is no laceration of any portion of the parturient structures; when the mother does not die within thirty-one days after confinement; and when there is no puerperal fever.—*Dr. Robert R. Rentoul*, Liverpool.

**WATER.**—A fact, perhaps not generally known, is that water, as well as food, requires to be assimilated, to properly fulfill its natural offices in the system. Water is not readily incorporated into the blood serum, thinning it, increasing its solvent qualities, and lessening its plastic properties, unless it is drunk in response to thirst, such as normally follows good digestion, brisk exercise, eating salt foods, a hot bath, vigorous sweating, fever, etc.

Adventitious water, water taken into the stomach without appetite, or demand for it, lingers long in the digestive organs, often producing a feeling of weight, followed by sloshing, gurgling noises in the bowels, very annoying to patients.

Unless measures are employed to stimulate the assimilation of water by creating a legitimate demand for it, as expressed by thirst, it is not advisable to force too much on the system. A single glass between meals and at bedtime, will wash out the stomach as well as several, where the individual manifests no desire for, or an actual repugnance to, water. Indifference to a fluid which constitutes three-fourths of the human body is abnormal, and requires treatment, but the treatment must consist in establishing a physiological need for water in the system, not in forcing nature by distending the digestive organs with a heavy fluid.

That this is fact, not theory, can be verified by test experiments, examining the blood serum before and after the free use of water by persons who experience no thirst at the time the water is taken. Individuals who have sluggish circulations care little for water as a rule.—*Med. Brief.*

BOARD OF HEALTH TYRANTS.—It is a substantial fact that many boards of health have been formed for the most trivial of purposes. In a neighboring state to Missouri this was the case. This board had a plentitude of power for examination of medical practitioners, and not a cent or a measure to protect the health of this State's citizens. The organization of State boards of health has been, in many instances, a complete abrogation of their cause of formation to become mere regulators of the entry of men to practice medicine within the confines of that or this State. A board of health must in order to obtain respect, be true to its name and function; and if the history of many of them be studied, it will be found to present the history of the most consummate and idiotic action. The regulation of the medical practitioner is the least of their functions; the protection, study and adoption of means to render disease less frequent, to prevent the spread of ponderable infectious the lessening of pain and death, are infinitely more praiseworthy and commendable, and meet the true purpose of their formation. It is a truth, plain, evident, and sad, that none have had greater strength

and more evil effect upon the real and essential purpose of a board of health than has the physician himself. Such boards are for the greatest good of all—the best form of altruism—the protection of the ignorant, diseased and needy, and not for the gratification of contemptible, puerile, and petty personal ambition. The name of board of health has now in many States engendered the most contemptuous thought. And all of this is from the fact that they have been utterly untrue to the pure purpose of their formation. For God's sake leave the medical practitioner alone, and strive to save the lives of the poor classes. Yes, make the boards of health honest, true, altruistic bodies. Not until this comes about can any board of health hope to obtain the respect and assistance that is required. The Missouri board, as men, are martyrs to the niggard conception of an idiotic body; but unfortunately, in the past, its former boards tried to regulate the practice of medicine more than they did the saving of lives, the lessening of pain, disease and death—*St. Louis Clinical Reporter*.

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### NEW PUBLICATIONS.

Carcinoma of the Duodenum, by Charles D. Aaron, from Philadelphia Medical Journal.



The Failure of Autitoxin in the Treatment of Diphtheria, by J. Edward Herman, M. D., from Medical Record.



Involvement of the Eye and Ear in Cerebro. Spinal Meningitis, by William Cheatham, M. D., from Philadelphia Medical Journal.



The Diagnostic Value of Abdominal Palpation in Diseases of the Intestines, by Charles D. Aaron, M. D. Reprinted from Mathew's Quarterly Journal.



Hydrochloric Acid, a simple method of administering, by Charles D. Aaron, M. D. Reprinted from the Journal of the American Medical Association.

The Location for a State Homeopathic Hospital, by N. Emmons Paine, A. M., M. D., from New England Gazette.



The Relations of Movable Kidney and Appendicitis to each other and to the Practice of Gynæcology, by Dr. George M. Edebohls, from Medical Record.



Report on Formaldehyd Disinfection in a Vacuum Chamber, by P. A. Surg: E. K. Sprugue, U. S. M. H. S., Washington, Government Printing Office, 1899.



**Essentials of Medical Chemistry Organic and Inorganic**, prepared especially for students in medicine, by Lawrence Wolff, M. D., 5th edition, pp. 222, \$1.00 net W. B. SAUNDERS, Pub. No. 925 Walnut St., Philadelphia, 1899.

The author of this question-compend, Dr. Lawrence Wolff, is already favorably known through his Medical Chemistry, and has had an extensive experience in preparing medical students for practice. A systemic course of "quizzing" in vogue in many medical schools has always been regarded by students with favor as affording the most instruction with the least effort, hence the popularity of these question-compends of Saunders. The mode of questions and answers brings out the essential points of a subject, and makes the knowledge of the student if limited, at least exact. Such works should not satisfy a student or take the place of more exhaustive treatises, but they form an admirable frame work of facts upon which and around which the more recondite and comprehensive knowledge may be built.



**A Laboratory Manual of Physiological Chemistry.** By ELBERT M. ROCKWOOD, B. S., M. D., Professor of Chemistry and Toxicology in the University of Iowa. Illustrated with One Colored Plate and Three Plates of Microscopic Preparations. 5 $\frac{3}{4}$ x7 $\frac{3}{4}$  inches. Pages viii-204. Extra cloth, \$1.00 net. THE F. A. DAVIS Co., Publishers, 1914-16 Cherry St., Philadelphia.

The excellent success of Laboratory teaching and its superiority to didactic lectures induced the author to compile this little work. It is prepared upon the plan of imparting accurate knowledge through the students' own observation. Only a small stock

of apparatus and reagents is necessary to perform all the experiments described.

The Carbo-hydrates, Fats, Proteids, the Saliva, Gastric juice, Urine, Blood, are chief among the subjects treated of; and thus only the more important subjects and those of medical interest are brought prominently to the student's notice. The work is very judiciously compiled and teems with interest and information. No better work for practical laboratory work is to be found.

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### HOW TO LIVE LONG.

Sir James Sawyer, an eminent British scientist, has given the subject of long life special study, and he lays down rules for diet and conduct which he believes will enable one to live to be a hundred. The trouble with all such regulations is that under them one may secure long life, but will not have any fun, and neither will his associates. The person who eats and sleeps and works and plays by exact rule is a nuisance to himself and everyone else. Long before his hundred years are up his friends begin to wish he would slip a cog in his regulator, or do something else to shorten his mundane stay.

Moreover, experience is against the perfect operation of any such system. The people who have lived beyond the allotted three score years and ten, as a rule, are little given to thoughts of what they shall eat, or what they shall wear with every change of the weather. They are not cranks, interested only to move the human machine in a regulation way. They simply live temperately and keep a sound mind and a sound body, without giving special thought to how right living is accomplished. If they should give up that habit and start in to regulate their living by set rules, they soon would worry themselves into their graves or into a hospital for the insane. One does not fire a gun with the muzzle toward himself, for the simple reason that he understands what would be the consequences. That decision involves no special fuss or worry. So it is with eating or with anything else. One soon learns to choose what is good for him, and to avoid what is not calculated to give him comfort. The only rule which one needs to exercise in order to live long and happily is that of intelligence and common sense.—*Troy Record*.



**MEDICAL SOCIETIES.**

The seventeenth semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Association was held in Elkhart on Tuesday, October 17th, in the Council Chamber of the City Hall, with Dr. M. K. Kreider in the chair.

Members present: Drs. W. B. and M. K. Kreider, Goshen; T. C. Buskirk, White Pigeon, Mich.; H. C. Allen, Chicago; Catharine H. Frank, South Bend; C. A. White, LaGrange, and W. H. Thomas, A. L. Fisher, Porter Turner, C. D. Goodrich, R. L. Lockwood, and H. A. Mumaw, Elkhart.

A number of letters and telegrams from absent members were read expressing regrets at the writers' inability to be present and participate in the deliberations.

Dr. J. W. Dill, Elkhart, was among the visiting friends, and invited to take part in the discussions.

The meeting was called to order by the president at 10:45 A. M., and, after roll call, the minutes of the previous meeting were read by the secretary, Dr. H. A. Mumaw, and approved.

The names of Drs. G. H. Denick, Middlebury, and Mertie Gay Collins, Elkhart, were presented for membership. In the absence of Drs. Kaple and Kinyon the chair appointed Drs. Turner and W. B. Kreider to serve with Dr. Catharine H. Frank as a committee on credentials. Report was favorable, and candidates unanimously elected.

At 11:45 A. M. the doctors strolled down the avenue to the Hotel Golden where they looked well after the nourishing of their physical bodies. Mayor Turner presided, and well did he perform the important function.

At 1:15 P. M. the meeting was again called to order, when the president read his annual address.

Dr. H. C. Allen reported on the status of homeopathy in Chicago, and the large attendance at the various colleges teaching the law of similars.

The necrologist being absent, no report was made on the death of one of the society's beloved members, Dr. R. Ludlam, Chicago. Deferred to next meeting.

After the collection of annual dues and the disposition of some other routine business, the reports of bureaux was in order.

Chairmen: Surgery, Porter Turner; Ophthalmology and Otology, C. D. Goodrich; *Materia Medica*, C. A. Bozarth; Practice, J. E. Barbour; Gynecology and Obstetrics, E. B. Criswell; Pediatrics, Henry M. Warren.

Dr. H. C. Allen was appointed general critic

The following papers were read and fully discussed by all the members present: "Tubal Pregnancy," Dr. Turner; "Cæsarian Section," and "Materia Medica Aphorisms," Dr. Fisher; "Suppurative Otorrhœa" and "Reminiscences of Practice," Dr. Goodrich; "Bryonia in LaGrippe," Dr. Bozarth (read by the Secretary); "The Failing Heart," Dr. T. C. Duncan (read by the Secretary); "Hydramnios," Dr. A. D. Smith (read by Dr. Fisher). Reports of cases, Drs. White, Buskirk, Allen and Frank.

Chairmen of Bureaux for the next meeting: Surgery, Dr. Goodrich; Ophthalmology and Otology, Dr. (W. B.) Kreider; *Materia Medica*, Dr. Allen; Practice, Dr. White; Gynecology and Obstetrics, Dr. Collins; Pediatrics, Dr. Warren.

The chair appointed Drs. Goodrich, Buskirk, and Frank, a committee on credentials; Mumaw on publication, and E. Habermann, necrologist.

A vote of thanks was tendered to the Honorable Mayor and the City Council for the use of the Chamber; also to R. H. Calvert, the accommodating janitor.

It was decided to hold the next meeting in Elkhart on Tuesday, April 24th, 1900.

Adjourned.

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### LETTER FROM DR. J. A. EGAN,

Secretary Illinois State Board of Health.

In replying to a letter to Dr. Egan stating that a representative of a Chicago Medical college had stated that his college was "next to the throne," meaning the Board of Health, and that graduates of his college would not have to pass any examination by the Board, the doctor says:

"Referring to your remarks relative to the — Medical College, will say that no Medical college in Illinois or elsewhere is "next to the throne." Graduates of all colleges in Illinois, that mentioned included, will be obliged to pass an examination before this Board before receiving a certificate. The standing of your college (Hering) with this Board is excellent.

## PERSONALS.

Dr. G. S. Davis is taking a post-graduate course at Hering.

Dr. Sam'l Miles has removed from Pittsburg to New York City.

Dr. Garrett J. Weldo, Chicago Homeopathic, '97, died recently.

Dr. C. F. Curtis, of Bellvue, and Maine Medical School, is taking a post-graduate course at Hering.

Dr. A. M. Cushing, the *Phaseola Nana* man, has removed from 175 to 137½ State St., Springfield, Mass.

Dr. Isaac C. Soule, of Freeport, Illinois, has gone into partnership with Dr. H. F. Fisher, of Kansas City.

Dr. R. N. Morris, 103 State St., Chicago, specialist in diseases of the heart and lungs, is doing a good business.

Dr. de la Hautiere (Hering, '99), a late addition to the San Francisco ranks, is located at 1621 Golden Gate avenue.

Physicians who send patients to Hot Springs, Arkansas, will make no mistake in referring them to Dr. V. H. Hallman, 606½ Central avenue.

Dr. F. B. Antrobus, Jefferson City, has been appointed by Governor Stephens, as a member of the board of managers of the Fulton asylum.

Dr. Frances M. Lane, after taking a trip through the west, located in October in Victor, Colo., the center of the great Cripple Creek gold mining district.

Dr. Kraft, of the *American Homeopathist*, is out in a circular advertising a personally conducted tour of Europe next summer, which will include the cities of London and Paris. The cost of the trip is placed at about three hundred dollars, and the time required will aggregate about fifty days. Full particulars are given in the circular that appears on another page.

## EDITORIAL.

**The American Hahnemannian Association.**—A few months ago five or six physicians, each, it is presumed with some personal grievance to nurse, met at New York and agreed to organize a new society, whether for the advancement and dissemination of Homeopathy as taught by Hahnemann, or for mutual admiration and personal motives, remains to be seen. Among the first efforts is the following unique circular announcement by the secretary, which has apparently been sent to many members of the I. H. A. It will repay a careful perusal:

1738 GREEN STREET, PHILADELPHIA, Sept. 1, 1899.

Dear Doctor—At a meeting of physicians in New York a few months ago, as already chronicled in the "Journal of Homeopaths," a new society was formed under the name of the American Hahnemannian Association. The movement thus inaugurated was the *ultimation* in material form of a wish long cherished in the hearts of many loyal advocates of true Homeopathy. *The organizations in existence at this day are slowly drifting away from the old standard held aloft by the patriarchs of our School, and Hahnemannian workers are thus left with no bond of union other than the common end for which they are fighting, single-handed. There must be something more definite—there must be some efficient medium through which their scattered efforts may be concentrated. The new association comes forward to fulfill this mission. It is pledged to support unflinchingly the principles taught by Samuel Hahnemann in the Organon, to develop them, to spread them far and near, and above all to promote their faithful application in the treatment of the sick: namely, that but one remedy is to be given at a time, that a remedy is best given in potentized form, and that all measures tending to the suppression of disease are to be condemned as unhomeopathic. The invitation emanates from a few physicians most keenly alive to the imperative necessity for such a step, and they now hold out the right hand of good fellowship to all whom they may trust to stand by them.*

I have the honor of extending to you a cordial invitation to join with them as a charter member of the new association. The yearly dues of \$5.00 are payable to Dr. Stuart Close, 641 Willoughby Ave., Brooklyn.

Fraternally yours, HARVEY FARRINGTON, M. D.,  
*Italics ours.—Ed.* Secretary.

To an outsider it seems unusual that an "ultimation" (a last offer) should be issued to prospective members, especially when addressed to members of "organizations in existence at this day" whose aim and end is the furtherance of pure Homeopathy. But stranger still is the assertion that: "The organizations in existence at this day are slowly drifting away from the old standard held

aloft by the patriarchs of our school." If this obscure statement refers to the antidotalism of the Homeopaths, perhaps there may be a pretext for the assertion of what otherwise, especially if applied to members of the I. H. A., should be characterized as unfair, unjust and untruthful. Think of accusing such men as Fincke, Bell, Baylies, Case, W. P. Wesselhoeft, Butler, Custis, Nash, Dillingham, Drake, Day, McNeil, Morgan, Carleton Smith, the Paynes, Rushmore, Reed, Tomhagen, Yingling, and many others, of drifting away from the old standard." These men, or some of them at least, were giants in Homeopathy before the above named Secretary was born, and have done more than any living men, both in their private practice and in their professional writings, to uphold and maintain the Homeopathy of Hahnemann, and the Patriarchs of our school.

But perhaps the secretary, Dr. Farrington, has been misinformed as to the "drifting away" of the members of the I. H. A., for he is not a member and we have never seen *him* at a meeting of the society nor heard of his attending one. If he can find anything in the transactions of the I. H. A., in the last twenty years which will warrant such an assertion we would like to have it pointed out. It certainly is not to be found in objects of the Association which we reproduce as published in the

#### DECLARATION OF PRINCIPLES.

The following resolutions express the sentiments and represent the practice of the members of the *International Hahnemannian Association*;

WHEREAS, The law of similars is the law of cure.

WHEREAS, A proper knowledge of the curative power of medicines is derived from provings made upon healthy persons.

WHEREAS, Hahnemann's "Organon of the Healing Art" is the true guide in therapeutics.

WHEREAS, The totality of the symptoms forms the only basis for the selection of the remedy, and the best results are attained by the use of the minimum dose of the single remedy in a potentiated form; therefore, be it

*Resolved*, That the alternating or combining of remedies in a prescription is non-homeopathic.

*Resolved*, That the suppression of symptoms by crude medicines in large doses, and by local treatment, is non-homeopathic.

*Resolved*, That mechanical appliances are admissible only, when mechanical conditions are to be overcome.

*Resolved*, That we deprecate any practice which tends to the suppression of symptoms inasmuch as it injures the patient and renders difficult the selection of the specific remedy.

*Resolved*, That we disavow all connection with that practice which, under the guise of Homeopathy, is at variance with the law of similars and its conditions as deduced by Samuel Hahnemann.

These principles are sufficiently broad and inclusive to meet all practical requirements in a society devoted to the advancement of homeopathic therapeutics. Under their ægis every true homeopath can work, if he will, for the dissemination of pure Homeopathy. The last meeting of the I. H. A., at Niagara, though not large in attendance, presented its old time number of good papers, profitable discussions, and an enthusiasm peculiar to all societies devoted to the advancement of pure Homeopathy. There were more new members elected than at any previous session in many years, an augury of better work and more enthusiasm in the future. The editors of the *Visitor* and *Advocate* proclaimed a meagre attendance, and prophesied the early disbandment of the Association, of which, perhaps, the wish was father to the thought, as they were returning from the fountain heads of homeopathic politics, Atlantic City and Philadelphia. But then they were there only during the band concert in the evening preceding the session, and left before the majority of the members arrived, so were not in a position to judge of the activities of the session.

Next year, on a special invitation from Gov. Pingree, the Association will meet in Detroit, and we extend a hearty invitation to Dr. Harvey Farrington and all interested in the extension of homeopathic therapeutics as promulgated by Hahnemann, to attend the meeting and be assured that the I. H. A. is not "drifting away from the old standard," and that the statement contained in the circular is as far from the truth as it is from an honest intention to benefit pure Homeopathy.

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The MEDICAL ADVANCE stole from the *Medical Visitor* a little squib written by the editor of this journal under the caption "Anent Antitoxin," without the least bit of credit, and now we have the pleasure of seeing in one of our exchanges the same article credited to the ADVANCE. Will the editor of that journal kindly acknowledge where they secured the item?

We can not recall it, but suppose it is true; if, therefore, any one remembers reading a particularly bright item of above caption, the reader will please give a post partum credit to the *Visitor*.

— THE —  
MEDICAL ADVANCE,  
ELKHART, INDIANA.

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**A PERSONAL REMINISCENCE OF HAHNEMANN.\***

BY MR. J. B. YOUNG.

While so many have written about the immortal Hahnemann who were highly qualified for the work in hand it may seem presumptuous in an uneducated, unknown person seeking to interest you in such a theme as Reminiscence of Hahnemann.

The paper I shall read this evening was written by request of the professors of your college, and this is my only plea for appearing before this intellectual audience.

It is worth our time and thought to study the life of a great man from the printed page, and familiarize ourselves with the great thoughts that come from his fertile brain; but a greater privilege still to be personally acquainted with a great man. My experiences, impressions, and what I know of Hahnemann, are not from books, but from the living presence of the man, who for three-fourths of a year was a daily benediction to me.

It is worth more than tongue can express to see and touch the living man, and feel the magnetic thrill from his lustrous eyes, to have his hand in yours and feel the warm impress from a living soul thrilling your own. To watch the angelic smile sweeping o'er his beautiful face as he discerns that the disease of his patient will soon give place to rosy health, is an inspiration and benediction that never can be effaced.

\*An address delivered before the Hering Institute of Hering College, by a former patient of the great reformer.

It is in the presence of disease and where the life blood is slowly oozing away, that you catch a gleam of the healer and perceive the intense hunger of soul to bring relief to the suffering one.

It was impossible to be in his presence frequently without seeing and feeling that he was preeminently a *man* first, and then a physician.

He was in dead earnest in his work, and his love for diseased humanity was paramount and dominated his life and made his practice of medicine a necessity.

To be great one must be humble, and to be helpful one must be unselfish.

Hahnemann was never satisfied with mere service or traveling in the footsteps of others. He was a lover of the truth, and became a homœopathist because he found a law which was a rock on which he could stand and face the severe criticism of the old school. Had he not been a true man he would not have troubled himself about this new principle of cure that came to him through investigation, but would have remained an orthodox practitioner till the end of his life.

His greatness comes more into view at this period of his life when he made the decision to follow the light, and, if need be, die for what he believed to be a revelation of eternal truth.

Heterodoxy in medicine had no power to chain him to a dead system. Persecution at home did not for a moment intimidate this man of principle.

He found in the city of Paris a place for the developing of the grandest system of cure the world has ever known.

His was a kindly nature—full of sympathy, gentle and loving as a child, unselfish and helpful. Ever eager to succor the afflicted and bear the burden of others. Though generous and abounding in simplicity, he had a heart as bold as a lion. His courage was never lacking in being true to his convictions.

A person who has a mind of such magnitude as to project a new system of healing that is to bless the nations of the earth, has an influence and a personality commensurate to his discovery. Those whose feet have stood in that august presence are thrilled with the glory of a new dispensation and dazzled with the brightness of a new star in the horizon that shall shine till time is no more.



The dullest plodder in life's history may know little of method, be indifferent to principle, and may be blind to far reaching results, but if privileged to stand where a great presence lives and moves, his being will be swept and dominated by a power that may be felt but can not be expressed. Such is the spirit that has pervaded my life for over sixty years. Out of that presence I shall never find myself, for it is a part of my life and love to be enveloped in it. To think of him is to be thrilled and inspired, and in a measure to be partaker of his godlike nature.

I have tried to convey some of my thoughts of this great healer by what I know of him through personal contact and personal treatment, and yet I realize that my impressions, though deep and over-mastering, cannot be grasped by mind and made plain to others. I only know that I was once under his magnetic spell, and neither time nor place has diminished his individuality or in the slightest dimmed that luminous presence.

Besides these personal impressions there was that about the doctor that irresistibly drew him to you and compelled your admiration and love. His was an unselfish soul. His longings to save and heal were intense, and his success phenomenal.

I once said to H. C. Allen, Dean of Hering College, that Hahnemann was the most divine looking man I ever saw. At the time that I met him he was over fourscore years, yet his eye was not dim nor his natural force abated.

The youth loved to dwell in his presence as plants turn to the light. The aged and mature felt new life under his touch and fain would linger under the inspiring spell of his voice.

From many nations far and near, came a great host of invalids whom the allopathic doctors had pronounced incurable, many of them so far gone that they had to be carried to the wonderful physician, whose warm heart and cheering sympathy was itself a source of healing.

You who know him as a physician and have read of his marvelous system of cure and the law by which he was guided in administering to the sick, will readily admit that no other man ever lived that had such miraculous success, and none ever comprehended as he did the mystery of human life.

He had a heart to feel, a brain to plan, a magnetism pure and penetrating, an individuality far reaching.

The many colleges that have sprung up in this country, filled with able professors and teeming with a multitude of students who are giving and receiving the Hahnemann system, are so many rays of light flung out from the great center of healing that has made Paris great and Hahnemann immortal.

A recital of my own case may prove of interest, and I will briefly state the facts and you may judge for yourselves.

I was born in Paisley, Scotland, December 4th, 1823. My father was a weaver of what is known as Paisley shawls, and at eight years of age I became a weaver's draw-boy. Between ten and eleven years of age I took a very severe cold which finally settled upon my lungs, bringing with it the usual night sweats and cough. For over a year I was confined to bed, growing weaker, and occasionally was visited by the local doctor who pronounced my case hopeless.

About this time a Miss Herling, a lady of wealth, came to see my father about some church business, and during her stay the sick boy was discovered, and from the very first she showed great interest and sympathy.

The day following this providential visit, this kind lady returned with her family doctor, who attended me constantly for many months, who on his first visit made examination of my lungs and pronounced my case fatal.

This devoted friend of mine shortly after left for a year's visit in Paris, and while there kept up correspondence with her doctor and from him received regular reports of my condition. After several months' stay in Paris my friend became acquainted with the immortal Hahnemann, and shortly after became one of his most enthusiastic converts. Like all new converts her faith was strong and active, and her loving heart must seek out those who were in the valley and shadow of death, and bring them to the great physician she had found.

Miss Herling at once wrote home to her doctor and made earnest inquiries as to my strength and ability to travel to Paris. His answer was emphatic and had no uncertain sound. "The lad's strength is nearly gone and he would probably die before reaching the city." Such a decision would have chilled almost any heart, but her love grew stronger and another letter came with this

request, "Call in other doctors and let there be an exhaustive consultation and decide if the trip could be made in safety by the boy resting frequently on the way."

During the period between the first and second letter I had rallied some, and the consultation was favorable to my immediate trip to Paris. Such a journey in those days was tedious and tiresome to an invalid, and but for hope inspired by love it never would have been undertaken. In those days travel was confined to stage coach and steamboat, for as yet the iron horse was an unknown factor in the land.

After resting a few days in Edinburg I was taken by steamer to London, where I rested for two weeks at the palatial home of Sir Andrew Clark, who afterwards became the Queen's physician. While staying with Sir Andrew I was several times examined by him and at the conclusion of the last examination, I heard him say in a whispered conversation with his lady, "There is not the slightest hope for recovery, he will never return alive, it is too bad to drag him so far from home."

After a journey, weary and painful in the extreme, I at last arrived in Paris, and on the second day Dr. Hahnemann drove in his carriage to pay me a visit and find my true condition. I was requested to strip and go to bed so that he could the better have command of my person and find to what extent the dreaded disease had developed.

His examination of my lungs was similar to that of Sir Andrew Clark and others, with the exception that Dr. Hahnemann's was longer and much more searching and exhaustive. I think that I was in his hands from first to last about one and a half hours. He would pound me on the front of the chest and then on the back, and have me count figures from one upwards. Then put the stethoscope to my lungs for quite a long time and listened intently. The whole operation was painful and I fretted a good deal while it was going on.

The darkest hour of the night is just before the light floods mountain and valley, and so it was with me when the ordeal was ended and the grand old man turned around to speak to my friend who was anxiously waiting the result of his examination.

He spoke to the lady in French, but I saw from the luminous glow on his face that he spoke of hope and life.

He had been down in the depths of my being and knew just what the damage was and that the craft would yet float free of the breakers and sail on many a sea. You that have been in the storm blast and drifted among the breakers, know something of the joy of the heart when a ray of light and hope sweeps over the drooping soul. Such was my happy experience when the doctor's face, gleaming with a satisfied joy, brought rest and peace to my lonely heart. And I was not disappointed, for just as soon as he stopped speaking, my dear friend said to me, the doctor says, "I am glad that the lad has come to me in time, I will cure him; but it will take a little while."

Dear friends, it took a long while to travel from Paisley to Paris, and to me there was nothing but gloom and death as I journeyed. Besides, I had left home and friends, and was among a people whose language I knew not. Under these conditions I heard words of life and cheer from this great healer, and a glad song filled my soul. I am to live. I shall see my loved ones again, and Scotland shall be dearer than ever to my heart. Home, sweet home, will have a deeper and more sacred meaning as I shall hear the welcome when I return from a foreign shore to the hills of my native land and her bonny blooming hether.

The sunshine of that glad hour still fills my life, and like a spiritual gulf stream will continue to flow through my being until the spirit shall speed away to a brighter clime, where disease and death are unknown. How can I be otherwise than grateful to the man who saved my life? How can I ever be indifferent to his goodness of heart, who, having restored health, and treating me like a prince for nine months, yet refusing to accept the slightest recompense for his invaluable service?

Hahnemann! The brightest star of all the centuries. A star increasing in power and brilliancy as he is studied by the intellectual minds of this glorious age in which we live.

All hail to our hero! All hail to our man! Though dead, he liveth forever more.

**KALI BICHROMICUM vs. MERCURIUS PROTO IODIDE.\***

CHAS. H. GILBERT, M. D., Washington, D. C.

Because of the fact that the above remedies are so much given in alternation for *diphtheria*, by name, the following comparison has been made with the hope that it may help to emphasize their differences. Neither of these remedies has been found by the writer to be useful in malignant cases, and only in protracted ones has he seemed to see a call for Kali bich. Of one thing he is sure, that they should not be alternated; we must individualize and not hurry; better *no* treatment than *wrong* treatment.

**KALI BICH.****THROAT.**

Tonsils and uvula are red, swollen and painful and finally ulcerated.

Throat looks red and inflamed.

Ulcers on tonsils and throat covered with ashy slough, the surrounding membrane red, livid, and swollen.

Much tenacious mucus in the throat in the morning.

Hawking of tenacious mucus in the morning.

Dryness of throat with sensation of burning and scraping and pain on empty swallowing, especially in upper part of larynx as far as the hyoid bone.

**MERC. PROT.****THROAT.**

Tonsils slightly swollen. Right tonsil swollen and painful.

Tonsils, uvula, and pharynx are red and congested.

Mucous patches on tonsils and walls of pharynx easily detached.

Very much mucus in the throat in the morning.

Constant secretion of mucus in the throat, difficult to dislodge; it causes retching.

Mucus in throat and on left tonsil which he constantly tries to hawk up.

Dryness of throat with sharp pain above epiglottis, left tonsil and left half of hard palate when swallowing.

Burning in the throat when swallowing saliva. Sore throat with difficult and painful swallowing of saliva.

\*Condensed from a paper read before the Washington Homeopathic Medical Society, December, 1899.

Sharp pain in left tonsil toward the ear; better on swallowing.

Fauces present an erythematous blush from bright to dark red and even a coppery color.

Sensation of a hair in fauces.

"Sensation of a hair on back of tongue and velum, not relieved by eating and drinking." C. Hg.

#### SALIVA.

Saliva increased; it is tough, thick and stringy.

#### TONGUE.

Covered with a thick yellowish-white fur, or white only, sometimes more thickly on the back; or thick yellow mucus, tip and edges red.

The papillæ are long on the dorsum.

A partial eruptive swelling which after two days became depressed and out of the hollow, oozed blood for three days, without pain, but obstructing speech.

#### NOSE.

The mucous membrane of nose is congested; there is a discharge first of water with much sneezing, (or, at times no sensation) later thicker discharge which may form hard, dry adherent masses which may cause bleeding on being torn away; this may be followed by intense dryness; or there may be ulceration of the septum. There is tightness at the root of the nose accompanying the dryness and stoppage with the thick masses.

Pain and swelling of right tonsil; slight pain in right tonsil; sensation as if swollen with pain when swallowing.

Fauces red, irritated, and inflamed, and dotted with patches of mucus and *small spots which look ulcerated.*

Not observed under Mercury.

#### SALIVA.

Saliva increased in the morning; (only one prover mentions saliva; he took 1st; another who took from 1st to 6th reports dry mouth.)

#### TONGUE.

Coated yellowish white on the back; sometimes the coat is a decided yellow and occasionally brown; thick yellow coat on the back, tip and edges red.

The papillæ are plainly visible through the coating.

Small raised blisters on the back of the tongue.

#### NOSE.

A great deal of mucus in the nose which constantly compels him to clear it.

Severe shooting pains at the root of the nose.

Steady dull pain at the root of the nose.

Severe throbbing pain in the right side of the nose deep in the bone.

The right side of the septum naris and nostril are sore and much swollen.

## LARYNX AND CHEST.

Scraping in larynx with hoarseness.

Accumulation of mucus in larynx and air passages.

Pressure in the larynx, worse from talking.

Rough hoarse voice with accumulation of mucus.

Cough causing pain from mid-sternum to spine.

Expectoration of thick stringy mucus.

Hawking of thick mucus with sensitiveness of larynx and trachea in the morning.

Breathing oppressed.

Dyspnoea in sleep.

## PULSE.

Slow pulse; small pulse.

Pressive pain about heart.

## BACK.

Severe aching and pain in lumbar region, sharp, preventing motion, seemingly connected with the kidneys.

## HEAD.

Headache apparently connected, in at least one case, with the stomach.

## MIND.

Melancholy, ill humor and indifference to intellectual occupation.

## URINE.

Scanty, high color; sediment quite profuse, of apparently white mucus.

Pain in region of kidneys.

Pain across back, with red urine.

At times pains across loins and scanty, high colored urine.

## LARYNX AND CHEST.

Slight hacking cough when inspiring. Allen.

Loose rattling cough; bronchi loaded with mucus; sputum copious and yellow. C. Hg.

## PULSE. (One prover only.)

Weak, irregular and laboring, about eighty a minute.

Sharp pain about the heart, with suffocation and dizziness.

## BACK.

Sharp pain in lumbar region.

Neuralgic pains in region of the kidneys.

## HEAD.

Headache both in general and in different parts.

## MIND.

Depression of spirits; better in open air.

## URINE.

Increased flow of urine of nearly natural color.

During the entire proving the urine has been copious and of a dark color.

Occasional attacks of aching pain in the region of the kidneys extending to the loins worse after rest, with scanty reddish urine, nausea and impaired appetite.

#### FEVER.

Coldness of surface without sensation of coldness.

Chilliness and shivering not marked.

Chill and fever mixed on different parts of the body.

#### GENERALITIES.

Pains do not seem to have any definite locality but are sharp as a rule; stitching and wandering; pains about head at points where cranial nerves emerge from the skull.

The pains seem to be worse in winter, worse in the morning like all the Kalis, and better in the evening and from warmth.

Weariness.

Weakness, especially of the arms and legs.

Prostration.

Exhaustion.

Emaciation.

Death apparently occurs through the inhibition of the heart through irritation of the pneumogastric nerves in the stomach and intestines, as the post mortem examinations show the action of the heart to have been arrested in diastole, the organ to be distended and the ventricles filled with blood; also to

Sharp pain in the lumbar region. (This prover did not report any urinary symptoms.)

#### FEVER.

Chills with trembling all over the body.

(The fever symptoms have not been developed by the provings, but we can reason from the general effect of mercury.)

#### GENERALITIES.

The pains are felt as if deep in the bones, or in the muscles, are steady, dull, throbbing, boring; also sudden, sharp, sticking, pricking pains are worse on the right side, go from right to left, are worse at night in bed like the Mercurius, and from passive motion; they are better from active motion in the open air and from pressure, but are as bad as ever as soon as pressure has been removed. Mental anxiety suspended the action of the remedy, apparently in one prover.

Weariness does not appear to be so marked as in Kali bich. and is accompanied by a faint feeling.

Death from Merc. prot. I have not found recorded, but death from Mercury in general shows the heart to stop in systole and to be practically empty. Mercury has a more violent action upon the system when the kidneys are granular.



suppression of urine which may account for the painless death in stupor.

Dr. Preysz (Arch. of Kinderh-Band XXI, Heft I, III), in two cases of post mortem in children found degenerative changes of the spinal cord and peripheral nerves; one case had atrophy; there was degeneration of the columns of Goll on both sides; there were no inflammatory changes. Int. Med. Annual, 1899, p. 243.

On examining the records of the poisonings and provings, it will be noticed that the action of Kali bich. extended from the mouth and pharynx to the larynx and trachea, producing croupous and even ulcerative conditions with tough, stringy and even gelatinous mucus, and in the case of a dog an albuminous deposit, while Merc. prot. does not have laryngeal symptoms but rather expends its force in the pharynx and nose. The Kali patch is not easily detached, has a tendency to ulceration, and *is surrounded with a bright red areola*; the Merc. prot. patch is lightly organized, superficial, easily detached, and is feebly renewed; ulcerative destruction is a characteristic of Kali. bich., while the Merc. prot. lacks what another part of iodine gives it. When in some cases there is ulceration, it is in the glands and cellular tissue, but spreads superficially, while Kali bich. eats a round hole as if punched out, even deeper but not broader, with the characteristic bright red areola.

It has seemed to me that Kali bich., while it has many symptoms like diphtheria, lacks the characteristic blood poisoning and putridity. Swelling of the tonsils, dirty white membrane *with the bright red areola* and the profuse stringy expectoration, have seemed to characterize the few cases in which I have used it with success.

Merc. prot. has been used by me only once successfully. It was in a light haired girl who had swollen submaxillary glands, large patches on the tonsils sharply defined and raised above the surface, while from the nose there poured an albuminous discharge, all worse on the right side; the child was sitting up in bed

playing with paper dolls and was convalescent the next day, an excellent example of an organism which was tolerant of the disease and needed but little help to cut off the spread beyond proper limits.

### SOME CENTER SHOTS.

BY MARGARET E. BURGESS, M. D., Philadelphia.

**Case I. SILICA:** Mrs. J.,—aet. 50. Felon on left thumb for two weeks, growing rapidly in spite of treatment. Amputation was advised but patient objected and finally decided to try homeopathy. There was a marked absence of subjective symptoms but a decided presence of odor, which was *horribly offensive* and seemed to penetrate entire office, the pus being thick, *yellow* and *profuse*. One dose of Sil. 8m. was given. On the following day a spicule of bone was discharged, the odor was gone and in one week the thumb was well. So much for the homeopathic lancet.

**Case II. PULSATILLA:** Girl,—aet. 18. Sang. motive temperament. *Very profuse yellow acrid leucorrhoea* with cauliflower excrescences, size of walnuts, on genitals, of seven months' duration with severe aching in growths at night only.

Menses very irregular—every four or five months. Puls. 2m. cured leucorrhoea and caused cauliflower growth to disappear in two weeks, after Thuja and Syphilinum had failed.

**Case III. PHOSPHORUS.** A. F.—, aet. 65. Sang. motive temperament. Second relapse in typhoid fever, temperature having risen rapidly to 105°.

Stools involuntary, containing black specks.

Tongue and mouth dry, black and cracked.

Pulse intermittent, weak.

Lower jaw dropped and patient becoming somnolent.

Slipping down toward foot of bed.

Gurgling of water in stomach after drinking.

*Phosphorus 5m* checked stools in six hours; all other symptoms gradually abated and in forty-eight hours temperature normal and patient feeling well.

**Case IV. CICUTA:** Fannie F.—, aet. 17. Sang. vital temp. Primipara. Puerperal convulsions coming on during labor, instrumental delivery, but convulsions continue. Hypodermic injection Physostigma-sulph. and Cuprum arsenicosum 3d dec. trit. administered by a brother homeopath produced no change. The following symptoms were present:

Violent tonic convulsions with opopisthotnus.

Constantly rolling head on pillow.

Frothing at mouth.

Spasmodic batting of eyes, pupils widely dilated and conjunctiva insensible.

Respirations forty per minute, irregular and stertorous, with rattling in throat; pulse 160.

*Great restlessness, general twitching and unconsciousness* between paroxysms, which are renewed by a swallow of water.

Bell. m. was given without result, and at the close of the *twenty-fifth* convulsion Cicuta 2m was given on everted lip. No adjuvants were used and there were no more convulsions.

In six hours, the patient still remaining unconscious, a profound stupor now being present, with constant rolling and boring head into pillow and an automatic motion of left arm. Hellebore 33m was given, followed by gradual return to consciousness, notwithstanding the above-mentioned homeopath's most unfavorable prognosis.

On the seventh or eighth day insanity developed, which proved most intractable, it finally becoming necessary for the safety of those about her to remove patient to an asylum and consequently I lost sight of the case. There was no albumin in urine previous to labor, but immediately following convulsions and continuing for several days the urine was loaded with it.

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To hinder Individualism is to hand-cuff Aspiration.

The clinical success of the medical hap-hazardist is inversely as the square of his dosage.

If you don't capture the head of a tape-worm your labor has been lost. The same is true of all disease.

## THE PROPER REPORT OF A CASE.

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

During a brief sojourn in the country in August, I was much impressed with the sermon of a youthful preacher who insisted that the crying need of this day and generation was neither theoretical nor ideal, but practical christianity. He pointed out that the commercial and scientific world placed sample, model, and formula before the people that they might demonstrate for themselves the utility of a new discovery. This at once impressed me as holding good of the development of *each portion* of the Eternal Truth.

It is insufficient today to announce theories and beliefs concerning homeopathy, or that it is the best, safest and surest means of curing and comforting the sick; it must be demonstrated beyond a peradventure. It is not enough to demonstrate its superiority to ourselves, it must be practically demonstrated to the whole world.

To the laity, the demonstration is accomplished by cures; to the profession, by proven facts. The diagnosis of a disease and the name of the curative remedy are not enough from which to gather an intelligent reason for its administration. The regular, the surgeon, the quack, the proprietary medicine vendor, each record's cures, real or apparent, under specified treatment. A homeopath should do better.

It is one thing to know that Lachesis will cure diphtheria, *when indicated*; it is quite another to tell how and why it was applied to each individual case. Yet just that explanation contains the necessary scientific fact that is of interest to the profession and to science.

Many practitioners profess to believe in homeopathy, many more are skeptical of all work except their own. If these would analyze their reasons for procedure they would convince themselves that *bona fide* cures are made only by means of laws, recognizable in action and effect, and would, in time, prove to others the supreme efficacy of the homeopathic prescription. The report specifies for certain disease manifestations, without which explanation it is as inefficient from the pen of a professed homeopath as

that of the afore-mentioned sources, and as ineffectual for the advancement of homeopathic knowledge. Certain "hall marks" were pointed out by the master which make possible a recognition of the curative process of the remedy as distinguished from the curative process of nature. The more frequently these are pointed out in reports of homeopathic cases the more rapid will be a growth in the knowledge of homeopathic principles.

It would seem, then, that the mission of the homeopathist is not only to demonstrate the use of drugs—so long denied—but to clearly and unmistakably point out reasons for their application and signs of their action.

It is no longer sufficient to say, Aconite cures fever; Bryonia, stitching pains; Belladonna, scarlet fever, etc. The kind, depth, and variation of fevers, pains and other departures from the normal, must be described; the progress and stage of disease pointed out; its likeness to a drug action clearly indicated; the reversal of action under a given remedy described and the form of its administration stated. Then shall *all* scientific minds recognize the significance of the eternal law of similars, and its superiority over all other methods.

Of the many cases reported in journals and heard in societies it is often difficult to understand, from what appears, why the curative remedy was applied. That it was curative, results show. What the prescriber saw that he did not state remains a mystery.

The plea advanced is that each should, in every case reported, endeavor to show that intangible something that caused his decision in favor of the curative drug, as well as to state the after progress of the disease. This method, carefully followed, would do more than to modify the modern practice of the old school of medicine—an effect already markedly pronounced. It would prove to them that drug application did not depend upon pathological effect, but upon their ability to observe and estimate its power to disturb the vital force in direction of the sick *action* of the drug principle.

It is desirable that the homeopathic physician seize every opportunity to make plain the fact of a curative power in the properly administered drug because of the tendency, again abroad among old school physicians, to teach to their clientele, *no med-*

*icine*. This fallacy seems to need refutation among them in every generation. It has continued since Hahnemann's time. Dr. Morgan writes of practice as early as 1853, that among the pioneers of homeopathy a diet list was thought to be one of the essentials of homeopathic practice. At that time the old school practitioners proclaimed to the laity that such cures were made by restricted diet, mental impressions, and an adopted regimen; and yet they failed to accomplish like results. All through the old school literature of this day is found what might be termed the *minimum dose*. Twice of late I have met instances of such dosage. Once from a New York doctor of the good old school, who proclaimed a treatment of diphtheria by 1-100 gr. doses of the Iodide of Mercury instead of anti-toxin; and, again, from an old school physician, in consultation, who administered to a case of sciatica, one tablet containing 1-100 gr. Nux vomica and 1-100 gr. of pepsin, and one tablet containing 1-50 gr. of Codien, *not repeated*. Amazement was expressed at relief of so severe a pain by so *small* a dose. Shades of our grandfathers! Would they not have turned in their graves at so small a dose of an opiate?

"Treatment of diphtheria, sciatica, etc.," is distinctly the practice of the so-called regular school. This widespread treatment of disease, and disease products is the reason for a careful and constant proof, by homeopaths, that the true method of healing is by treatment of the individual and not of the disease, of sick *action* and not pathology.

If drugs were all as well known as to their action as are the few, homeopathy would be comparatively easy of practice.

When the patient, or prover, presents symptoms of extreme sensitiveness to warm air, room or covering; great thirst for large quantities of water; irritability; objects to motion; desires pressure; has epistaxis instead of menstrual flow; etc., the homeopathic physician knows he has a Bryonia action, a Bryonia condition, and must give Bryonia. It matters not whether the disease action is called pneumonia, typhoid, congestion of the liver, uterus, or brain, Bryonia will cure the patient.

This picture presents what the homeopathist calls modality, or mode of action. It always occurs in that abnormal disturbance of the vital force, called sickness, and if *read aright* points at once to the curative.

All drugs are not yet so plainly voiced to our understanding. There are several reasons for this. Not all drugs are so well proven; not all are so well studied; not all are so often indicated; therefore not all have cured so many and various sicknesses. Upon the homeopathic physician rests the obligation of a development of so distinct a picture of each drug action that it shall be acknowledged by the entire scientific world. This can be accomplished in no way so well as by a careful and thorough report of cases. A careful study of sick action; of drug action applied; of progression toward recovery, or death, will, finally, develop a likeness that shall serve all future generations. This record needs care in minutiae, in observation, and in tabulation. The only science of healing existent today is in the keeping of homeopathic physicians. Grant that they may be faithful to this great trust.

The allopath has devoted himself almost exclusively to the examination and study of the results of disease—pathology. With how little success as to its cure, homeopaths alone can tell. That which is most important to suffering mankind—*sick action*—whether by natural or drug causes, has been dropped, or only theorized upon, from its results when administered to the lower organisms. Pure facts, tabulated with care, in each of the directions mentioned, are the crying and practical need of the day.

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### CLINICAL EVIDENCE AND CLINICAL CASES.

BY W. J. HAWKES, M. D., Los Angeles, Cal.

In these days of the revision of the materia medica much is being said against clinical symptoms and clinical evidence. It is proposed by those revising the materia medica to eliminate all clinical symptoms therefrom.

All students, whether callow or hoary, acknowledge the cumbersomeness of the work as it is at present, and the necessity for a wise and liberal condensation or simplification thereof. But he will be a wise or bold man who attempts to accomplish this desired end with the expectation of retaining only such symptoms as are reliable, and excluding only such as are useless.

The attempt is being made to have a strictly scientific materia medica, one that will be as exact as is any of the exact sciences.

This attempt must necessarily be a failure. When we consider the number and varied character of the sources of error in obtaining pure medicinal substances; in getting correct symptoms in proving; in making correct diagnoses and accurate prescriptions, it must be plain that to be exact in a strictly scientific sense is impossible.

Hahnemann said that provings must be made upon healthy persons. But there are at the present day none who are perfectly healthy. All are to some extent diseased, owing to the influence of heredity and of artificial, unhygienic living in the past and in the present; and all are daily subjected to the deranging influences of artificial and social life. A large majority of the present generation have individual and characteristic disease tendencies. These facts render an absolutely accurate proving impossible. An effort, therefore, to make a scientifically exact *materia medica* by eliminating all clinical symptoms and retaining only such as have been positively known to have been produced by drugs will be a harmful failure.

Provers who are in a more or less unhealthy state may fail to observe symptoms which properly belong to the drug, and which would have been observed had the provers been in a perfectly healthy state. On the other hand symptoms may be observed by such prover, owing to his unhealthy condition, which did not properly belong to the drug. When, in treating a sick person, a prescription having been made in accordance with the then known symptoms of the drug, other symptoms of the patient which are not recognized as belonging to the drug disappear under its action, it is reasonable to presume that these symptoms properly belong to that drug. And when such facts are repeatedly observed by one or more physicians, such symptoms become as valuable as those which were in the first place observed in the proving. Some of the most valuable symptoms in my experience, such as are commonly known as "clinical symptoms," are of this character. And any revision of the *materia medica* which excludes such will result in injury to the work, the physician, and to humanity.

Much has also been recently said and written against the value of clinical evidence. It is urged that clinical evidence is unreliable; that it is impossible to decide whether the patient recovered



through the influence of the drug, or whether it was unaided nature which accomplished the cure. This is doubtless to a great extent true in acute and so-called self-limited diseases. No one can tell in a case of pneumonia, for instance, whether the patient recovered with or without the aid of medicine, as many recover without such aid. This is true of most other acute diseases. But in those which are chronic this is not the case. Where an individual has been sick for years, where all sorts of measures have been resorted to bring about recovery, and where nature unaided has herself failed, it is safe to conclude that if recovery now follows promptly a well-indicated and carefully selected medicinal agent, such agent was the direct cause of such recovery. And where in any such condition such a result follows it is absolute evidence, and it is clinical evidence, and is as valuable and reliable as any other.

In treating the sick, it is the individual and peculiar disease tendencies of each patient that are the best mark for the homeopathic prescription. There are always two classes of causes for chronic sickness. One, and the chief one from a therapeutic standpoint, is this inherited or acquired predisposing tendency in the individual. The other, or exciting, cause is external and common to all. It is chiefly against the former that therapeutic action is efficient. Against the latter, hygiene and sanitary science are the chief weapons.

For example, in intermittent fever: A number of persons enter what is called a malarial district; all will be subject to precisely the same conditions; eat the same food; sleep in the same house; work at the same employment, and be under precisely the same external influences. One of these will be attacked with a violent intermittent fever, the paroxysm occurring every second day, have a severe chill, high fever, terrific headache, profuse sweat and delirium. The second will have a chill every third day, not so violent, not accompanied by so much fever, probably no headache, and in all respect be different from and much less sick than the former. The third will go scot free, and have no chills, no fever, and no sickness whatever.

The inevitable conclusion here must be that the reason why there was such a difference between the attacks of the two who were sick, and that the third was not sick at all, is that there was

some peculiar unhealthy conditions in the former two which enabled the external and exciting influence to produce the morbid symptoms observed, and that this morbid condition was different in the two attacked, and that it did not exist at all in the one who escaped.

It would be absurd then to direct therapeutic treatment for the cure of the two who were sick against the influence which failed to produce sickness in the third, namely, the external or exciting cause. The proper treatment to remove the exciting causes would be hygienic or sanitary. Correct the hygienic condition of the surroundings; remove the cause of the malaria. But this will not make well men of the two who have been attacked. The predisposing cause, or causes, still exist in them; and should they be again exposed to similar influences, they will again become ill. In short, they have not been cured. Now comes in therapeutics proper; only such measures directed against the predisposing causes inherent in these sick persons will remove them, will take away these favorable beds for disease. Then, should they again be exposed to these similar external disease-producing influences, they will be in condition to resist them; and, like their comrade who was exempt, they will also escape the fever.

Thus it is, for instance, that typhoid fever, once established, cannot be arrested until it has run its full course. The severity of the case, other things being equal, depends upon the condition of the patient, and not upon the virulence of the poison causing it. The function of medicine in such cases is to correct this inherent morbid condition so as to enable the patient to resist the external exciting cause, as nature, untrammelled, could. It is not directed against the germs causing the fever, but against the patient's disease tendencies. And the most valuable symptoms indicating the remedial agent are not the symptoms common to typhoid fever. The most valuable symptoms in such cases are those peculiar to the individual which point toward the predisposing cause.

All that medicine does in such cases is to safely guide the patient through the course of the disease. Medicine acting curatively thus has precisely identical action on the patient's neighbor where it serves as a prophylactic. As a prophylactic it prepares the subject by eradicating or modifying his disease tendencies so

that the external cause or germ may find no suitable bed in which to fructify and grow. In some cases prophylactic action is sufficient to totally prevent an attack of disease. In others it has only had time or power sufficient to partially correct predisposing conditions, and thus only modifies the violence of the attack. Thus it is true that the curative action and the prophylactic action of medicine are identical.

I will report a few cases illustrating my position on the value of clinical evidence:

**Case I.** A girl in her fourteenth year, afflicted with an aggravated case of chorea—St. Vitus' dance. I found her in bed in constant motion, her arms and legs thrashing about in the most extravagant and erratic manner, her mouth twisting and drawing obliquely from side to side, with almost total inability to talk. I had never seen but one worse case. Friends were obliged to be continually on either side of the bed so as to guard against the patient injuring herself on the bedstead. She suffered no physical pain, but was in much mental distress.

Several physicians of the old school (one of them the city physician) had seen her, but all had said they could do nothing for her, excepting to give anodynes, and that "she might outgrow it." I had treated such cases successfully, and was not at all dismayed by the severity and distressing symptoms of the case, nor by the discouraging words and actions of the other physicians. I am convinced that it is very exceptional when growing children cannot be cured of any malady.

The pathognomonic phenomena of chorea are always the same, differing only in degree; therefore these are not the symptoms we are to look to as guides in selecting the remedy in a given case. We must look further for such indications as may be constitutional and peculiar to the patient before us. In other words we must prescribe for the patient instead of for chorea; else but one remedy would be needed for all cases of that disease, and prescribing would be easy and success not considerable.

The symptoms elicited during a protracted and careful examination of the patient, and especially the parents and friends, and which were peculiar to the patient and not to chorea, were as follows: I first observed that she cried quite a little in a quiet way,

although suffering no pain; she even smiled through her tears when I asked her why she cried and if she suffered pain; her mother said that for a considerable time before she was taken ill she would cry for the slightest, or for no cause; that she was of a mild and "good" disposition, etc. This was to me a "key-note" which might lead to the remedy; it did; and "headache, worse in a close room, but better in the open air; loss of appetite; disgust for meat, especially if fat or greasy; bad taste in the morning; sexual organs well developed," etc., were elicited. Menses had not appeared.

Now, while I had never used or thought of the remedy in the treatment of chorea or similar ailments, these symptoms call for, it was impossible to ignore so perfect a picture of *Pulsatilla*. It was so clearly and perfectly indicated I did that which is usually unwise—promised a cure.

April 21st last, I prescribed for her two doses of *Pulsatilla*, and the patient improved promptly and steadily until she is now well, with only a trace of nervousness, when excited. She rides a wheel, and plays girlish games as well as her companions. After menstruation shall have been established, I am convinced, there will be no more trouble.

I desire to emphasize my firm conviction that when the group of symptoms above enumerated present themselves and stand out clearly, *Pulsatilla* will invariably help your patient, no matter what ails her.

**Case II.** An old lady, nearly seventy years of age, suffering from the monomania that she must kill or injure her best friends. She begged to be tied up, or locked in her room, so she could not reach them. This they had been doing for some time. No physical pain could compare, as a cause of suffering with the mental distress she endured because of this fear that she would kill or injure her dearest friends, members of the family.

Several physicians had been consulted and tried without benefit, their advice being that she be confined in an asylum. Her friends heard of the result of homeopathic treatment in the case of chorea just detailed, and brought the old lady to me. The case looked hopeless enough—the age of the patient, length of time ill (one year) and the nature of the trouble, all offered serious

obstacles to recovery. I have seen many insane people, and she had all their mental peculiarities. However, so long as I can find clear indications for a remedy, I give hope, but never give up.

In this case the first key-note which was struck when I was groping in the dark, was the statement that she "became unaccountably worse every day about four o'clock in the afternoon, and continued so until bedtime, which was about eight o'clock." Let me say right here that there is no more valuable symptom in the materia medica as a guide to the remedy than this "four to eight p. m." aggravation is for *Lycopodium*.

Following this clue, there was developed a perfect picture of this remedy, viz., Pain in the renal region, aggravated noticeably by retention of the urine after the desire to urinate had been experienced, with marked relief from emptying the bladder; red sand in urine; windy dyspepsia, characterized by a sudden sense of satiety after having taken but a mouthful or two, although hungry when beginning to eat; noisy rumbling of gas, especially in left hypochondrium.

Permit me to say here in parentheses that you may depend with the utmost confidence on *Lycopodium* markedly benefiting your patient when there is clearly presented the above group of symptoms, no matter what the disease may be named.

*Lycopodium* wrought a most pronounced and gratifying change for the better. The first noticeable change was in the evening symptoms; next in the time of aggravation, and next in the digestive symptoms; last of all the mental condition became perfectly normal. I first saw her May 16th last, when I gave her two powders of *Lycopodium*. July 28th, I discharged her, to all appearance well, and have not heard directly from her since. Between May 16th and July 28th she had one dose of *Gelsemium* and two doses of *Calc. carb.*, the former because of diarrhœa caused or aggravated by mental excitement; the latter because of her "dread of going out or seeing people because they would think she was crazy."

**Case III.** A maiden lady of about thirty, suffering intensely from an acute attack of emphysema, complicated, as I believe, with bronchial asthma. This was her third severe attack. I was called in consultation August 10th last, and found the patient gasping for

breath, cyanotic, unable to lie down, and with a most distressed and anxious expression. The breathing was loud and with the characteristic difficult expiration sound, well marked. Auscultation revealed all sorts of moans and rattlings and wheezings over the upper two-thirds of the chest on both sides, with an exaggeration in the right upper side. The characteristic symptoms were: great anxiety, great weakness and prostration; very profuse, cold sweat, with washed-out looking skin. *All symptoms aggravated between 12:30 and 2 a. m., more especially the cough; must instantly sit up when impulse came to cough; seemed if she would strangle if she did not instantly sit up; intense thirst, but cold water which she craved, lay like a cold weight in her stomach; could take only a swallow of water at a time; very sensitive to cold, especially between shoulder-blades and on back of neck; must have extra wraps on the parts (Hering?).*

No patient ever presented a more perfect picture of Arsenicum. And I wish to assert-most emphatically and earnestly that when the above group of symptoms present themselves clearly *Arsenic* is sure to help your patient, whether the disease be named cholera, diarrhœa, asthma, emphysema, or anything else.

The physician who had been attending the patient, and who is a good homeopath, had prescribed Mercurius, Tartar emet. and Ipecacuanha, each singly, as it had seemed to him indicated, but with not satisfactory results. I saw her about four o'clock in the afternoon of August 10th. We decided upon Arsenicum as the remedy then indicated. Two doses were given—one immediately and the other late in the evening. The result was most marked and satisfactory; relief came in less than an hour, and the patient slept well most of the night. Improvement was steady and continuous, with one or two slight interruptions resulting from cold taken because of inexperience or carelessness on the part of the nurse. The patient now goes up and down stairs, drives out daily, and has about overcome a marked tendency to take cold on the slight exposure.

Examination with stethoscope September 23d revealed the right lung in a normal condition, also three-quarters of the left lung. The upper one-fourth of the left lung gave unmistakable evidence of emphysema.

To recapitulate, it seems as though there can be no doubt in a reasonable mind with a fair knowledge of medicine that in these cases the evidence is sufficient to prove that the remedy in each was the cause of recovery. There can be no question as to cases Nos. I. and II. especially. There is no good reason to suppose that in them the *the vis medicatrix naturæ* could unaided have effected cures; while there is every reason from the standpoint of scientific therapeutics to confidently expect curative results. In the third case there might be a reasonable question in the minds of those not seeing the patient and the prompt response to the remedy which was so clearly indicated. To my mind, however, and to the minds of the attending physician and nurse and friends, there is no more doubt than there is with respect to the others.

Therefore I contend that clinical symptoms are no less valuable than are those of provings pure and simple; and that the *materia medica* which leaves them out will be hopelessly emasculated.

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### THE ANTIDOTE TO CARBOLIC ACID.

The accidental discovery of an antidote to this deadly poison—a practical, effective, easily obtainable antidote, always at hand and readily applied by any one—belongs to a homeopathic surgeon, Dr. Edmund Carleton, of New York. We would suggest that if every reader of the *Advance* would secure its publication in their city or county paper, many a victim will be grateful and many lives may be saved. Do it at once when you think of it.—  
ED.]

No. 62 WEST FORTY-NINTH STREET,

NEW YORK, November 4, 1899.

DEAR DOCTOR:

The number of cases of poisoning by carbolic acid seems to be steadily increasing; while knowledge of the sure, swift and easily procured antidote is diffused slowly. Let me urge upon you the desirability of so instructing the classes that listen to you that they may be the means of saving life. A few short and simple demonstrations before your students will thoroughly convince them, and make a lasting impression upon their minds.

The following was read before the Homeopathic Medical Society of the State of New York. You may use it and welcome, giving me due credit.

“THE ANTIDOTE TO CARBOLIC ACID.

“Probably there are more accidental deaths from carbolic acid than from all other poisonous drugs combined. The writer makes this estimate from newspaper reading, never having attempted any compilation of exact statistics. At any rate, the tragic story has been of late repeated with startling frequency. When the number of deliberate suicides from carbolic acid has been added to the foregoing, the total is so large that it demands attention.

“What causes this state of affairs, and how shall it be remedied?

“First, the drug is handy. Chloroform, prussic acid and morphine cannot be obtained without a physician's prescription; they are not commonly to be found in the house; everybody knows them to be highly dangerous. Not so with carbolic acid. It is sold freely to all who ask for it, labelled ‘poison,’ to be sure, but without further restriction. The people are familiar with it in its simple form and in its combinations. They have been taught to consider it a valuable antiseptic, of wide applicability. They apply it, in dilution to various lesions of the body, and flush the waste pipes of the house with the crude material. It stands on the shelf. They are not particularly afraid of it. No wonder that the ignorant and careless suffer accidentally from it with great frequency, and that the angry and malicious avail themselves of the opportunity for evil it affords.

“Obviously it should be as difficult to obtain carbolic acid as prussic acid. In lethal quantities the former shows results almost as soon as the latter. The anæsthetic property of carbolic acid adds to its danger. Then let it not be commonly used for anti-sepsis. Stop familiarizing people with it. Teach them that it is too dangerous to have around.

“What shall be done in case of accident from it?” For a long time the profession stood helpless. Even now a majority of physicians are ignorant of the antidote. On two occasions the writer has brought this to the notice of his professional brethren,



and thus spread knowledge which should be taught in the colleges and become common property. Surely this Society, with its widely circulating reports, will accomplish the desired result.

“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.

“That was the beginning. Numerous clinical verifications were obtained later; but considerable time elapsed before evidence was obtained as to the antidotal action of vinegar when the mucous membrane was affected. It came from our colleague, C. S. Kinney, M. D., and this is his communication:

“ ‘ HOSPITAL FOR THE INSANE, MIDDLETON, N. Y.,

“ ‘ December, 1893.

“ ‘ At seven o'clock in the morning of August 4th, 1884, a nurse called me to see a man who had swallowed some carbolic acid. The patient was found with his lips, mouth and tongue coated white where the acid had touched them, and the strong, characteristic odor of the acid was present. He was at once given a half cup of vinegar, diluted with an equal amount of water, and this followed in a few moments by a second dose of vinegar and water. As the time hung heavily on my hands while waiting for the stomach pump, the patient was given some milk, which he willingly drank. The odor and the discoloration from the acid had disappeared from the patient's lips, mouth and tongue on taking the vinegar and water, and on using the stomach pump no odor from the liquid that was pumped from his stomach could be

detected. After the stomach had been carefully washed out, the patient was fed with hot milk for several days, and no further symptoms developed.

“It was not until May, 1887, that I saw in the *Homeopathic Recorder* an article which had been presented before the International Hahnemannian Association by Dr. Edmund Carleton, of New York, on the use of vinegar as an antidote. I have always thought I was indebted to him for the knowledge of this action of vinegar, as my acquaintance with Dr. Carleton antedated my use of vinegar as an antidote of carbolic acid by a number of years, and I may have heard it from him. Since seeing his explanation for the use of vinegar as an antidote for the acid, I have had an opportunity to test its efficiency in a number of instances, and have always found it to be reliable in every particular; and in no instance where the vinegar has been used within a few moments has there been any eschar formed.’

“That completes the chain. Cider vinegar is the antidote to carbolic acid. It is a fair inference that acetic acid of the shops will produce a similar action. Experiment will show.

“Not wishing to divert attention from the subject presented, I nevertheless would like, in addition, to mention a hint received from observation of the pure effects of carbolic acid. It is a hint in the direction of materia medica and therapeutics, and is this: The bleaching and anæsthesia are somewhat similar to those of leprosy.”

Doctor Spencer Carleton has since made demonstrations before medical men, of the efficacy of acetic acid as an antidote to carbolic acid. It acts precisely the same as vinegar.

Yours fraternally,

EDMUND CARLETON.

A stitch in time may keep it from ripping, but you will grow old just the same.

The homeopaths are the only people who get even with the *Climex Lectularis*.

The true homeopath shoots with a rifle; a single remedy and often a single dose.

## PEDIATRIC MATERIA MEDICA.

## III.

## CALCAREA PHOSPHORICA.

THOMAS G. ROBERTS, M. D., Chicago.

**MIND.**—The *Calcarea phosphorica* child is peevish and fretful, and lacking in mental vigor, being forgetful, slow of comprehension and sometimes very stupid. It is claimed that even cretinism may result from the prolonged use of this remedy.

**INNER HEAD.**—Chronic hydrocephalus, when the skull bones are separated, and there is pain in the head extending down the spine, with vomiting and weakness.

The fontanels, especially the posterior, are wide open and the cranial bones are thin and easily yield to pressure; the head totters; the ears are cold and the eyeballs protrude.

Acute and congenital hydrocephalus.

Incipient hydrocephalus when the fontanels are too much open, the child looking stupid, taking no interest in anything; keeps the eyes shut; great craving for salt meat or potatoes.

Hydrocephaloid, following exhausting diseases like cholera infantum, frequently finds its cure in *Calcarea phosphorica*.

Headache before and during the second dentition.

*Headache of school girls with diarrhœa, the soft stools being evacuated with difficulty.*

These rapidly growing girls are tall, delicate, nervous, restless and anæmic.

Sour things and jellies seem to aggravate or cause the diarrhœa.

The pain in the headaches of school children is most severe in or near the sutures, and is aggravated by mental exertion, cold and dampness, and change of weather.

**OUTER HEAD.**—*The skull is so soft and thin that it crackles like paper when pressed upon.*

*Fontanels remain open too long, or they close and then open again.*

The sutures of the cranium are not ossified early enough, or, a distinct separation of the cranial bones takes place.

Hard lumps in the cranium.

*The head is large, and the neck is so thin and weak that it can not support the head, and the child moves the tottering head from place to place.*

Depression in occipital bone. Craniotabes. Encephalocele.

There may be a little perspiration on the scalp, but it is not characteristic.

Scalp sore with coldness on occiput.

EYES.—Squinting, as if from pressure; eyeballs seem distorted and protrude somewhat.

Conjunctivitis, especially during dentition.

EARS.—Ears cold. Aching and hurting in all the bones around the ear.

Earache in scrofulous children with rheumatic complaints and swollen glands.

NOSE.—Point of the nose cold.

Scrofulous children with swollen nose, and sore ulcerated nostrils; small abscesses may form.

FACE.—*Dirty white or brownish complexion*, or the complexion is dirty, greasy looking, or sallow.

In chlorotic young girls, the complexion is waxy, greenish white.

This remedy acts best in children of *dark complexion, hair, and eyes*. Cold sweat on the face; body cold.

Swollen upper lip.

TEETH AND GUMS.—This is one of the most important remedies in the materia medica for teething, and the disturbances connected with it. Its use markedly hastens the development of the teeth.

*Dentition is much retarded, both fontanels are slow in closing, and there are many complaints during the teething process.*

Teeth decay early, sometimes as soon as they appear.

Cold tremors and emaciation, with slow cutting of the teeth.

Gums inflamed and painful, or pale.

*Paleness* of the gums should always suggest *Calcareo phosphorica*.

Convulsions without fever, during dentition. Often useful after *Magnesia phosphorica* seemed indicated, but failed to cure.

The skull is thin, crackling like paper when pressed on, and the child is flabby and emaciated; does not learn to walk, or, having learned to walk, is afterward unable to do so. Diarrhœa with greenish thin stools, accompanied by much flatulence, or there may be a pus-like sputtering diarrhœa, sometimes attended with vomiting. Upper lip swollen and painful. Cough and much rattling in the chest. The child is anæmic.

THROAT.—Chronic hypertrophy of the tonsils in scrofulous children.

Has been used, with success, in diphtheria when the exudation spreads to the larynx or trachea. After the main exudation has disappeared in diphtheria a white speck or patch remains.

APPETITE.—Infant wants to nurse constantly.

*Craves bacon, ham, salted or smoked meats.* The craving for "ham rind" is very peculiar and characteristic.

EATING.—Child eats heartily, but loses flesh all the time.

*Has bellyache or colic with every attempt to eat.* Infant cries when it nurses.

Will not take the mother's milk, which is *salt* and *bluish*. Suffocating attacks after nursing.

VOMITING.—Children vomit easily and often. Persistent vomiting of milk.

Vomiting after cold drinks.

Sour belching.

ABDOMEN.—Abdomen sunken and flabby.

Every time the child nurses, crying spells come on, caused by soreness and pain around the navel.

A bloody fluid oozes from the umbilicus of the infant.

Incipient tabes mesenterica with much diarrhœa, the stools being fetid and sometimes lienteric.

STOOL.—This is one of our most valuable remedies for the diarrhœa of scrofulous and rachitic children.

During dentition, diarrhœa with much flatulence.

*Green, slimy, undigested stools with colic and fetid flatus,*

The green and watery stools of this remedy are expelled forcibly.

*Stool watery, profuse, hot, offensive, noisy, and sputtering.*  
Diarrhœa after eating green fruit.

Diarrhœa with offensive pus in the stools.

Frequent call to stool, but passes nothing.

The soft stool of the school girl suffering from headache is usually passed with difficulty.

Valuable to remove the disposition to intestinal worms in children that are anæmic or weakly.

Fissure of anus, in tall, slim children who may be light complexioned, but form bone and teeth slowly.

URINARY ORGANS. — Enuresis in anæmic and debilitated children.

Urine copious; children cry out in sleep; can not get awake in early morning.

LACTATION.—*Child refuses the breast because the milk has a saltish taste.*

PREGNANCY.—If given to the mother during pregnancy it tends to prevent the recurrence of hydrocephalus in future children.

RESPIRATION.—*Child gets a suffocative attack after being lifted from the cradle, after nursing, and after crying.*

Laryngismus stridulus with retarded dentition.

COUGH.—Suffocative cough, better lying down.

Whooping cough in teething children who are anæmic and have weakly constitutions.

Cough during difficult dentition with fever, dryness and thirst, better lying down, worse when getting up.

Cough with yellow expectoration.

HEART.—Non-closure of foramen ovale.

NECK AND BACK.—*The child has a thin and weak neck and cannot hold up the head.*

*Spine is so weak it cannot support the body.*

Rachitic curvatures of the spine, and curvatures especially in young girls at puberty.

Pott's disease. Spina bifida.

EXTREMITIES.—Third stage of hip-joint disease, stops the further destruction of bone and assists in the formation of new bone.

Slow in learning to walk, bones soft and inclined to bend.

Bow legs and all kinds of rachitic deformities.

NERVES.—Convulsions from teething.

Convulsive starts when the child lies on its back, ceasing when lying on its side.

Chorea during puberty in either sex.

SLEEP.—Crying out in sleep ; restless sleep.

FEVER.—*General lack of vital heat.*

Chronic intermittent fever in scrofulous subjects.

TISSUES.—This remedy is especially valuable in the treatment of children whose bones are weak and soft, and, consequently, liable to bend or curve.

The osseous tissue is badly developed ; child grows slowly, late in teething, and late in learning to walk ; deficient vital heat.

Hence, of the greatest value in the treatment of rachitis, spinal curvatures, etc. Hard lumps in the cranium. Bones affected along the sutures or at the symphyses. Skull soft and thin, and delayed closure of fontanels. Non-union of broken bones. Flabby, shrunken, emaciated children suffering from glandular and osseous diseases. Incipient mesenteric tabes. Slow formation of bones. Osteomalacia.

STAGE OF LIFE.—During first and second dentition ; in children who lose flesh and will not stand any more ; both fontanels open ; separation of cranial bones.

Delicate, rapidly growing girls or boys.

Children with obtuse intellects.

Obstinate cases in anæmic scrofulous children.

Delicate, tall, rapidly growing girls, at or near puberty, with headache and diarrhœa and a tendency of the spine to curve.

TEMPERAMENT.—The temperament is quite different from that of the *fat, fair and flabby* Calcarea ostrearum child, for Calcarea phosphorica acts better in *spare subjects* than in those who are fat. The temperament is no doubt modified by the phosphorus element in this drug.

MODALITIES.—The symptoms are generally worse from *cold*, especially *damp cold*, getting wet, change of weather, and from motion, better in warm weather and in a warm room. Many

symptoms are better from lying down. In some conditions the aggravation from motion is almost, if not quite, as great as in Bryonia.

*Differentiation.*—It is necessary to keep in mind the characteristic differences between *Calcarea ostrearum* and *Calcarea phosphorica*. The following differentiation may assist :

CALCAREA OSTREARUM.	CALCAREA PHOSPHORICA.
Large abdomen, like inverted saucer.	Retracted and flabby abdomen.
Craving for eggs.	Craving for salt and smoked meats.
Stools watery white, mixed with curds.	Stool green, slimy, hot, with much flatus.
Anterior fontanelle open.	Both fontanelles open.
Light hair, blue eyes.	Dark hair and eyes.

RELATIONS.—Complementary : Calc. ost., Ruta and Zinc.

COMPATIBLE: Before, Sil., Sulph., Tuberc.; after, Arsen., Iod., and Merc.

COMPARE : In *tabes mesenterica*, Ars., Iod., Merc.; to remove the disposition to worm affections, Nat. sulph.; in peevishness and fretfulness of children, Cham. It occupies a place midway between *Calcarea ost.* and *Phos.*, and frequently supplements the latter.

## HYSTERECTOMY FORESTALLED.

By THEO. H. WINANS, Mexico, Mo.

**Case I.** On May 17, 1899, Rev. G. P.—, living several miles in the country, was telling Mr. P.—, living in Mexico, that his wife had been abandoned by three physicians. That she was too weak to be taken to St. Louis for hysterectomy, the only thing that could be done for her, according to these three physicians. They refused to perform the operation themselves because they thought she could not have proper care here.

Rev. G. P.—was persuaded by P.—to take a homeopath out there. The case was found to be a young German woman, twenty years old, with indurated uterus wedged down in the pel-



vis—anchored—pressing on the rectum, preventing movement of the bowels. The only relief she could get was with clyster and digging it out with the fingers from under the hardened mass. The neck of the bladder was also pressed upon. No urine could be passed without great pain. The birth of her baby three months before was the beginning of her trouble. A record of temperature, pulse, symptoms, and the time each dose of medicine was given, was kept by her husband, a page each day. I looked over the pages. It was quinine, quinine, quinine, down every page for nearly three months, with vaginal douches, and two or three times a purgative. I was told that it nearly killed her each time the purgative was given, as she could not pass the stool after the medicine had caused all its pains and contractions of the bowels.

It was a history of child-bed fever, with its regular (?) treatment. A history of scrofula in her family was ascertained. I took two days for study before prescribing. Knerr's Repertory finally gave me the following:

“Uterus, induration of cervix (purenchymatous metritis), Lac c.” p. 677.

“Induration; cold, in scrofulous subjects, Lac c.” p. 1135.

“Urination, desire; constant, with intense pain,” Lac c.” p. 594.

“Urination, desire; frequent with bearing down as if everything would come through at vagina, Lac c.” p. 594.

A stool will stand on three legs. Here were four, and I had a fifth if the experience in my second case will be allowed as a fifth leg. Beginning early in the morning of May 19th, four doses of Lac c. mm were given, three hours apart, and followed by Sac. lac. every three hours. On the afternoon of May 21st, relief came, and improvement continued. No more medicine was given. In a little less than three weeks she was up and about the house. I met the husband October 14th, and was told that she is still doing nicely.

**Case II.** Mrs. K.—, age between fifty and sixty years, came to me in 1892, and was under treatment for five years before she obtained permanent relief, notwithstanding consultation was had with Dr. Steinrauf, of St. Charles, Dr. Reed, of St. Louis, Dr.

Crutcher, of Chicago, and as many allopathic physicians. Instead of relief she continued growing worse until her case became well nigh desperate. She would lie on her back with her hips and feet elevated as high as she could get them in order to let something drop away from the neck of the bladder before she could urinate, and then have the stream cut off with great pain, and have to put the feet up again, and sometimes repeat the operation several times before she could get the bladder emptied.

One allopath made a diagnosis of cancer. The catheter revealed nothing. One lady physician, I was told, used her finger instead of a catheter, and said she broke up tissue about the neck of the bladder. Considerable relief for a time was experienced after this operation, and then the trouble returned worse than ever, and she could not relieve her again with her finger or in any other way, and the patient came back to me, because my medicine did afford some relief.

Her trouble began in the summer of 1889. There was a previous history of six years of what she called rheumatism and indigestion, when her arms would get as large as stove pipes, I am told, and nearly as black. Since she has had this trouble she has never had the rheumatism. On December, of 1897, I purchased Knerr's Repertory, and there found Mrs. K.'s symptoms under Lac c. On December 10, 1897, three powders of Lac c. mm were given with a decided aggravation of all symptoms, and then came the report that she was better than she had been for five years. The following summer found her at work in her garden, when previous to the Lac c. she was not able to do any work at all.

Lac c. is surely a wonderful remedy. Cases of grippe, sore throat, and headache relieved by Lac c. might be reported, but others have reported enough such cases to establish the remedy.

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"Didn't I see a physician's carriage at Gidding's door this morning?" asked Cumso.

"Quite likely," replied Cawker. "Gidding is ill."

"That's odd. When his wife was sick a month ago, he refused to call a doctor, but insisted on her taking the mind cure."

"That is true, but I told you that it was Gidding himself who is ill this time."—JUDGE.

**EXTRAORDINARY DEVELOPMENT OF THE GENITAL  
ORGANS IN A MALE FOETUS.**

BY RICHARD G. WORGER, M. R. C. S., ENG.

I was recently called to attend a primipara, aged twenty-five, who had a perfectly normal labour with the exception that I had to use the short forceps. The parents are well developed, with no abnormality whatsoever. On delivery of the child's body the penis was seen to be abnormally large and semi-erected, reaching to the umbilicus; in fact, the size of the penis corresponded to that of a lad about sixteen years of age. The penis on examination was found to be quite four inches long, phimosis was well marked, the meatus was pinholed, and situated on the dorsal surface of the free extremity around the meatus was a pigmented warty excrescence of the color of an ordinary nævus. The scrotum was also abnormally developed and was hanging half way down the child's thighs, with rugæ strongly marked. On the left side the testicle had descended, with a marked hernia, while on the right side the testicle had not descended and the little finger could be pushed through the inguinal canal. There was no other abnormality and the child was otherwise well developed. The child lived for about an hour, and after death the penis was felt to be quite cartilaginous and it measured three inches in length. I regret that I was unable to perform a necropsy or to obtain a photograph.

—*The Lancet.*

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The Cleveland Medical Library Association is a new institution, the object of which is to unite the local profession socially as well as professionally.



A Coal Smoke Abatement Society has been organized in London, to carry on the crusade against "Smoky London." The society has the sympathy of many residents of Chicago.



The remains of Lawson Taite were cremated at Anfield, Lancashire, and the ashes removed in an urn to be deposited, in accordance with his testamentary wishes in Gogarth's Cave, an ancient Welsh burial ground at Llandudno, Wales.

## EDITORIAL.

SERPENTARIA IN RHUS POISONING.—A recent correspondent says, "Those who have never tried the fluid extract of *Serpentaria* in this disagreeable affliction will find it one of the best remedies at their command. Lint moistened with this drug and laid on the affected part will usually effect a cure in a few applications."—*American Homeopathist*.

How such an item as this could have escaped the lynx-eyed editor and crept into the *Materia Medica* columns of that staunch homeopathic journal, seems mysterious. It may be true that every physician having a case of *Rhus* poisoning to treat, may not chance to use it. And it may be equally true that this may not be any worse than fifty other semi-popular, semi-professional medicated topical applications, generally used for the same diabolical purpose, the suppression of the local or skin manifestations of the toxic action of *Rhus*. Patients thus treated may *recover* after a time, but they are rarely if ever *cured*, and generally are reminded by the annual or more frequent periodical outbreak, of the existence of their old enemy. The susceptibility to *Rhus* poisoning marks some constitutional dyscrasia which can be best and safest eliminated by the dynamic similar remedy; and when cured by the homeopathic remedy there is less susceptibility not only to *Rhus* but to every other dynamic morbid agent. In this way, as pointed out by Hahnemann, the patient may acquire better health from year to year. This is the homeopathic method of treating the sick, and for this reason, if for no other, it should be adopted by every follower of Hahnemann. Why should we resort to the unscientific and empirical methods of other schools in the treatment of this troublesome affection to the lasting injury of our patient and the doubtful gain of professional reputation? *Similia* is a safe guide. Why not adhere to it when we meet an obstinate case? Such items as this are a curse to our school.



THE RENAISSANCE OF HOMEOPATHY.—Following the advance taken by Hering College at its organization, in the teaching of pure Homeopathy, other homeopathic colleges are coming to the front with an extra course on scientific and homeopathic topics. Hahnemann College this session has furnished three notable lectures on Homeopathy: Dr. Bailey's "Reply to Dr. Quine"; Dr.

Fisher's "Practical Side of Homeopathy", and Dr. Walton's "Why Study Homeopathy", which deserve to be published in pamphlet form for future reference. They were all imbued with a spirit of loyalty to the homeopathy of Hahnemann that was refreshing. And now, on the threshold of a new century, why not perfect Homeopathy as bequeathed us by the master? Why not take it up where he laid down the work? Why not begin where he, after years of experiment, left off? Why not accept his experiments with crude drugs as fair and honest representations of their therapeutic value? Every proving—and as an example the re-proving of *Natrum mur.* by the Vienna Prover's Union—made by Hahnemann, has been verified both by provings and clinical work. Every thing he did was well done.

But one life time was not sufficient to develop or perfect a science. It has not been so with other sciences, why should we expect it to be with the science of therapeutics? Chemistry has made wonderful advances since Dalton, Berzelius, Davy and Faraday established its landmarks. What giant strides electricity has made since Franklin experimented with his kite, since Morse sent his first telegraphic message, or Bell demonstrated that the human voice could be transmitted by electricity. But each advance has begun where a former discovery ended.

Why not treat Homeopathy in the same way? The greatest blessing vouchsafed to suffering humanity is to be found in the eradication of chronic diseases by the developing and perfecting of Hahnemann's psoric theory. In 1830 he published his work on chronic diseases, but not more than one homeopathic physician in ten has ever studied or even believes in it. His psoric theory is "a back number" both in theory and practice to the large majority of our school. In the study and application of his great discovery to the cure of constitutional ailments—Bright's Disease, Cancer, Diabetes, Tuberculosis—lie the great triumphs of our therapeutics in the future.

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A bronze bust on a marble pedestal has been erected as a memorial to Doctor Muller, the victim of the laboratory plague at Vienna last year. Its location is in the eighth court of the general Hospital, near Nothnagel's clinic, in which he was an assistant.

## NEW PUBLICATIONS.

**A Compendium of Recent Literature** on Various Lesions of the Genito-Urinary Tract and Methods of Treatment. By GEORGE C. STEMEN, A. M., M. D., Professor Materia Medica and Therapeutics, Ft. Wayne College of Medicine.



**The International Medical Annual, 1900.**—A complete work of reference for practitioners.

E. B. TREAT & Co. announce the prompt issue of the volume and assure their patrons and friends that it will be far better and more comprehensive than any of its predecessors.

E. B. TREAT & Co. also announce the issue of a timely book under the title of "Christian Science, an Exposition of Mrs. Eddy's Wonderful Discovery; a Plea for Children and Other Helpless Sick." By William A. Purrington, A. B., LL. M.; Lecturer in the University and Bellevue Hospital Medical College (N. Y.) upon Law in Relation to Medical Practice, etc. The book will be bound in cloth, price \$1.00.



**Mind and Body.**—Hypnotism and Suggestion applied in Therapeutics and Education. By Alvan C. Halphide, A. B., M.D. Professor of Theory and Practice in Hahnemann Medical College, Chicago. Illustrated; gilt edges; pp. 231. Published by the author. 1889.

The work consists of eleven chapters: The Antecedents of Hypnotism; the Development of Hypnotism; the Methods of Hypnotizing; the Phenomena of Hypnosis; the Theory of Suggestion; Suggestion in the Waking State; Treatment in Natural Sleep; Clinical Hypnotism; Suggestion and Education; Dangers in the use of Suggestion; Criminal Suggestion.

This volume has been written at the suggestion of many enquirers for a text-book on the subject, and is intended "to meet these demands for a simple statement of the fundamental elements of the subject." Hypnotism has been unfortunate in its early associations and has consequently been hindered in its evolution and development by these antecedent and unfavorable influences. It is ancient; the Egyptians, Chaldeans, Persians, Jews, Greeks, Romans and the early Christians all made use of it in various

medical and religious rites, and no doubt Swedenborg and Hahnemann understood its power, for the latter mentions Mesmer's use of it, under the name of animal magnetism. The author has applied it successfully in nervous affections, many cases of hysteria and other diseases being given in illustration. The statements for and against Hypnotism are fairly and honestly presented. The work will be helpful to parents, teachers, and physicians in every grade of professional work.



**Bee-Line Therapia and Repertory.**—By Stacey Jones, M. D. *Second Edition.* Pp. 333. Flexible morocco; round corners; gilt edges. \$2.00. Boericke & Tafel: Philadelphia and Chicago. 1899.

Although a second edition, this is practically a new book, for it has been entirely re-written and much enlarged and improved. It is arranged alphabetically—anatomically the best possible for ready reference—hence the name, Bee-Line—and is very comprehensive. In fact, in practical condensation it is a veritable *multum in parvo* with a multitude of good hints to which the busy doctor can readily refer.

But while the *repertory* is as practical as can well be devised, we regret to say that the *therapia* is neither as pure, as scientific, nor as homeopathic as we expected from the reputation of the author. For instance the treatment of dysentery with injections of starch and laudanum; the local treatment of syphilis and diphtheria is little less than empirical jargon. But the uses of hot water on the other hand are valuable, alone worth the price of the book.



**The Twelve Tissue Remedies of Schussler.** Comprising the Theory, Therapeutic application, Materia Medica, and a Complete Repertory of these Remedies. By William Boericke, M. D. and Willis A. Dewey, M. D. Fourth edition. Rewritten and Enlarged. Pp. 424. Philadelphia and Chicago: BOERICKE & TAFEL. 1899.

Each successive edition, as new provings and clinical verifications are made with these so-called tissue remedies, naturally increase in size and value. This work is a valuable addition to our materia medica in so far as provings have been made and veri-

fied, and many of these clinical applications, empirical though they may have been, have furnished a hint that prompted a proving. When these remedies have all received as thorough a proving as *Calcarea phos.*, *Magnesia phos.* and *Silica* the bio-chemical theory of Schussler should no longer prove a will-o-the-wisp to the professed homeopath. He can then apply each remedy according to similia. In the meantime the entire profession is under a debt of gratitude to authors and publishers for all that is known of them. An up-to-date book, with a valuable Index.



**Diseases of Children.** By C. Sigmund Raue, M.D., Visiting Physician to Children's Wards in the Woman's Homeopathic Hospital, Philadelphia, etc., etc. Pp. 473. Cloth \$3.00. BOERICKE & TAFEL: Philadelphia and Chicago. 1899.

It is only a few years since the homeopathic school was deficient in text-books of diseases of children; Hartmann and Teste being out of print, and Guernsey's addendum to his work on Obstetrics, while rich in therapeutic hints, was meagre in everything else that goes to make up a text-book. Now we have Fisher, Tooker and Raue, each a work of which as a school we may be proud, a credit alike to author and publisher.

This work consists of eighteen chapters:

Hygiene and Nursing; Clinical Examination; Recording and Prescribing; Infant Feeding; Diseases of the New-Born; Diseases of the Mouth; Stomach; Liver; Intestines; Peritoneum; Respiratory Tract; Heart; Kidneys; Skin; Blood; Infectious Diseases; Nervous System; Diathetic and General Diseases. Like his father, the author has the happy faculty of conciseness and completeness in his descriptive work; he has evidently learned "to boil it down" when writing. The etiology, causes, course and differential diagnoses are simply and distinctly given, in terms clear yet positive, and the indications for remedial agents are concise, and while characteristic and guiding are perhaps too brief, if any criticism is to be made. But for the integrity of the work, the welfare of the school, and the reputation of the author, it is to be regretted that the chapter on Diseases of the Skin was written by a so-called specialist. For there is no disease of childhood more amenable to strictly pure homeopathic treatment, and none in



which mal-treatment by medicated topical applications may result in more irretrievable injury. A text-book on Diseases of Children is generally consulted when the practitioner, especially the beginner, meets an obstinate case, and no one knows better than the author the utter worthlessness in a curative sense of topical applications in the psoric diseases of the skin. Beside, the finding of such recommendations in a standard work lead very naturally to the conclusion that it is homeopathic, and the best that homeopathy can do, or it would not be found in a homeopathic text-book. Recommendations of this kind are not found in his father's works on practice, and we trust will be eliminated from future editions.



**The Surgical Diseases of the Genito-Urinary Tract, Venereal and Sexual Diseases.** A Text-book for Students and Practitioners. By G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology 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, etc. Illustrated with 233 engravings. Pages xvi-1024. Cloth, \$5.00 net. THE F. A. DAVIS Co., Publishers, 1914 Cherry street, Philadelphia.

In the brief preface the author says, "I have embraced the opportunity herein afforded me of airing a few heresies of my own in juxtaposition with as much of the accepted and standard teachings, as it is practicable to present in a work chiefly designed for the student and general practitioner rather than the specialist."

We thank the author for his "heresies," but should prefer to substitute the term of advanced physiological teachings of the Diseases of the Sexual Functions and Instinct. And in this chapter, the Diseases Affecting Sexual Physiology, the stand taken by the author deserves commendation. This chapter alone will well repay the purchase of the volume. The work is one of *Surgical Diseases*, and the treatment is necessarily surgical. There is little here that is new in therapeutics of the venereal diseases and hence the general practitioner will not derive much aid, but in its physiology and surgery every medical man will be well repaid by its study.

**The Absorption of Immature Cataract, With Restoration of Vision.** By J. Hobart Egbert, A. M., M. D., Ph. D., Surgeon-in-Chief Massachusetts Eye and Ear Infirmary. Reprinted from Mass. Journal of Ophthalmology and Otology.



**"The Physician's Business and Financial Adviser,"** by Dr. C. R. Maluc.

Public opinion is at all times the creator of the physician's reputation. His reputation is his capital, and in this work the author explains in a plain, business-like and up-to-date style the various methods by which successful physicians have made and saved money, obtained and retained public confidence, protected themselves against criticism, accumulated professional prestige, how, when and where they have employed tact, and one thousand other practical points, each intensely interesting to yourself and in connection with your chosen profession. Bound in cloth, 256 pages, 12mo. Price, \$2.00, charges prepaid. Published by the CONTINENTAL PUB. Co., Cleveland, O. Send for prospectus.



**Operative Surgery.** By J. D. Bryant, M. D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College, etc.

Vol. I. contains: General Principles, Anæsthetics, Antiseptics, Control of Hemorrhage, Treatment of Operation-wounds, Ligation of Arteries, Operations on Veins, Capillaries, Nervous System; Tendons, Ligaments, Fasciæ, Muscles, Bursæ and Bones, Amputations, Deformities, Plastic Surgery.

With 749 illustrations, 50 of which are colored. Pp. 587. New York: D. APPLETON & Co. 1899.

That a work on operative surgery should reach its third edition, with the rapid advance in surgical methods in the last few years, and the consequent multiplication of text-books, speaks volumes for the practical character of this book and the value attached to it by a critical professor. The pains-taking author has very thoroughly covered the field, and the technique and minor details are given in terms definite, clear and guiding, easily understood and readily comprehended by students and practitioners alike. The illustrations are good, many of them new and original and all

affording most excellent adjuncts in the study and mastery of surgical procedures. The publisher has left nothing undone to make the book practical, useful, and beautiful. We commend it to our surgical colleagues.



**Loveliness.** By Elizabeth Stuart Phelps. 12mo. 43 pp. HOUGHTON, MIFFLIN & Co. Boston and Chicago. Cloth. \$1.00. 1899.

This is a short, readable story by the author of *Gates Ajar*, intended for the vivisectionists, and the author's pen is no less cunning or caustic than when she wrote the latter. And it is very doubtful if vivisection ever added one iota to science that might not have been obtained in other ways at less expense of animal life of cruelty and suffering.

This little work may be termed sentimental, but it is sentiment directed in the line of humanity, and many of the world's great epochs of civilization may be said to have begun in sentiment. Runnymede and Marston Moore may have been sentimental. The voyage of the *Mayflower*, the tea party in Boston harbor and the determined opposition to the spread of human slavery, may have originated in sentiment, but their legitimate outcome, the wars of the revolution and the rebellion, were epoch-making stages in the cause of freedom and human progress. When our ideas of the demands of science conform to the advance made in other lines, the study of *materia medica* and drug action on the lower animals or the study of physiology by vivisection will be relegated to the dark (medical) ages where they originated. Read *Loveliness*.



**Homeopathic Pamphlet Series.**—For information address. E. M. Adams, Seavern Ave., Boston, Mass.

What Homeopathy of to-day needs as much, perhaps, as at any time since the death of Hahnemann, is a revival. Surfeited with success its practitioners and adherents have become careless and indifferent. Its blessings to suffering humanity in the cure of the sick are taken as a matter of course, and are no longer heralded to the nations. Why not inaugurate an aggressive missionary work? Why not popularize Homeopathy as in the days of yore, when the tracts of Sharp, Holcombe and others did such

effective work? Let us have a revival ; and this pamphlet series will form a most excellent beginning. Here is the list :

1. **WHAT IS HOMEOPATHY.**—The origin, principles, and advantages of Homeopathy, and the explanation of misunderstood questions on the subject.

2. **EVIDENCE OF THE TRUTH OF HOMEOPATHY.**—An array of the most convincing evidence in favor of Homeopathy yet brought together.

3. **THE SMALL DOSE OF HOMEOPATHY.**—A clear exposition of the homeopathic dose ; showing the infinitesimal divisibility of matter, its effect on the action of drugs and the necessity of small doses in Homeopathy.

4. **HAHNEMANN.**—A brief sketch of his life, indicating his extraordinary ability and achievements, and the persecutions to which he and his followers were subjected.

*Why Homeopaths became and why they remain a separate school of medicine?* is also considered.

5. **WHAT HOMEOPATHY HAS ACCOMPLISHED.**—The difference between Homeopathy and Allopathy of the present day. The physician who practices both ways. Who are the regulars and which is the rational school.

6. **HOMEOPATHY SUBSTANTIATED BY OLD SCHOOL PHYSICIANS.**—( To be published if there is sufficient demand for it.) Price: 100 sets (five in each), \$6.00. 25 sets, \$2.00. Single sets, 25 cents. 100 of any single pamphlet except No. II., \$1.50. 100 of No. II., \$2.00.

The distribution of such literature in every city, town and hamlet will bring forth an abundant harvest.

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### HERING MEDICAL COLLEGE DEPARTMENT.

Devoted to the interests of Hering Medical College of Chicago.

#### ANNOUNCEMENT.

Through the kindness of the editors of the **MEDICAL ADVANCE**, who have allowed the necessary space in their columns, the students of Hering Medical College of Chicago, Ill., have organized this department of the **ADVANCE** and will continue to edit in all future issues and trust that these few pages each month will be a source of enjoyment and interest to the faculty, the Alumni and students of Hering and also that others may find in them a source of pleasure and profit.

Hering College justly claims to be the only college in the United States in which homeopathy, as founded and practiced by Hahnemann, is taught in all its purity. The college was established in 1892, and was the inevitable outgrowth of the compromising attitude assumed by the other so-called homeopathic

colleges of this country in their teaching of the homeopathic law of cure and its practical application at the bedside. Hering takes as its basis the principles of the Organon of Hahnemann, and teaches its students how to select and prescribe intelligently the homeopathic remedies. It is opposed to empiricism in the use of medicine; in short, it was founded and it exists for the purpose of upholding faithfully the teachings of Hahnemann without compromise of any kind, firmly believing that these teachings are the truth, which is unchangeable, and are therefore all-sufficient in the treatment of the sick. The college is excellently equipped with all the necessary modern apparatus for the study of all branches of medical science, including a large bacteriological and histological laboratory, a well equipped chemical laboratory and all the other necessary adjuncts that go to make up a first-class, up-to-date medical college. The college justly prides itself on its faculty and corps of professors who are all representative men either as physicians or surgeons. The course is thorough in every branch for the four years, and this is particularly evidenced in the high standing of the graduates in the examinations of the State Boards of the various States.

The Hering Institute is one of the fraternities of the college under whose auspices this department is edited. Its object is the social, intellectual and scientific advancement of its members. The society holds monthly meetings which are public, at which entertainments in the form of lectures by eminent persons, are given which have proven a source of great enjoyment and profit to all.

Hering College is located in a very desirable part of the city. Its students have access to the large hospitals.

With this brief announcement we desire to say that it will be our endeavor to make these pages bright and interesting to all.

#### A PATIENT OF HAHNEMANN.

On Tuesday evening, Nov, 7th, at the college, the Institute gave the first of its series of entertainments for the present scholastic year. The principal attraction was the presence of Mr. J. B. Young, a patient of Hahnemann. Mr. Young is now a patient of Dean Allen, at whose solicitation he appeared. Mr. Young is a strong, vigorous man in spite of his four score years,

and to all appearance bids fair to hold his own for many years to come. He was introduced to the audience by Dean Allen. Mr. Young told very graphically the story of his meeting with the great physician. He was born in Scotland and at the age of thirteen years was given over to death by the physicians in his town. His disease was consumption. Through the kindly interest of a lady of influence who had been to Paris and had heard a great deal of the wonderful work being done by Hahnemann, he was taken to Paris for treatment. On the way he stopped at Edinburg and London, and was examined by Sir Andrew Clark, one of the eminent physicians of that city, who pronounced him incurable. Upon his arrival in Paris he was placed under the care of Hahnemann, and after nine months treatment returned home cured. Mr. Young spoke in detail of the appearance, manner and personality of the founder of Homeopathy and for one-half hour held the close attention of his audience. He has a pleasing and earnest manner and at times was eloquent in gratitude for all that Homeopathy had done for him.

After Mr. Young's address the Institute Journal was read by Mr. Walsh, of the Freshmen class, and afforded a great deal of enjoyment and amusement to the students and faculty. The program was interspersed with music.

#### COLLEGE NOTES.

DR. T. H. WINSLOW (Hering, '96) has had added to his other responsibilities and duties that of pater familias.

DR. FRANCES M. LANE (Hering, '98) has located in Victor, Col., and is meeting with well deserved success. Pure homeopathy is successful in any climate and at any altitude.

DR. C. E. ALLIAUME (Hering, '95) read a paper at the meeting of Central New York Society which was well received and praised for its true homeopathy. He successfully passed the New York State examination.

DR. R. VON KOTCH has been appointed house physician, also Professor of Inorganic Chemistry in place of Prof. Sutton who has been unable to take the chemistry chair on account of illness. The freshman class hope that Prof. von Kotch will be a prominent institution in chemistry.

DR. ARTHUR PEAKE (Hering, '99) has successfully passed the North Dakota State Board examination and will locate at Wahpetow, N. D. The doctor will make a welcome addition to the homeopathic ranks in the state, for he is a sterling Hahnemannian, just such men as are needed in every state to uphold the banner of similia.

DR. J. H. KIRKPATRICK, Professor of Anatomy, spent Thanksgiving in New York City. We hope that the professor enjoyed his trip, but there was evidently something wrong, as upon his return he assigned for one lesson in Osteology, fifteen pages of Gray on the facial bones.

## SENIOR CLASS NOTES.

Great refractive power—Dr. Day. All the ladies of the Senior class wear glasses.

The chair of Nervous Diseases is being ably filled by Dr. Pollach, a graduate of Hering.

The ladies of the class extend a hearty welcome to the new house physician, Dr. Von Kotch, and will be pleased to accompany him in any of his difficult cases.

The class regrets that Dr. Beatty is not numbered with them, but is glad to hear that she is advancing the truths of homeopathy in one of the towns of Illinois.

The class desires to thank the Dean, Dr. H. C. Allen, for the fine botanical plates presented to the library of the college; also Prof. J. H. Allen for some fine new medical books.

The class schedule this year is the best of any preceding years, there being two hours only which are not filled by able professors. Six of the hours are devoted to surgery and six to *Materia Medica*.

The class is indebted to Prof. M. M. Thompson for his frequent invitations to operations at his elegant sanitarium, and desire to congratulate the faculty on securing such an able professor on orificial surgery.

## JUNIOR NOTES.

New growths—Cox and Gupta's fringe-like mustaches. It is to be hoped they are not malignant.

The class organization for the ensuing year is as follows: President, D. E. Binning; Secretary, Miss Grace Wonsetler.

The ranks of the class were increased since the holidays by the addition of Dr. Elizabeth E. Hill, from Emporia, Kan.

Nearly all the members of the class remained in the city during the Xmas vacation, owing to excessive love for Hering.

A thorough and systematic order of quizzes has been recently instituted in the class. Every available hour is most profitably utilized.

We are all glad to have our class-mate, Mr. Millford, with us again. From the rapidity with which he is taking on adipose tissue we judge he was well attended by our worthy Dean and his able assistant, Dr. Watson, during his recent illness with typhoid fever.

Several of the members were entertained on Thanks giving by Dr. Daniel Binning in his cozy bachelor quarters in "The Royer." The national bird was done to a delicious crispness and "Father" Binning handled the carving knife as though he were an expert in the dissecting art.

Miss Nora Donahue (1901) is absent from college, having accompanied an invalid sister to San Antonio, Tex. She writes that she hopes soon to be with us again; but in the meantime she will endeavor to enjoy the bracing Texas climate and fully reap the benefit of a much needed vacation.

Visitor at Dr. Tremaine's clinic—"Why are those four people wearing summer night shirts?"

Wise Soph.—"Oh! they are not night shirts, only the Seniors bedecked with bacteria horrifiers."

Dr. F.—"Mr. G, what is the transverse—the transverse diameter of the inlet?"

Mr. G.—"It's—it's—it extends from here to here," indicating the anterior superior spines of the Ilium.



In Surgery—Dr. F.—“Mr. B., Describe the vein of humor?”  
Mr. B.—It arises in the humorous, skirts the funny bone, and ends in the jest.”

Materia Medica—Dr.—“Why is potassium a dangerous substance?”

Junior—“Because Io dide of potassium.”

## SOPHOMORE NOTES.

A Lipoma was recently defined as a tumor of the lip.

Miss Smith has returned to her work after an illness of some weeks.

Why should Dr. Kirkpatrick have inferred that the Parson's name was “Smith”?

Three juniors, Gupta, Tuholky and Cox, are taking Prof. King's lectures on chemistry.

The recent appendectomy performed under the auspices of the Sophomore class was most successful, but unfortunately the patient died.

Our bright student on surgery, Aldrich, finds that Grandpa's Wonder Soap proves far superior to the green soap ordinarily used by surgeons.

A brilliant member of Dr. Cottlow's regional anatomy class gave the length of the œsophagus as five feet. He evidently had been studying Comparative Anatomy and got the giraffe mixed with the human subject.

The inter-recitative sparring matches held in the sophomore room progress with unwonted vigor, and with their usual damaging effects upon the embryonic hirsute appendages by which certain of our students are graced (?).

## FRESHMAN CLASS NOTES.

The freshmen note with pleasure that Dr. Beebe has locked the inquisitive juniors and seniors out of the bacteriological laboratory.

Had Mr. Huffman been wise, and observed Dr. H. C. Allen's skilful method of leaving an electric car at full speed, he would have saved himself that stiff neck and general Arnica feeling resulting from his own method.

## PERSONALS.

Drs. Carlson and Forsback have recently removed into a suite of rooms in the Berchard Building, Milwaukee.

Doctor Ira Remsen, Ph. D., of the Johns Hopkins University, has returned from a three months' absence in Europe.

Dr. Weir Mitchell has begun a serial story in the November *Century* entitled "The Autobiography of a Quack."

Dr. Elizabeth Shiera, was married to Dr. Frank King at St. Michaels, Alaska, Oct. 8th, 1899. Dr. King was formerly connected with Bellevue Medical College and Hospital, N. Y., and is a mining expert, and has been very successful in the new gold fields at Cape Nome. As they were early on the ground, valuable mining property was secured by each and they plan a trip to Paris the coming summer.

Willis J. Abbott, whose name has been made both as editor of newspapers and magazines and as historian of the American navy, is engaged in bringing his naval books up to a date including the sea operations of the Spanish-American war.



WILLIS J. ABBOTT.

Mr. Abbott, who is still in his thirties, began his editorial career on the *Kansas City News*, the policy of which paper he directed for several years. He then became editor-in-chief of the *Chicago Times* during the period of the late Mayor Harrison's ownership. Later he was editor of the *New York Journal* and of the *Cosmopolitan*.

His "Life of Carter Harrison," a careful, scholarly, and withal picturesque work, which goes more below the surface of things than such memoirs usually do, was an important contribution to the political history of Chicago.

In addition to the work of supplementing his naval histories, which are regarded as unimpeachable authorities, Mr. Abbott is engaged on a life of Andrew Jackson, intended more especially for young or very busy readers. He is a son of Dr. Julia Holmes Smith, Dean of the National Medical College, who is so large a factor in the intellectual life in Chicago.

## HOMEOPATHIC PHYSICIANS IN INDIANA.\*

- Adams, H. A., Indianapolis.  
 Allen, Geo. F., New Albany.  
 Andrews, Jas., Pulaski.  
 Anderson, J. E., Indianapolis.  
 Ackerman, J. E., Lafayette.  
 Atherton, Romeo M., Anderson.  
~~Ammermann, Sam'l D., Columbia~~  
 City.  
 Armstrong, C. Roy, Thorntown.
- Baker, Harry H., Muncie.  
 Baker, Ira J., Logansport.  
 Baker, Will H., Terre Haute.  
 Bacon, C. L., Muncie.  
 Bacon, Harriet C., Indianapolis.  
 Baldwin, J. H., New Albany.  
 Banning, E. P., Fort Wayne.  
 Barbour, J. E., Bristol.  
 Banister, R. L., Wabash.  
 Barnhill, W. A. D., South Whitley.  
 Banning, C. B. C., Ft. Wayne.  
 Beatty, Eleanor, Fowler.  
 Benham, Frank A., Jr., LaGrange.  
 Benham, Francis A., Elkhart.  
 Bentley, Wm. R., Morristown.  
 Bergen, E. D., Frankfort.  
 Bernard, G. W., Rainsville.  
 Besser, E., Logansport.  
 Beeler, J. S., Boonville.  
 Brown, Chas. A., Plymouth.  
 Brown, Angus, Rochester.  
 Bowers, I. H., Indianapolis.  
 Bowen, G. W., Ft. Wayne.  
 Borough, John, Mishawaka.  
 Bonham, A. N., Indianapolis.  
 Bowman, Wm., Wanatah.  
 Blount, J. F., Evansville.  
 Boyd, Jas. T., Indianapolis.  
 Bula, R. W., Indianapolis.  
 Buchtel, I. O., Auburn.  
 Bulla, Jos. M., Richmond.  
 Buck, Edgar C., Portland.  
 Buck, Wm. H., Kokomo.  
 Burke, Geo. H., Wabash.  
 Bye, Benj. F., Indianapolis.  
 Byler, J. M., Elkhart.
- Callison, Homer G., Pulaski.  
 Clarke, W. B., Indianapolis.  
 Chambers, W. B., Crawfordsville.  
 Chaffee, J. C. M., Kentland.  
 Caldwell, S. N., Mt. Ayre.
- Canaday, M. F., Hagerstown.  
 Caswell, G. G., Steele.  
 Cain, D. B., Evansville.  
 Clapper, David, Farmland.  
 Clemmer, F. O., Indianapolis.  
 Clokey, Mitchell C., Huntington.  
 Compton, Joshua A., Indianapolis.  
 Coons, H. N., Lebanon.  
 Cone, Jas., Montezuma.  
 Crosby, Wm. S., Rochester.  
 Collins, Mertie Gay, Elkhart.
- Davis, Newton C., Frankfort.  
 Davis, Henry, Richmond.  
 Davis, F. L., Evansville.  
 DeLancey, S. S., Williamsport.  
 Deffendall, W. B., Washington.  
 Devor, S. M., Elkhart.  
 Dean, D. H., Rushville.  
 Dearmine, J. H., Act'n.  
 Dederick, Wm., Warsaw.  
 Dubois, Geo. M., Lynville.  
 Dunlevy, Geo. C., Evansville.  
 Dwyer, H. H., Lawrenceburg.
- Ehrman, E. D., Rockport.  
 Evans, E. M., Mecca.  
 Evans, John M., Kingman.  
 Elder, Wm. R., Terre Haute.  
 Egbert, W. A., Seattle, Wash.  
 Ewing, C. K., Indianapolis.  
 Elliott, Levi W., Valparaiso.  
 Eikenberry, A. A., Peru.  
 Eikenberry, B. F., Peru.  
 Erni, G. O., New Albany.  
 Edmonds, E. A., Hebron.
- Franz, Ernest, Berne.  
 Franks, C. S., South Bend.  
 Fahnstock, A. A., La Porte.  
 Fahnstock, C. S., La Porte.  
 French, Benj. F., Indianapolis.  
 Felch, E. P., Monticello.  
 Freeman, F. C., Franklin.  
 Freeman, B. B., Valparaiso.  
 Fisher, Albert L., Elkhart.  
 Fowler, A. A., Marion.  
 Fuller, C. D., Rolling Prairie.
- Graham, J. J., Lapel.  
 Graham, Wm. B., Richmond.  
 Gay, Ellen H., Indianapolis.

\* Every physician whose name is incorrectly given or who knows of omissions is requested to inform DR. H. A. MUMAW, Elkhart, Ind. Lists from other states are solicited.

- X ~~Cross~~, Frances M., Ft. Wayne.  
 George, J. D., Indianapolis.  
 George, Wm. E., Indianapolis.  
 Gilbert, Chas. H., Rushville.  
 Gibbs, Jas. C., Crown Point.  
 Gordin, Stanton E., Alquina.  
 Godfrey, Luman M., Kentland.  
 Goldsmith, A. E., Marion.  
 Gott, Wm. T., Crawfordsville.  
 Grosvenor, E. B., Richmond.  
 Gromann, Chas., Brunswick.  
 Gustin, Francis M., Union City.  
 Gullefer, Thos. B., Greensburg.
- Haynes, J. R., Indianapolis.  
 Haas, H. C., Peru.  
 Harpole, C. B., Evansville.  
 Hartsell, W. W., Rensselaer.  
 Harrell, Sam'l, Noblesville.  
 Hatch, H. S., Madison.  
 Hatch, E. M., Logansport.  
 Hammond, John H., Anderson.  
 Hastings, Seth G., Muncie.  
 Hastings, A. H., Winchester.  
 Hardey, C. F., Kendallville.  
 Hermann, Wm. A., Altoga.  
 Hedrick, W. H., Odon.  
 Hedrick, Jno. T., Alfordsville.  
 Heron, Nathan, Connersville.  
 Helming, T. W., Indianapolis.  
 Helming, H., Linton.  
 Heckman, W. H., Bedford.  
 Hervey, Minnieta, Richmond.  
 Hill, W. D., Greencastle.  
 Hicks, James M., Huntington.  
 Hicks, J. M., Indianapolis.  
 Higbee, Geo. W., Sullivan.  
 Higbee, J. L., Sullivan.  
 Higgins, R. G., Princeton.  
 Hilldrup, J. R., Windfall.  
 How, Jno. T., Plymouth.  
 Howard, L. N., Indianapolis.  
 Hoover, P. N., Boonville.  
 Holly, A. C., Attica.  
 Holloway, Lizzie E., Spiceland.  
 Holloway, J. C., Bloomington.  
 Hollingsworth, S. G., Brazil.  
 Holcomb, A. W., Kokomo.  
 Hoag, Jas. H., Oxford.  
 Hunter, T. C., Kokomo.  
 Hudson, Mary D., Newburgh.  
 Hudson, O. L., Princeton.  
 Huron, W. B., Tipton.
- Huron, F. H., Danville.  
 Huddleston, A. F., Winchester.
- Iorns, Jno. W., Rochester.
- Jones, E. P., Marion.  
 Johnson, James H., Evansville.  
 Johnson, Chas. F., Indiana Mineral Springs.  
 Jordan, L. W., North Manchester.
- Knapp, W. T., Vincennes.  
 Kaple, Jno. D., South Bend.  
 Kalbfleisch, A. H., Peru.  
 Kelley, G. C., DeGonia Springs.  
 Kendall, C. W., Pine Village.  
 Ketchum, F. G., Valparaiso.  
 Kreider, M. K., Goshen.  
 Kreider, W. B., Goshen.  
 Kester, R. S., Columbia City.  
 Kester, A. A., Wolcottville.  
 Keller, Mrs. M. E., Indianapolis.  
 Kern, Chas. B., Lafayette.  
 Kollock, Evelyn A. C., LaPorte.
- Lang, Jacob, Rockport.  
 LaSalle, G. M., Wabash.  
 Landfair, C. L., Bluffton.  
 Lewis, John G., Rushville.  
 Levi, L. D., New Albany.  
 Leib, A. R., Anderson.  
 Lilly, Harrison, Butler.  
 Little, Benj. F., Ellwood.  
 Linn, H. G., Rushville.  
 Littlefield, C. W., Alexandria.  
 Loomis, J., Jeffersonville.  
 Lockwood, W. F., Wyatt.  
 Lockwood, R. L., Elkhart.  
 Lockhead, J. M., Thornton.  
 Logee, H. M., Connersville.  
 Lucas, J. N., Shelbyville.  
 Lueders, Albert G., New Haven.
- Matthews, C. C., Milford.  
 Maddox, O. E., Indianapolis.  
 Martin, F. V., Westville.  
 Martin, J. S., Plymouth.  
 Martin, J. S., Muncie.  
 Martin, John T., Mt. Ayr.  
 Martin, H. H., LaPorte.  
 Mack, C. S., LaPorte.  
 McAfee, E. M., Indiana Mineral Springs.
- Martz, C., Ft. Wayne.  
 Mahorney, J. C., Ladoga.  
 Merrilees, W. M., Leavenworth.  
 Merz, H. G., Ft. Wayne.  
 Merson, U. H., Anderson.  
 Michael, A., Tipton.  
 Miller, A. W., Anderson.  
 Miller, T. E. F., Westport.  
 Mills, Mary, Princeton.

McBride, T. N., Terre Haute.  
 McInnes, Mary E., West Lebanon.  
 McLin, Geo. H., Huntington.  
 Mincks, F. W., Portland.  
 Mikesell, A. L., Ft. Wayne.  
 Moore, Wilmot, Terre Haute.  
 McCollough, A. R., Flora.  
 McCulloch, C. B., Indianapolis.  
 Mumaw, H. A., Elkhart.  
 Musgrave, S. D., Evansville.  
 Myers, C. H., South Bend.

Newton, Grant, Boonville.  
 Noe, R. B., Thorntown.  
 Nolan, Chas. N., Anderson.

Ogle, Albert A., Indianapolis.

Patterson, J. Benson, Milford.  
 Partridge, J. M., South Bend.  
 Patchen, D. H., Fremont.  
 Parry, M. A., Muncie.  
 Philney, A. J., Muncie.  
 Priest, Frank A., Marion.  
 Pryor, Wm., Aurora.

Reed, R. G., New Albany.  
 Reed, U. W., Topeka.  
 Reiff, N. G., Albany.  
 Reusser, Amos, Berne.  
 Rhodes, Clinton C., Whiting.  
 Rhodes, R. R., Yankeetown.  
 Rice, Alfred, Columbus.  
 Rice, T. R., Petersburg.  
 Rich, F. D., Terre Haute.  
 Ries, Carrie M., New Albany.  
 Richer, J. D., Warsaw.  
 Ross, Geo. A., Ft. Wayne.  
 Rogers, J. B., Michigan City.  
 Rogers, Rebecca W., Indianapolis.  
 Robinson, F. H., Delhi.  
 Rowlands, Owen L., Bloomington.  
 Runnels, Sollis, Indianapolis.  
 Runnels, O. S., Indianapolis.  
 Rutherford, C. E., Peru.  
 Ruckel, John F., Hammond.

Shane, Thos. A., Columbus.  
 Saunders, G. C., Orestes.  
 Saunders, D. R., North Vernon.  
 Stark, Wm. L., Fontanet.  
 Stewart, W. F., Wabash.  
 Stewart, Jno. W. G., Wabash.  
 Stewart, L. B., Marengo.  
 Stewart, O. H., Syria.  
 Stewart, W. B., Indianapolis.  
 Stewart, W. R., Indianapolis.

Stewart, F. C., Indianapolis.  
 Stewart, M. B., Logansport.  
 Schellhase, F. W., Celestine.  
 Secoy, S. H., Jeffersonville.  
 Sears, A. H., Anderson.  
 Servinghaus, E. A., Mt. Vernon.  
 Smith, Edwin, Aurora.  
 Smith, A. C., Mt. Vernon.  
 Smith, A. D., Angola.  
 Smith, John W., Vevay.  
 Smith, J. M., Lafayette.  
 Smith, Milton S., LaPorte.  
 Smith, Marie R., Orland.  
 Stine, R. L., South Bend.  
 Springsted, A. E., Bluffton.  
 Stietler, Marie, Evansville.  
 Shoemaker, Geo. L., Nappanee.  
 Spooner, H. M., Fowler.  
 Stoner, Geo. D., Marion.  
 Schulz, A. F., Ft. Wayne.  
 Schultz, Theo., Evansville.  
 Stultz, John A., Ft. Wayne.  
 Sutton, S. F., Huntington.  
 Sutherland, O. L., LaPorte.  
 Suiter, Wilhelmina, Evansville.

Taylor, Mary J., Greencastle.  
 Taylor, T. H., Evansville.  
 Taylor, Elizabeth P., Sullivan.  
 Taylor, Jno. N., Crawfordsville.  
 Teague, I. C., Richmond.  
 Theorell, Jno. J., Porter.  
 Tilson, Washburn, Lafayette.  
 Thomas, W. H., Elkhart.  
 Thomas, Martha V., South Bend.  
 Thompson, E. C., Indianapolis.  
 Thompson, John T., Indianapolis.  
 Thompson, O. K., Greensburg.  
 Thompson, H. H., Terre Haute.  
 Turner, Porter, Elkhart.  
 Tyner, S. L., Newberg.

Utter, J. A., Crawfordsville.

Van Norman, Wm. V., Anderson.  
 Viehe, Carl G., Evansville.  
 Viehe, C. H., Evansville.  
 Viets, E. W., Plymouth.  
 Vincent, S. R., Indianapolis.  
 VonKotsch, Rudolph N., Pittston.

Ward, S. H., Terre Haute.  
 Wall, M. M., Marion.  
 Watters, M. H., Terre Haute.  
 Warvel, J. L., Sidney.  
 Wallace, G. E., Muncie.  
 Weaver, D. W., Greensburg.

Webster, Jas. G., Colfax.  
 Wheeler, Wm. H., Hartford City.  
 Wehrman, E. A., Indianapolis.  
 Westcott, Jos. B., Goodland.  
 Wells, Catherine J., LaPorte.  
 White, Wm. H., Edinburg.  
 Whippy, Wm. A., Goshen.  
 Whippy, Geo. A., Ligonier.  
 Whitney, Emmer A., Muncie.  
 Wilcox, Helen B., Hammond.  
 Wiltshire, J. W., Monroe.  
 Williams, C. F., Madison.

Wilson, Anna L., Wabash.  
 Wilson, Amos, Ft. Wayne.  
 Wright, J. E., Cambridge City.  
 Whistler, L. M., Evansville.  
 Wise, Jas. B., Frankfort.  
 Wolf, Geo., Manchester.  
 Worrell, Wm. B., Hobart.

Youngblood, E. L., Boonville.

Zimmerman, W. W., Richmond.  
 Zurmuhlen, Chas., Evansville.

### MINOR INTELLIGENCE.

Alexander the Great, it is believed, in the light of present research, was a sufferer from torticollis.

Doctor Pepper left an estate valued at \$670,886.63 which includes a life insurance policy for \$53,000.

Virchow recently celebrated his seventy-eighth birthday. He has occupied a professorial chair for fifty years.

The Johns Hopkins University exhibit at the Paris exposition will consist of a complete collection of its publications.

The Liverpool School of Tropical Medicine has opened its doors to the profession. It has already won distinction by its expedition to Sierra Leone.

The angiotribe is a new instrument designed to apply to large blood-vessels the pressure methods used in controlling hemorrhage from the smaller ones.

Dr. Isaac Smedley, of Philadelphia, was killed at Bryn Mawr station while attempting to board a moving train. He was a surgeon of great promise, one of the most accomplished gynecologists of Philadelphia, and a hard working, active member of Hahnemann faculty. He was a consummate master of operative technique, and his untimely death is a severe loss to the homeopathic profession.

There is in London an institution known as the Free Home for the Dying. It is absolutely free, and the only passport to admission is a medical certificate to the effect that the applicant is believed to be dying. No distinction as to nationality, age, sex or creed is made. During the year, forty-eight patients were admitted; of these, thirty died, nine were discharged, and nine remained.

— THE —  
MEDICAL ADVANCE,  
ELKHART, INDIANA.

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**TRUE COWPOX A MANIFESTATION OF SYPHILIS.\***

W. B. CLARKE, M. D., Indianapolis, Ind.

The verified cases in which syphilis has been inoculated via the idiotic but conventional practice of vaccination for the prevention of smallpox are innumerable. One of the latest notable published cases of this kind, in which a family of eight persons were thus afflicted, is reported by Dr. W. S. Gottheil, the New York syphilologist and cancer expert, which you have probably seen in several journals the past summer.

The question whether syphilis could be thus transmitted was long discussed quite vigorously before being decided in the affirmative, though even then it was claimed that the so-called but misnamed "lymph" was innocent, the accident only occurring when at its source it was mixed with blood. But even this quibble was brushed aside, thanks to the investigations of Ricord and Hutchinson. And that master bacteriologist, E. M. Crookshank, professor of bacteriology and comparative pathology in Kings College, London, further declares, "We have no known test by which we could possibly distinguish between a lymph which is harmless and one which is harmful to the extent of communicating syphilis."

In 1862, Ricord, the great authority of the time on syphilis, and physician to the French emperor, in one of his classical lectures at the Hotel Dieu clinic, said, "If ever the transmission of

\* Read before the Indianapolis Society of Homeopathic Physicians, October, 1899.

disease with the vaccine lymph is clearly demonstrated vaccination must be altogether discontinued." A year later, in the same place, he said, "At first I repelled the idea that syphilis could be transmitted by vaccination. The recurrence of facts appearing more and more confirmatory, I accepted the possibility of this mode of transmission, I should say with reserve, and even with repugnance, but to-day I hesitate no more to proclaim their reality." You have probably heard of Dr. Cory's enthusiastic but ill-advised experiment. He was chief of the Lamb's Conduct vaccine station, London, and in order to prove that syphilis could not be thus transmitted he, in 1881, foolishly vaccinated himself with vaccine matter from a newly-vaccinated child known to have syphilis, with the result that he contracted syphilis; and all this in the face of the fact that Marcolini, of Milan, cited cases in 1804, and Monteggio, of Milan, in 1814, and Cerioli, in 1841, the latter citing sixty-four cases, sounded the note of warning, reiterated in 1856 by Hamernik and Waller, of Prague.

I now hold in my hand a manuscript from Dr. Hubert Boens, of Brussels, Belgium, government physician, superintending physician of the prison of Charleroi, the second sentence of which begins thus: "I have collected, both in the prison of Charleroi as well as among my patients outside, in sixteen years, a considerable number of cases, more or less grave, of a syphilitic character, exclusively due to the inoculation of the Jennerian vaccine. To the 2,700 minute observations of this kind which I have in my notes, some of which I have published in different pamphlets, I must now add two recent ones."

If you will refer to the *Homeopathic Physician* (Phila.) of November, 1898, you may read some of the testimony before the British Royal Vaccination Commission, recounting disasters from vaccination, some syphilitic, notably the Motte aux Bois, France, one of 1889, in which forty-three children were syphilitized, and the Morbihan, France, one of 1886, in which more than thirty were so affected, being part of four hundred and fifty cases testified to before the commission. Dr. Jonathan Hutchinson's cases, of England, are also cited. In Dr. G. W. Winterburn's excellent book, *Vaccination* (Phila., 1886), is a chapter on vaccinal syphilis, chronologically presented, with the statement



that about nine hundred cases had then been reported. One notable case was the syphilization, in 1880, of fifty-eight French recruits of the Fourth Zouaves, in Algeria, and in another case eighteen school girls were so infected at Lebuns, a suburb of Frankfort on the Oder, and with animalized vaccine lymph obtained from the official royal establishment. *Pepper's System of Medicine*, volume 1, gives two pages to the subject of vaccinal-syphilis, in an article written by Dr. Frank P. Foster, editor of the *New York Medical Journal*, emphatically affirming the danger of transmitting syphilis by vaccination, and referring to disasters and observers not mentioned by me at this time.

I will no more than call your attention, for want of time, to the enormous increase of deaths from syphilis among very young children in England due to vaccination, shown in the proper mortality tables, and I need not weary you by recounting more cases, some from humanized and some from animal vaccine, and some affecting whole communities at once.

It may prove interesting, however, to briefly cite the views of ancient prophets in this matter. The earliest of these I have been able to trace is Isaac Massey, apothecary to Christ's Hospital, London, who, in a letter to Dr. Jurin, in 1723, opposing inoculation, made use of this expression, which I find in White's fascinating work, *The Story of a Great Delusion* (London, 1885): "They will run no hazard of being infected by a leprous, venereal or scrofulous taint that may, for aught we knew, be transplanted by inoculation." William Cobbett, a level-headed essayist, opposed vaccination in his *Political Register*, in 1803, and in the same publication he said, in 1808, speaking to the text of Jenner's "spurious" and "genuine" vaccine quibble, "Who shall tell whether he inoculate with cowpox or King's Evil; or with many other disorders, one of which I will not name, but which I do hope that fathers and mothers who have given their children that greatest of blessings, a pure stream of blood, will not forget when they are about to cause that blood to be impregnated with matter taken from the ulcerous bodies of others?" But I will mention the very earliest anti-vaccinationist and his stigmatization later in another connection.

An editorial on "generalized vaccinia of eruptive type," in

the *Journal of the American Medical Association* (July 29, 1899), begins, "There is yet wanting unanimity of opinion as to the exact relation between smallpox and cowpox, and the question has not been decided whether the two are expressions of the same disease modified by the soil in which they are implanted, or are really distinct diseases."

This is certainly a damaging confession for the leading medical journal of the world to make, and it is encouraging to note that at last, a hundred years behind-hand, the editors in the so-called regular profession are beginning to doubt that smallpox and cowpox are identical, or even similar.

"The origin of the syphilis that occurs as a sequel of vaccination is shrouded in mystery, and all attempts hitherto made to penetrate the mystery have failed." These are the remarkable words of Bohn, in his *Handbuch der Vaccination* (1875) at the end of a recital of recorded epidemics and a discussion of their respective circumstances, and is, you see, an admission that the deplorable disaster was occurring twenty-five years ago, whether the origin was mysterious or not. But Bohn was not fully informed—and it is my purpose in preparing this paper to clear away some of the mystery which seems to prevail, but which after all, is no mystery, but ignorance, just as the word miracle is a latter-day synonym for the same word ignorance. As long ago as 1804 Dr. Benj. Moseley, of London, who has the honor of being the first professional anti-vaccinationist, published a treatise on "Lues Bovilla, or Cowpox," and this title is our first hint of the true character of cowpox. And he first used the term in 1798. Dr. Squirrel, in an essay published in 1805, said, "Had Jenner but seriously reflected upon the specific nature of the cowpox virus \* \* \* it would have required but a small share of abilities to have predicted the dreadful consequences that have since ensued; and I am sorry to have the opportunity of observing that the result of the industry he has shown in ingrafting an unknown disease into the human constitution neither merits private regard nor public approbation."

The first case of syphilis resulting from vaccination reported came a little later in the infant of Dr. Smyth Stuart, who wrote of it, "I was led to consider the cowpox virus as possessing a sus-

pected venereal taint, or as an infection of the same deleterious quality," but laid the blame on the dairy folk.

Dr. John Birch (Surgeon to the Prince of Wales), in his "Appeal to the Public on the Hazard and Peril of Vaccination" (London, 1817), said that "parents are in the most fearful state of suspense, dreading lest what they were persuaded to do in the hopes of saving their children from one disease may not prove the means of plunging them into another at once novel and malignant."

But startling as all the foregoing may be, it is but the prelude to the true condition. The first modern writer to explicitly point out the fact that true cowpox is a manifestation of syphilis was Auzias-Turenne, in a paper entitled "Smallpox and Cowpox," communicated to the French Academy of Medicine, September 5, 1865, which was reprinted in *La Syphilization*, and is reproduced in Prof. Crookshank's "History and Pathology of Vaccination" (London, 1889). This classically-presented paper was a critical analysis of the report of the Lyons commission on vaccination, and the words he uses to which I desire to call your special attention, after his notable sentence, "Theories are screens which intercept the truth when they are not the reflectors which illuminate it," are: "May not syphilis, the type of virulent maladies, present itself under forms sufficiently varied and dissimilar to embarrass the diagnosis of an accomplished physician? Between syphilis and cowpox the analogy may be a long way followed up. The inoculation of cowpox—a malady with a fixed virus sufficiently well named pox of the cow (*verole de vache*)—may, for example, give rise to polymorphic vaccinides, and sometimes to disseminated pathognomonic vesico-pustules, just as the contagion of the mucous patch, symptom of a malady with an equally fixed virus, gives rise to various secondary eruptions, and sometimes to the appearance of disseminated mucous patches." And the next year he contributed another masterly paper, showing that cowpox and smallpox were not similar, his resume of the appearances of cowpox making the resemblance manifestly to syphilis.

But Dr. Charles Creighton has done more to illuminate this subject than any other writer. He is a London hospital surgeon (St. George and Charing Cross), demonstrator of anatomy at Cam-

bridge University, and wrote the articles on "Pathology" and "Vaccination" in the newer Encyclopedia Britannica, and the books "Jenner and Vaccination," 1889, and "Cowpox and Vaccinal Syphilis," 1887. But before taking up Creighton's work in connection with our subject, let me read you Jenner's description of the primary pox in the cow's teats:

"It appears on the nipples of the cows in the form of irregular pustules. At their first appearance they are commonly of a palish blue, or rather of a color somewhat approaching to livid, and are surrounded by an inflammation. These pustules, unless a timely remedy be applied, frequently degenerate into phagedenic ulcers, which prove exceedingly troublesome."

Let me also read what Jenner says about cowpox communicated to milkers:

"Inflamed spots now begin to appear on different parts of the hands of the domestics employed in milking, and sometimes on the wrists, which quickly run on to suppuration, first assuming the appearance of the small vesications produced by a burn. Most commonly they appear about the joints of the fingers, and at their extremities; but whatever parts are affected, if the situation will admit, the superficial suppurations put on a circular form, with their edges more elevated than their centre, and of a color distinctly approaching to blue. Absorption takes place, and tumors appear in each axilla. The symptoms becomes affected, the pulse is quickened; shiverings, succeeded by heat, general lassitude, and pains about the loins and limbs, with vomiting, come on. The head is painful, and the patient is now and then even affected with delirium. These symptoms, varying in their degrees of violence, generally continue from one day to three or four, leaving ulcerated sores about the hands, which, from the sensibility of the parts, are very troublesome, and commonly heal slowly, frequently becoming phagedenic, like those from whence they sprung."

These are Jenner's words; do you want a better description of a chancre? I could quote more, of a startling nature, from Jenner's paper. No wonder he also wrote afterward, "I hope my professional brethren will be slow to publish cases of fatal result following vaccination."

I have read you a few of Jenner's words, and partly because I suppose that you never read them yourselves. I feel safe in saying that none of you has ever read Jenner's "Inquiry," the paper through which the practice we call vaccination was foisted upon a gullible profession and a credulous world, and for the very good reason that the paper is practically out of print. Indeed, to publish and circulate it freely would ruin the practice. Lest I be mistaken in my surmise that none of you has read the paper, like Brutus, at the Forum, in "Julius Cæsar," I pause for a reply—"if any, speak, for him have I offended." And, like Marc Antony, in his oration over Cæsar's body, "What! weep you when you but behold our Cæsar's vesture wounded? Look you here, here is himself, marr'd, as you see, with traitors!"

These are Prof. E. M. Crookshank's plates I show you. Which does it resemble, smallpox or bigpox? With Antony again I may say that this should "ruffle up your spirits and put a tongue in every wound \* \* \* that should move the stones of Rome to rise and mutiny."

But to return to Creighton. He says, "Jenner and Vaccination," p. 34: "We know now, since the experiments of Ricord, Henry Lee and others, that a sore of the pox proper, or of syphilis, when inoculated on the skin, begins in the same kind of whitish vesicle as the milker's cowpox, and that the classical pox and the cowpox are in that, as in other respects, closely parallel." He describes some of Ricord's syphilis inoculating experiments, and Crookshank, in his "History and Pathology of Vaccination," gives Ricord's plates and compares them with those of cowpox and horsepox, which I have exhibited. Dr. M. R. Levenson, of Brooklyn, N. Y., has had these reproduced and enlarged by Artist Weyprecht, of New York, and the collection is the finest of the kind. As Creighton says, "the full meaning of the deep scar of cowpox is a loss of substance through the whole thickness of the corium;" and Jenner says "the sores ate into the flesh," and it may surprise you to know that he advised a thorough caustic when the sore was well under way, so as to cut short its effect and heal it up. John Hunter's broad characterization of syphilitic sores was "a small disposition to

heal," and I presume most of you are familiar with so-called vaccinal sores with a similar disposition, though I will let Bohn, in his *Handbuch der Vaccination*, describes the vaccinal ulcer of ordinary practice: "The destruction of the corium extends both to the breadth and to the depth, and a crater-like sore mostly results, with a hard base, and indurated edges, which, at first glance, may frighten the practitioner by its likeness to syphilis. The sore is of a sluggish nature, having little innate disposition to heal. Often there springs from its floor a growth of spongy tissue, in which case we have weeping ulcera elevata, with still less of spontaneous disposition to heal."

Crookshank, in his "History and Pathology of Vaccination," speaking of cowpox, says, "It is the course which the malady runs which brings it so closely into relation with syphilis; \* \* \* many cases which are attributed to syphilis are unquestionably the full effects of the cowpox virus, and nothing could more clearly point to the analogy between the two diseases than the difficulty in diagnosing the exact nature of these vaccinal accidents. \* \* \* The results of the artificial inoculation of syphilis were unknown to Jenner, but if they had been known he would scarcely have failed to have observed the likeness between them. So striking, indeed, are the appearances that it is possible that by judicious selection a strain of syphilitic lymph might be cultivated which would produce in time all the physical characters of the 'vaccine' vesicle." And Crookshank, I wish you to remember, is professor of bacteriology and comparative pathology in King's College, London. And Creighton, in his "Jenner and Vaccination," published the same year (1889) as Crookshank's "History and Pathology of Vaccination," makes Crookshank's closing words, as above, plainer, thus: "Mr. Henry Lee carried his [syphilitic] inoculations through several removes, and in a number of instances got the whole process to end with the scab, just as it does in ordinary inoculation with the pox of the cow's teats." In fact, it is because we do not in these later days use true cowpox, fresh from the cow, in all its natural savageness when taken from an old vesicle or sore, but rather a nondescript "managed," reduced, attenuated, cultivated, modified, many-times-removed, humanized, glycerinated, or otherwise hifalutinated what-do-you-

call-it, commercially-prepared article, that we do not have serious trouble whenever we commit the unpardonably unscientific crime of vaccinating a human being.

As Creighton says (p. 127, "Cowpox and Vaccinal Syphilis,") "Not only in isolated cases, but even in groups of cases where the syphilis befell a number of infants vaccinated from a common source, doubts have been thrown upon the authenticity of the facts just because that common source could not be shown to have been tainted with the virus of syphilis," and he declares that the phenomena are "due to the inherent, though mostly dormant, *natural history characters of cowpox itself.*" (Italics his.) He continues, "As a matter of fact, there are many authenticated cases, some of them fatal, belonging either to epidemics or occurring singly, where rashes, mucous tubercles, marasmus and the like have followed primary vaccinal sores, through no complication of venereal syphilis, either actually proved or hypothetically intelligible, but simply because the cowpox, in respect to its original although mostly latent characters, runs on all fours with the venereal pox itself." He then closes his volume thus: "The real affinity of cowpox is not to the smallpox, but to the great pox. The vaccinal roseola is not only like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere, it often shows an unmistakable tendency to phagedena. There are doubtless many cases of it where constitutional symptoms are either in abeyance or too slight to attract notice. But in other instances, to judge from the groups of cases to which inquiry has been mostly directed, the degeneration of the vesicle to an indurated or phagedenic sore has been followed by roseola, or by scaly and even pemphigoid eruptions, by iritis, by raised patches or sores on the tonsils and other parts of the mouth or throat, and by condylomata (mucous tubercles) elsewhere. \* \* \*

A careful and unbiased survey of the facts has convinced me of the fact that cowpox sores must be credited with a power of producing secondary symptoms, not because they have the contamination of venereal pox in them, but because their nature is the

same as or parallel with that of the venereal pox itself. I appeal to facts that are as well authenticated as any facts can be, and I invite the most rigid scrutiny of my use of them, or of my reasoning from them. I deprecate no criticism, but I warn the apologists of the Jennerian doctrine that any attempt to wrap themselves in a mantle of orthodoxy will be a grave dereliction of that duty which the profession owes to the public."

With this I rest my case; and if in discussion it be said that my paper is nothing but a compilation, well and good. I am content in this, as well as in my other studies of the vaccination question, to be a little star if I can thereby help to reflect a little of the light from the refulgence shed upon it by the suns and planets of medical literature which the rank and file of the medical profession of today so persistently blinds its eyes to. It only remains for me to present to you individually a copy of the carefully prepared tabulation by Dr. M. R. Levenson, of Ft. Hamilton, Brooklyn, N. Y., which makes this whole matter plainly to be understood, and to which I hope you will devote a little attention before discussing my paper, as it really constitutes a part of the paper, preferring you to read the printed table to reading it to you myself. While some of you are doing this I will show others the fine plates in Crookshank's work above alluded to, until you have all seen them.

NOTE—Any one wishing to obtain Dr. Levenson's table above referred to can do so by sending five cents to Mr. F. D. Blue, Terre Haute, Ind.

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Sir Hubert Maxwell is one of the most versatile among titled men; indeed, his gifts and energies are so varied that it would be an easier task to say what he cannot do than what he can. In his early days he was famous as one of the best shots in the United Kingdom. Today he is one of the greatest authorities on salmon fishing, about which he writes with enthusiasm and great knowledge. Sir Herbert plies a very busy pen, which ranges fluently over such diverse fields as topography and tuberculosis, history and fiction, and biography and gardening. He lectures on archæology, is an industrious member of parliament, and can stalk deer with any man.



## ACETONE IN THE URINE.

J. B. S. KING, M. D.,

Prof. of Chemistry and Toxicology, Hering Medical College, Chicago.

The urine in health contains a small variable proportion of a substance known as acetone, the amount depending largely upon the character of the diet. Whenever the carbo-hydrates are eliminated from the diet, the amount of acetone rapidly increases, reaching a maximum about the seventh or eighth day. The highest amount ever found, is when no carbo-hydrates at all, and but little albuminous food is consumed, in other words, during starvation.

From these data, the inference may be drawn, that acetone is apt to be found in pathological conditions of a kind associated with inanition, or when large quantities of albumin are broken down in the tissues, a condition which is sure to occur whenever the carbo-hydrates are withheld or not furnished in sufficient quantities.

Acetone may be prepared artificially, by the destructive distillation of calcium acetate or more instructively, from a carbo-hydrate, such as starch, sugar or gum. Any one of these substances, subjected to destructive distillation will yield a considerable quantity of acetone. It is a limpid, transparent liquid of a lower sp: gr: than water, very inflammable and miscible with water, alcohol and ether in all proportions. The amount found in normal urine, is so minute that it cannot be demonstrated except by concentrating the volatile acetone by distillation.

Until recently, it was confounded with di-acetic acid and possibly, also with oxy-butyric acid, but as the first two at least, are often associated in the same case, and have the same, or nearly the same significance, it made no great difference. When found in the urine, in abnormal quantities, it possesses considerable diagnostic and prognostic importance. The conditions in which it is found are diabetes mellitus, carcinoma, inanition and in some febrile disturbances; in other words, in any cachexia associated with inanition or with the breaking down of large quantities of albumin in the system.

The fact that acetone is greatly increased by eliminating the carbo-hydrates from the diet, should be carefully borne in mind,

for doubt is thereby thrown upon the wisdom of the usual dietetic treatment of diabetes.

In intermittent fever, in the fever of phthisis, and in acute inflammations of the throat, acetone is absent, while it is generally present in typhoid, pneumonia, scarlatina, measles, acute rheumatism and septicemia. It is present in the urine of carcinoma of the stomach, and also in the stomach-contents. It is also commonly observed after chloroform narcosis, but it is chiefly in diabetes mellitus that it has an important diagnostic and prognostic significance.

The presence of sugar alone in the urine is not at all sufficient to warrant a diagnosis of diabetes, but the presence of sugar together with acetone is certain evidence of the disease even without other symptoms. Moreover, the presence of acetone has a direct bearing upon the gravity of any given case, for it is found only in severe cases, and towards the fatal termination.

In accordance with the physiological data that have been given above, acetone and other threatening symptoms, are more apt to appear in those cases which have been treated by a rigid elimination of carbo-hydrates from the diet. As such a diet greatly increases the acetone, even in health, such a diet greatly increases the acetone in diabetes, and here it is synonymous with the oncoming of coma and a fatal termination. It is therefore good practice to closely follow the elimination of acetone, in grave cases of diabetes, as has been suggested by Hirschfeld, and whenever it approaches a dangerous height, to immediately administer large quantities of the carbo-hydrates in the food.

Briefly then, glycosuria, and also diabetes without acetonuria, may be and usually are, far from a fatal termination; and a favorable or at least modified prognosis should be given; on the other hand the presence of acetone warrants us in giving a grave prognosis and in holding out no hopes of ultimate recovery. At the same time, it should be considered as an urgent indication for the immediate increase in the amount of carbo-hydrates consumed.

#### TESTS:

Gerhardt's original test is rather a test for di-acetic acid than for acetone, but as this acid has practically the same significance, the test may prove very useful, especially as it can be applied to

the fresh urine, without distillation. A few drops of a solution of ferric chloride, are added to a small quantity of urine in a test-tube; in normal urine there is as a result simply a precipitation of the phosphates as a dull whitish cloud; if, however, the di-acetic acid be present, a clear red color appears, scarcely interfered with by the precipitated phosphates, if indeed this latter feature appears. If the cloud is the most prominent feature, or if it obscures the result, the precipitated phosphates should be filtered off, and a few more drops of the ferric chloride added to the clear filtrate. The same result should be obtained after the urine has been boiled.

The test for acetone is, unfortunately, more complicated; in fact, no good, simple and reliable test, one that can be applied directly to the urine, is at present known. The volatile acetone must first be got into a small bulk, free from other ingredients, by distillation, a process not within the reach of those who do not possess a delicate glass retort and condenser. 500 c. c. (or one pint) of urine is acidulated with a few drops of phosphoric or hydrochloric acids (ten drops) and the mixture distilled. The first ounce that comes over is reserved, as it contains all the acetone freed from other ingredients of the urine. A few drams of this distillate are treated with a few drops of dilute Lugol's solution (iodine in potassic iodide) and a few drops of sodium hydrate. If there be any acetone present, iodoform will be formed, easily recognizable by its yellow crystals and highly characteristic odor. Legal's test with sodium nitro-prusside and sodium hydrate may be applied directly to the fresh urine, but is not conclusive unless the pure distillate is used.

A few weeks ago the writer was called in consultation to see a boy of twelve, who was suffering from acute diabetes. The patient was somewhat undersized, but not ill-nourished, and possessed of sufficient strength to walk about the house. The urine was greatly increased in amount, and contained a considerable quantity of sugar. Acetone could not be demonstrated in the fresh urine by any test, but in the distillate, when treated as above, the yellow crystals and strong peculiar odor of iodoform were very obvious. An unfavorable prognosis was made upon this factor, as well as upon the large quantity of sugar, relative to the

small body weight of the patient. He died before a week had passed.

It is well to bear in mind that the amount of sugar in a given case of diabetes is not the only thing to be considered, in forming an estimate of the severity of the symptoms and in giving a prognosis. For instance, the normal yellow color of the urine is a very important feature; a very large amount of sugar is not so grave a sign with the normal color present, as a much less amount of sugar with this color absent. Emaciation, great thirst, dry mouth, and other somatic symptoms must, of course, be considered, but the presence or absence of the normal coloring matter is a great help in arriving at a just estimate of the gravity of a given case. Moreover the presence of acetone, aside from any chemical tests, may be inferred, with a considerable degree of certainty, from the odor of the fresh urine. This is especially confirmatory in the presence of sugar. The odor in question, is unusual, distinct and quite aromatic. It is of a minty or fruity character and has been compared to the odor of hot vinegar, and to chloroform; but the term *fruity* best describes it. This odor may also be noticed upon the breath of diabetics and in the gastric contents of carcinomatous patients, withdrawn after a test breakfast.

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### SOUR STOMACH.

Paradoxical as it may appear, it is nevertheless true that the chief cause of acidity of the stomach is a lack of the proper acid in the stomach. Hyperchlorhydria or excess of hydrochloric acid is oftener written about in the medical journals, and talked about at medical societies, than actually met with in practice, but hypochlorhydria, or the lack of HCl is the most common cause of what is generally called Sour Stomach.

It has been certainly determined, that the normal acid of the stomach, the one concerned in digestion is hydrochloric; although it does not appear in the gastric contents, as a free acid until about an hour after the ingestion of food, it is probably secreted from the very start of the process of digestion. The albumenoids of the food unite with and neutralize it at first, so that if the gas-

tric contents are withdrawn at this period, free HCl cannot be found; the lactic acid which is always present at this period is due to the organic ferments, certain micro-organisms whose very existence depends upon the production of this acid, or rather whose life and activity results in its production. It is produced by them from the carbo-hydrates—the starch and sugar—and is isomeric with the latter in its chemical formula.

After digestion has proceeded for a little time, the HCl appears as a free acid and as soon as it reaches a proportion of from three to seven parts in a thousand, it inhibits the activity of the lactic acid ferment, and therewith the production of that acid ceases. This is the normal course of events. If however, the HCl fails for any reason to reach the normal or inhibitive proportion, the fermentation continues and increases; the gastric contents now begin to be excessively acid, not from hyperchlorhydria or excess of the HCl, but from the acids of fermentation, first lactic soon followed by the the production of other acids, i. e., acetic and butyric. The sourness and acidity of the eruptions in acute and sub-acute gastric catarrh, that burn and distress the pharynx and the organs of taste, are due to the acids of fermentation. Who has not perceived the strong odor of rancid butter, peculiar to butyric acid, in the vomited matter of such patients; no other test of its presence is needed.

We have then, or at least may have, two kinds of sour stomach without counting finer subdivisions, one—the common kind—depending upon the acids of fermentation, the other much talked about but seldom seen—due to excess of the normal acid of digestion.

The first, that due to the acids of fermentation, may be acute or chronic; the acute is very common in this country, being one of the accompaniments of that truly American disease, sick headache. The attack begins usually in the forenoon, or just after the midday meal, with frontal headache and mental dullness, eructations of an acrid quality soon begin; the impression that they make upon the palate and fauces is distinctly acid and burning. The liver is gorged with blood, and its circulation impeded by blood stasis; digestion proper stops and a process of fermentation

takes its place. The face of the patient is flushed and he is unable to perform any mental or physical work.

There is marked aggravation from motion, and from mental activity; sometimes the headache is aggravated by heat, light or noise, and the nausea from any motion, even the slightest. Vomiting comes on after some hours of suffering; the exertion and strain of emesis aggravates the headache to a fearful pitch of intensity, but after it is over, relief comes. The rapid amelioration is due to the cleansing of the system by emesis of the irritating fermentative acids and viscid gastric mucus with which the stomach endeavors to protect itself. The mechanical effect of the diaphragmatic contractions upon the liver, squeezing the blood out of it by a kind of massage, also enters into this relief, which the crisis affords. In some individuals, an attack takes a somewhat different course, the symptoms are somewhat less severe, and in place of vomiting, relief takes place by means of a slight diarrhœa. This is readily explained: the pylorus opens and allows the lactic, acetic and butyric acids into the intestines; in the alkaline juices of this viscus, lactate, butyrate, and acetate of the alkalis there found, are immediately formed and act as a laxative, producing a moderate diarrhœa.

The second or chronic form shows itself by acid eructations after every meal, there being no headache, no liver congestion, no vomiting. The condition may last for years, with occasional acute attacks, usually brought on by some forbidden article of food, which is different for different individuals and may include the most innocent articles of food. With some individuals, oatmeal will infallibly produce an aggravation; with others so innocent a food as rice is a *bete noire*.

Hyperhychlohydria, or excess of HCl as has been said is rare; it is characterized by a burning pain in the stomach, with the peculiar modality of being ameliorated by a full meal of meat, and aggravated by a starchy or saccharine diet. Aside from the symptoms the chemical analysis of the gastric contents after a test meal is an unequivocal means of making diagnosis.

Dr. Bence Jones' observation, that there was an inverse ratio between the acidity of the urine and that of the stomach, should be borne in mind in this connection. He found that when-

ever the acid reaction of the urine was highest, that of the gastric juice was lowest, and *vice versa*. This rule refers only to the normal HCl and not to the acidity begotten by fermentation. Thus, in health, after a full meal, when the HCl is in greatest proportion, in the stomach the acid of the urine is diminished so much that its reaction may be neutral or even alkaline, while on the other hand, when the stomach is empty and thus free from acid, that of the urine reaches its highest point. From this we may draw the inference which is borne out by experiments, that in hyperchlorhydria the urine is generally either neutral or alkaline in reaction and in fermentative acidity its reaction is unduly acid.

#### REMEDIES:

The above observation is a hint in the study of remedies; for whenever the pathogenesis of a remedy presents the phenomena of gastric acidity, we should look at once to the symptoms produced upon the urinary organs. If we find here the evidences of excessive acidity, the remedy in question, in all probability corresponds to hypochlorhydria; but if we find the urinary symptoms showing an alkaline reaction, then the remedy probably corresponds to hyperchlorhydria. Thus, in pathogenesis of lycopodium, the symptoms all point to diminished HCl in the stomach with consequent formation of lactic, acetic and butyric acids; this accounts for the sour eructation, etc., while the very acid urine confirms the idea and fits it to the class of cases to which it belongs. The same is true of nat. carb., sepia and nux vomica. Sepia, nux, lyc., nat. carb., bry., and puls. all have acidity aggravated after eating bread, and acid urine, two symptoms that point unerringly to gastric fermentation. Robinia probably corresponds to hyperchlorhydria though it is not so certain because the urinary symptoms of robinia are not given with much fullness.

Remedies which have gastric pain and distress relieved by eating correspond to hyperchlorhydria, other things being equal, and still more so, if the urinary symptoms point to alkalinity, or a neutral reaction.

In addition to these general considerations, which merely determine the sphere and quality of the action, we should never forget, that it is the more minute symptoms, apparently inexplicable, or which cannot be always traced to an agreement with the pathological character of a remedy that determine the single necessary drug to be used.

J. B. S. K.

### FAVORITE REMEDIES.

The following article on Kali Phosphoricum is a very good illustration of "how not to do it," in an evidently honest attempt to teach *Materia Medica*. And yet, how utterly delusive. It treats of conditions, not individuals; and what is asserted as true of Kali phos. is equally true of every remedy in the *Materia Medica*. The article is an excellent illustration of what Hahnemann terms, Blind predilection for favorite remedies and unjust aversion to others, in *Organon*:

§ 257. A true physician will beware of forming a predilection for any particular remedies which chance may sometimes have led him to administer with success. This preference might cause him to reject others which would be still more homeopathic and consequently of greater efficacy.

§ 258. He must, likewise, be careful not to entertain a prejudice against those remedies from which he may have experienced some check, because he had made a bad selection; and he should never lose sight of this great truth, that of all known remedies, there is but one that merits a preference before all others, viz., that whose symptoms bear the closest resemblance to the totality of those which characterize the malady. No petty feeling should have any influence in so serious a matter.

It is one of Schussler's Tissue Remedies, not allopathic, and there is a proving both in the *Guiding Symptoms*, and in the last edition of Boericke's *Tissue Remedies*; but a much more complete one was published in the *MEDICAL ADVANCE* a few years ago, so that there is no excuse for any homeopath recommending such a generalizing treatment unless it be a defective library or want of time to study. There are many remedies in the *materia medica* which will do just as good work in the conditions mentioned, as Kali phos., provided they are indicated. And this is where the harm is done to Kali phos. and to Homeopathy, e. g., an Allopath has a case of nervous disease which has baffled his palliative measures and Kali phos. is lauded, as here, for a cure all. He tries it with the natural result where the remedy is not indicated, failure. He has just reason to condemn Homeopathy as a dismal failure, for on the recommendation of a homeopathic physician, taken from a homeopathic journal, has he not failed. [Ed.]

#### KALI PHOSPHORICUM.

By HORACE T. DODGE, M. D., Denver.

If asked the question, "What remedy do you consider the most important in our *Materia Medica*?" I would unhesitatingly answer, "Kali Phosphoricum." It is the most important because



it is indicated in a greater number of conditions than any other, and when the action of this wonderful curative agent becomes known, and we are certain of its physiological effects in detail, and are enabled to know just to what extent it can safely be administered, then will the world hear of the most brilliant cures which have been made in the history of medical science. When Kali Phosphoricum is taken regularly every fifteen minutes for several hours, a delightfully pleasant sensation is experienced, one of supreme content, with a disposition to dream on and on indefinitely. It reminds one of the description of the Turk who, with the companionship of his pipe, will peacefully gaze into space for hours, with the exception that all the pleasure derived from his tobacco he pays for dearly in the resultant state of despondent depression. Through the administration of Kali phos. there is manifested an exhilaration not unlike the effects of the first glass of champagne, but without its after disagreeable results. Unlike the stimulus of alcoholic mixtures, such as tonics, wine, beer, whiskey or brandy, there is no clouded mental condition or thickened speech. The stimulating action of tea is one which increases the heart's action, but the consequent resulting effects upon the system are depressive. Not so with Kali phos. It does not in the least depress the heart or other organs, does not perceptibly increase or decrease the beating of the pulse, but seems to confine its sphere of operation upon the brain or spinal cord, and when the drug is taken frequently there is experienced an increasing exhilaration, beginning at the base of the brain and spreading gradually through to the frontal lobes. This condition after a while becomes one best described as a peculiar lightness of the brain. If the remedy is taken faithfully for a few hours, a characteristic nervous condition will arise, seemingly beginning in the spinal cord and extending to the arms, thence down the spine to the lower extremities. There will be a desire for greater activity, but strange as it may seem, the heart's action is unimpaired. The brain is clear and the desire for thought and study is greatly pronounced, and it is surprising the amount of mental labor that can be accomplished, through the use of this drug. There is a complete loss of weariness. A few doses will ward off "that tired feeling" and greatly aid the waning powers to recuperate, so one

can complete the task laid out before one, and also have the assurance that a good night's rest is a certainty, something which cannot be said of tea, coffee, tobacco, alcohol, tonics, etc. It is a fact that Kali phos. has its specific action upon the gray matter of the brain, entering into its composition and repairing the waste consequent upon the expenditure of vital force through any mental exertion. We know that the gray matter contains Kali phos., and those who are subject to mental exhaustion, or are unable to perform their work after a certain time, are mentally reinforced by the use of a few doses of this remedy. Search medical lore through and through, you will find not one remedial agent to take its place, nor is there one which can near approach it in usefulness; and what is a singular fact, but very little is written about it. Its homeopathicity is plain, and it will be found indicated in all cases of debility, especially where there are evidences of a loss of vital fluids, excessive mental exertion, brain fag and a lowered vitality, consequent upon running the human machine at too high a rate of speed causing a breaking down of the various tissues and organs of the body. It is essentially a homeopathic remedy, recommended by homeopaths and discovered by them, and, like many of our remedies which have been brought to the front by our Allopathic brethren, will not long remain in obscurity, and as the discovery of ether as an anesthetic is pronounced the greatest medical triumph of the nineteenth century, and to commemorate its birth has been erected in Boston one of the most magnificent monuments in America, so when the greater benefits which will arise through the use of Kali phosphoricum, when its value as a therapeutic agent becomes generally known, there will be builded a grander one, a record to preserve its memory, in the cures which will daily be performed throughout the world. It is a positive cure for the "blues," for it is impossible to have an attack if the balance of supply and waste of Kali phos. is kept up in the gray matter. Give it to your worn out nursing mothers, who are tried almost to distraction with nervous babies, and you will be doing a great service, and enable her to stand tenfold more disturbance and annoyance, and be the means of quieting the child through the increased nourishment supplied. She will bless you. Give it to the overworked business man, and he will tell

you in a short time that he is able to perform double the amount of work without fatigue. Give it to the tired professional man, and notice the marvelous change you will have wrought. The special indications for its use are, a foul breath, tongue coated with a brownish, mustard-like coating. A dull, heavy aching between the shoulders, extending to base of brain, worse while standing, better on lying down, restlessness, inability for mental work, conditions of debility and all complaints having foul odoriferous excretions. Whenever you find a foul breath\* you will have a nervous condition below par, and whether from biliousness, catarrh, or indigestion, or a condition simulating typhoid fever, Kali phos. will be found greatly beneficial, and in many cases the only medicine required. If used faithfully and conscientiously in the higher potencies, the best results will be obtained.—*The Critique.*

\*[Kent's Repertory gives for "offensive breath" one hundred and three remedies, of which Arn., Carbo, Cham., Chel., Kali ph., Kreos., Lach., Mer., Mer c., Nat. M., Nit. ac., Plb. are in caps. and each apparently as well indicated for "a foul breath" as Kali ph. [Ed.]

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## METABOLISM, NORMAL AND ABNORMAL.

J. A. KIRKPATRICK, M. D.,

Prof. of Pathology in Hering Medical College, Chicago.

In order to understand the nature and phenomena of disease, it is of first importance that the physiology of cell life be most thoroughly understood. The cell is the smallest subdivision of tissue observable under the microscope. The mysteries which cover the normal functions of life fall like a shroud over its morbid activity.

Modern Pathologists have located disease in the cell, and some have termed it "*Pathologic Physiology.*" It naturally follows that to comprehend the true nature of disease one must begin with the study of physiology.

Anatomy has to do with the structure of each organ and tissue, and the relation of the various parts of the body to each other, and of course is essential; but a knowledge of normal function is more closely related to the study of the derangements in disease.

It has been agreed, quite generally, that the essentials to cell life are vitality and a proper nutrition and environment. The functions of the cell manifest themselves in assimilation, excretion, growth, reproduction, and movement. The function of an organ is simply the sum of the functions of the cells of which it is composed. So the body, as a whole, may be considered as a union of the cells. This makes the body a unit in all its vital processes. The cells are held in vital union through the nervous system.

The blood current connects the cells with a common centre of nutrition. Through assimilation the cells are built up; through excretion the wastes are thrown off. This complicated process is called metabolism. Into this secret chamber, the cell, the scientists have gone. There he finds the seat of function.

In the cell the pathologist finds the location of disease. How much is covered by the term metabolism the human mind may never know. The microscope reveals the cell, but its vital function is made but little clearer since the eye has penetrated the nucleated protoplasmic mass. Here the materialist finds his limit. The dynamist or vitalist finds little additional light. The scientist is still dependent upon secondary phenomena; simply the manifestations of life and results in disease.

This ought not to hinder the study of the law of life but encourage the students of nature to exercise more caution and care in dealing with that which concerns human life. The building up of dead food into living matter is a vital process. The ejection of the excreta is no less a vital act.

Oxidation and the generation of heat and force all belong to the same functional activity. Every standard work on physiology contains a carefully prepared record of experiments and explanations, and it is not necessary to review further. The reader may ask what profit is there in the study of metabolism. Much every way. After years of practice I have found that it is not the new thing we need most but the old thing, the true thing. Right understanding and wisdom is of more value than knowledge misapplied.

In the study of disease the metabolism of the whole body must be considered as well as local manifestations. Careful study

will show that the repair of a local injury largely depends upon the integrity of cell metabolism. If this be true, how much more dependent is a local disease that can be attributed to a defect in the vital and nutritive processes of the whole organism. To make this point clearer it might be illustrated by a simple case of catarrh. Here is found a local discharge of mucus with a slight general rise of temperature, with more or less sensorial disturbance, causing restlessness or profound stupor. The secretions may be greatly suppressed. By what process is the cell metabolism to be understood? We cannot put the cell under a microscope nor make a chemical analysis. And if we could the vital principle still remains beyond comprehension. There is no other communication with the cells than the subjective sensory system of the patient himself. This means of communication with a living cell in disease may be imperfect, but it is the best we have. And by studying the phenomena of the sensorial system under drugs and in disease we may become better interpreters of diseased action even if we must search for it in the disordered metabolism of the cell.

What has this to do with the treatment? It would forbid the use of astringents to close the openings and thus throw back irritating secretions into the vital fluids of the body. It would interdict the use of opiates to blunt the sensory nerves so that the secretory organs and emunctories would not respond to the irritation of the excessive accumulation of excretions or infectious products. It will lead to fewer local specialties and more general practitioners. It will prevent many an operation for local diseases which are due to a disordered metabolism. It will cause less confusion in attempts to classify diseases from their symptoms or local manifestations. As the organism is seen struggling to eliminate offensive material it will prevent the physician from antagonizing the vital forces and thereby prolonging disease and convalescence.

If this article shall influence the reader to review his physiology and study more carefully the vital processes in metabolism as related to pathology, the writer will be amply repaid.

## THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

S. L. GUILD-LEGGETT, M. D., Syracuse, N. Y.

In 1880, the need for a society that should include within its body all such members of the profession as had practically convinced themselves of the truth taught by Hahnemann concerning medicinal therapeutics, became so pressing that the International Hahnemannian Association was organized, the belief of its members formulated, the superiority of the Hahnemannian methods over all others asserted, and a resolution to further the demonstration of the truth of the same recorded.

The foundation of this society, its subsequent work, its influence upon other homeopathic bodies and throughout the homeopathic world, has been repeatedly demonstrated. Not only in this direction has its work been noteworthy, but its influence, upon the great body of allopathic practitioners is especially shown in the modification of dosage everywhere exhibited, and in the *apparent* adoption of one-third of the homeopathic formula—the *minimum dose*.

The advancement and spread of a knowledge of homeopathics, since 1890, as compared with the progress made in several decades following the death of Hahnemann, show an ever increasing number of earnest students seeking the highest sources for assistance in the application of its great truths.

It has been suggested that the present needs of society organization do not include a body of men, "who subscribe to a rigid declaration of principles," as the "trend" of the day "is toward liberality of thought."

Is it then possible to develop the truth concerning a given principle, except through men who devote themselves to its study? Where shall we go to learn the principles of government, of religion, of social ethics, etc., except to such as have devoted their lives and talents to those special subjects? It would be equally well to say that the need for homeopathic societies is past, because the allopathic school has so modified its practice as to adopt a part of the homeopathic formula, unacknowledged of course. Does any number, even of strictly homeopathic journals,

take the place of a society organized for the purpose of discussion and exchange of views by co-laborers? Can the record of a case, however carefully prepared, take the place of a general interchange of thought and good feeling among members whose end is the same, however different a course individuality has led them to adopt? Shall the homeopathic physician and student be obliged to seek the truths of his cult in a society formed for the purpose of promulgating the newer and finer points of the surgical art? Shall the student of psychology, interested in the latest development of that science, be forced to join a society for physical research?

One co-laborer points out the fact that homeopathic therapeutics "receive a *hearing*, even in the A. I. H. to-day." Is that enough? Are the principles of homeopathic prescription so perfectly understood and so thoroughly disseminated, that one may spend the valuable time set apart for this special study, in discussing foreign methods? What, except lifetimes devoted to the work, is to develop the highest practical possibilities of homeopathic therapy? Who are so interested as those devoted to a like work? To whom is the work so profitable?

This is preeminently a practical age. Both laity and profession call for practical demonstrations of all asserted truths. From whom can the truths of medicinal therapeutics be obtained, except from those devoted to its highest development?

The physician who becomes a member of the I. H. A. does so because he uses one remedy—as it was proved—by which means he can find and apply the simillimum—in the potentized form. He has learned that *cures* are made from the inside out; therefore, he rejects outward applications that suppress. He uses mechanical appliances only in mechanical conditions. He has learned that he cannot cut a piece out of a disease *and cure it*.

Having learned these facts, he wishes the time set apart for this special study and exchange of experiences to be undisturbed by discussions upon foreign methods, or as he expresses it, "methods at variance with the law of similars." He believes that "foreign methods" can be relegated to another time and place. That his motive should be "*publicly* to declare" anything, is questionable. He goes forth to get and to *give*. The period for

subscribing to theories, even in religious matters, seems to have gone by, and the practical one of subscribing to principles for the blessing promised to the "two or three gathered together" to have arrived.

There is an application of the beatitudes that the friends of cause are apt to forget. "Blessed are they that give for they shall receive." This can hardly be interpreted to mean that one should *get* all and *give* nothing. Granted that the principles have secured hearty approval and are as heartily accepted, let each give of his light—that tiny spark he may call his own—and be blessed by the increase which will follow the gift.

-If the association of good and true men called the I. H. A. is not progressive in thought and art, or an exponent of the highest truth, or is not the highest ideal of a society, the duty of making it so, falls upon its members. A society is what its members make it, not what it is made by an acceptance of principles. Opportunities are given to all for inquiries or experiences, and new light upon each division of this glorious subject is eagerly sought.

The I. H. A., if anything, is a body of practical men devoted to further inquiry and experiment concerning the truth of that great discovery: the healing power of similars. The action—modalities—of many remedies is practically unknown; of many more it is vaguely apprehended; of a very few there is a fair, general idea. Until these actions are fully known, application of them is obscure, because it is remedial action applied to sick action that cures, and if remedial action is unknown, how can it be applied?

As action can only be determined by phenomena produced from a definite cause, how can remedial action be determined, except by provings under specified rules? As so large a proportion of remedial action is still an undiscovered country, a wide field of exploration is at once disclosed. It is true that remedies are sometimes proved useful through repeated clinical verification. But it is a long and perilous process, although one that is frequently studied to advantage. Certainly such observations should be recorded—after due season.

The principles of second prescription, of repetition, of fre-



quency of dose, of treatment of chronic, and exacerbations of chronic disease, of each new appearance of acute disease, furnish unlimited opportunities for observation and record, which observation and record are always welcome and heard with interest.

With this exhaustive program before the profession, how can the need for the I. H. A. have ceased? What other need is so great? Are there no longer men ready to devote themselves to the work? Is there a better way to spread the facts concerning the truths of homeopathic therapy, than by careful record and comparison of phenomena produced under exact methods?

In a definition of work, some one says, "As work is divided, part given to one and part to another, the man who does the one thing continually, develops a special skill in that line; and we begin to enjoy the fruits of that second distinction of human work—*specialization*." This is as true of all scientific research as of manual labor. Professions are subdivided, each worker taking the portion justified by his taste and capacity, develops a special skill and insight in the direction of his chosen calling. The fact is often forgotten that the microscopic lens fixed upon a certain point, changes for the observer, the relations of that point to all surrounding objects.

One says, we should "know something of all things, but all things of something." It is easily possible to the homeopathician to compare the results of his practice with the results of the surgeon, or the regular, for their records are as an open book that he who runs may read—great in many ways, but infinitely smaller than he expects to find in his own specialty.

It would seem, then, that the work of the I. H. A. is not yet finished. Homeopathy, as understood and taught by Hahnemann, is still far behind the teaching. True, light has been thrown upon some of the long obscured subjects, especially those of chronic disease. But the practical application, as on subjects above mentioned, is still far from perfect. Indeed, homeopathy is one of those great truths of whose infinite extension we are not aware, until we have given to them deep and broad study. A lifetime of care, devoted by each of its present practitioners, will not disclose all its possibilities.

Theories, concerning the manner of action of the dynamis of

life, or of the remedy, are pleasant, but unprofitable. Studies confined to the phenomena, give a fair idea of the form manifested. But, except to discover differences, uses, and modes of action, the soul, or essential essence, of the imponderables escapes the investigator. How the great force within the seed, either animal or vegetable, accomplished its work through a maze of selection, rejection and conversion, will, probably, remain a mystery to humanity.

It would seem to be the desire and duty of all lovers of truth and of Hahnemann, not only to heal the sick, but to extend a knowledge of the practical application of homeopathy. In what manner can this be accomplished so well as through the I. H. A., a society that stands for so much in the eyes of physicians, old school and new, all over the world, as does the I. H. A.?

In the face of so much unfinished work, to declare that there is no longer need for an association upon which the world has looked so long with admiration, or to forsake the great banner, *International*, will fail to add to the dignity of the homeopathic profession.

A cry for help from below is scant reason for disbandment. It is also a proof that help is needed and to be had. Give freely, but forsake not the parent-stem, so long a synonym for the higher homeopathics.

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The greatest obstacle to the successful treatment of syphilis the use of alcohol in some form or other. Not only has this been proved clinical experience but also by experiments *in vitro*.

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THE SYRACUSE HOMEOPATHIC HOSPITAL has just received as a donation, a \$10,000 site for a new hospital, and subscriptions of \$10,000 more towards a new building have been received. The trustees have adopted the admirable motto, "A modern hospital free from debt."

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THE MISSOURI INSTITUTE OF HOMEOPATHY 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 avenue.

## MEDICAL OLIO.

**PYURIA**, of an intermittent character, apparently spontaneous in origin, the urine maintaining its acid reaction, points to renal tuberculosis.

**THE USE OF COCAINE** in the urethra is attended with more risk than when applied to any other part of the body. It should be positively forbidden in the recently cut or denuded urethra.

**HYPHOPAGUS**.—The attention of the medical profession is called to two sisters, Rosalina and Maria, who have just been discovered in Brazil. They are aged ten years, are united together by a solid band extending from the umbilicus to the xiphoid cartilage, are well nourished in every respect and well developed otherwise. Their parents inquire if these two children can be separated with safety to each. So far a decided answer has not been given, as it is uncertain whether the connecting band is fibrous, fleshy, or whether it contains some of the important organs of the thorax or the abdomen. There are records of three operations upon like cases, two of which were successful.

**THE OLD-FASHIONED REMEDY FOR TAPE-WORM**, pumpkin seed, is very efficient if it is used with certain necessary precautions. In the first place, as with all tæniacides, to get the best results the bowels need to be thoroughly cleansed from all fecal matter. This is best done by the alkaline purges, such as the standard seidlitz powder of the U. S. Pharmacopœia. Fasting as nearly complete as possible, contributes to the same end. What food is allowed should be of a concentrated nature, so as to leave as little residue as possible to feed the worm. The pumpkin-seeds are to be decorticated; the kernels should measure about one pint for a good-sized man, they should be broken and mashed in a large mortar with a little water, until the mixture is quite smooth like thick cream, more water is then gradually added until the emulsion measures three pints. This should be kept on ice, and taken cold very frequently. In as large doses as can be borne without emesis. Absolute quietude in bed favors greatly this result. Thus used it is always effective. There are other medicines, more pleasant to take but none more effective.

**SURGICAL SUGGESTIONS.**—Evacuate pus wherever found. To wait for the action of poultices to decompose the skin, or “draw” the pus, is unworthy a modern surgeon.

Immediate amputation of an injured member is now seldom required. Control hemorrhage, dress antiseptically, and await reaction.

While the foregoing treatment will give by far the best results, altogether it must be remembered that the danger from cardiac and pulmonary embolism is increased where an effort is made to save bruised tissues.

A wise surgeon sacrifices no tissues that, if saved, would prove useful.

Flaps, in order to heal kindly, must be free from tension.

Err in making flaps too long rather than too short.

In amputation, where bones are sawed, it is most difficult to keep thorough asepsis until the healing process is complete.

Bandages should be adjusted so as to control hemorrhage from the stump after amputation, but great care must be taken that they be not drawn so tightly as to affect nutrition by obstructing the circulation.

Unless there are indications, such as rise of temperature, soiling of the dressing, or hemorrhage, a single dressing should suffice for an amputation.

Do not inject cysts or vascular tumors with remedies tending to produce coagulation unless free drainage is provided.

Cysts should be evacuated or dissected out, while vascular tumors are best treated by excision or cutting off the blood supply.

Varicose veins should be ligated at suitable points and the intervening portion of the vein removed.

Injecting varicose veins with astringents and irritants is unsatisfactory, and not without danger.

Arteries and veins should be ligated with as little manipulation as possible.

Esmarch's bandage has rendered operations upon bones almost as simple as upon the cadaver.—*Dr. Bell, in Medical Herald.*

## EDITORIAL.

There has been shown of late in this country a great tendency towards paternalism. The state is endeavoring to correct all her children and, not content with pointing out the road that they should travel, is, with more or less insistence, trying to force them into the narrow path. This tendency is as old as human history, and is innate in the human mind. History is little else than a record of a struggle between paternalism on the part of a few and a resistance to it on the part of the many. Of late years doctors have been great sinners in this respect and appear oftener than others in the field as the advocates of some illegitimate and obnoxious piece of legislation looking towards paternalism.

The proper and legitimate function of government is simple and may be defined in a few words: it is, to preserve the individual freedom of all its members so far as the freedom of each individual is consistent with the freedom of others. Thus, a man may desire to possess the property of his neighbor, but he may not take it because to do so would be inconsistent with the freedom of the neighbor. The man must thus restrain himself or else be restrained in this desire. Thus a common ground of understanding is brought about; a man may do as he pleases with his own as he does not interfere with the right of his neighbor to do the same. All by this rule have common rights and common limitations. All are equally free and equally limited. Any greater interference with individual's freedom than what is warranted by the limitation aforesaid is tyranny. Whether exercised by a majority or a minority or by an individual matters not, it is tyranny all the same.

If a man owns anything in the world he owns his own blood, and should have the right to control what goes into it. This proposition disposes of compulsory vaccination at once to a rational mind. Whether vaccination is beneficial or not is quite apart from the question. The courts of the United States have so decided in every case which has come before them. Notwithstanding state boards of health, city boards of health and boards of education, in their anxiety to preserve the public health and to abolish smallpox (laudable desires in themselves) have sinned

against this fundamental principle of government. A citizen should have entire control of his children until they are of age, but the right to do with them as he thinks for their best interests is being greatly interfered with by municipal health officers. Not only are they vaccinated but their eyes are examined and tested at the public schools; here also their throats are examined by the lately appointed medical inspectors; all without reference to the wishes of the parents, or consultation with the family physician, in whose charge is the child in question. This is not very serious perhaps but it will infallibly be extended and grow to something more obnoxious and paternalistic, for the tendency is strongly in that direction. Already for the past ten years we have been reading in medical journals, and hearing in our medical societies propositions looking toward the compulsory examination of those intending marriage and very frequently we read of the advisability of castrating of criminals. Physicians and intelligent laymen need to study certain fundamental principles of government before advising any such radical measures. The principle at the bottom of this is vicious and the results fatal to true citizenship.



PUERPERAL ECLAMPSIA.—Dr. J. Willis Candee of Syracuse, N. Y., reports a fatal case in which he was consultant. We give only enough of the clinical history to illustrate our clinical point, for the case appears to have had unexceptionally good treatment both before and during labor.

Primipara, age 27, of extremely sensitive nervous organization, had suffered from a *spinal trouble* (exact nature not stated), had always had a weak and irritable heart with proneness to "sinking spells," but no valvular murmur; no history of pre-existing renal disease; *was subject to severe headaches from which during pregnancy she had been almost entirely exempt*; bowels always normal. Gestation had continued two weeks or more beyond the calculated time. She had throughout been carefully watched by her physician. Urine was first examined at beginning of fourth month. During the last three months analyses were made about every fortnight. In these examinations attention was given to total solids and urea excreted. The solids were sufficient, excepting for short periods at two different times, when they quickly returned to a satisfactory amount. Two weeks before confinement a light albuminuria was detected with, however, no subjective symptoms. Four days afterward there was slight œdema and deficiency of

urinary solids. Under treatment and dieting, œdema quickly disappeared, as did also the solids. During the last week the quantity of urine was noticeably increased. The absence of suggestive subjective symptoms continued until labor began. On the day preceding confinement she had been as well as usual.

In the Organon § 38 Hahnemann gives us a hint, which if we read between the lines, will be found of great value:

“When insanity manifests itself during a pulmonary disease, it effaces the phthisis with all its symptoms; but when the mental alienation ceases, the pulmonary disease again rears its head.”

Another familiar example is that when pregnancy occurs during the course of phthisis, the latter is suspended until gestation completes its term when it rapidly runs its course. During this suspension the patient is generally buoyant and feels unusually well, the lung affection giving very little annoyance.

We have italicised the significant symptom to which attention is called; for a patient who is free from chronic ailments during gestation, who “feels perfectly well” or “never felt better” than during pregnancy, though rarely in robust health at other times, suffers from a constitutional dyscrasia that requires Psorinum, Silica, Sulphur or some carefully selected antipsoric. In this case Psorinum or Silica from the symptoms given—although they are mostly diagnostic—would have made a wonderful change for the better. But it is for future study and treatment of similar cases that we call attention to this case, not to speculate on what might have been. A remedy selected for the old spinal and cerebral symptoms would have produced results *during pregnancy* that could never have been attained at other times, for there is no time in the life of a woman when she is so susceptible of constitutional improvement as during pregnancy.



COMPULSORY HEALTH.—At the present rapid rate of progress in sanitary affairs it will be, in the near future, quite impossible to get a fit of sickness on any terms.

The citizen of that not remote period will wash in sterilized water only; his daily bill of fare will be furnished him every morning by the local board of health. He will smoke only governmentally inspected cigars; every morning the local inspector of mouths will swab out his mouth and make a bacteri-

ological examination. His heart must be examined every six months or so, and if any evidences of the microbes of love are found, he must furnish the name and address of the girl to whom he is attached. Her record will then be looked up, and should she present any hereditary or acquired taints, the marriage will be forbidden. On the other hand, if the records of both parties be unimpeachable, then the affair will immediately be taken in charge by the board of health, and arrangements made for a strictly aseptic courtship. Each will be furnished with tubes of bichloride solution and swabs in abundance to render the mouths aseptic before indulging in any osculatory endearments. The sofa on which the lovers sit must be of hard wood, the germ-laden plush sofa being entirely discarded. Alphonso and his Dulcinea must not allow the hot blood to overleap the cold degrees of science. Immediately after the marriage ceremony they will be vaccinated, inoculated and immunized against all human diseases. Choice cultures of the microbes of happiness, and domestic bliss will be furnished them, and they will then be conducted by a sterilized servant to a germless cottage, where, (let us hope) they will live in scientific blessedness and peace.



VACCINATION.—On another page of this issue we publish an able paper from the pen of Dr. W. B. Clarke, of Indianapolis, on "True Cowpox a Manifestation of Syphilis" to which we call attention and ask for a thoughtful reading.

When medical witnesses were being examined before the English Royal Vaccination Commission the question was asked, "What is Vaccination?" and the majority were forced to acknowledge that they did not know, or at least could not explain to the satisfaction of the Commission. Perhaps it would be well if we would each ask ourselves the question and attempt to answer it.

We will call Jenner to the witness stand. In his work on "The Cowpox" he says, "There is a disease to which the horse, from his state of domestication, is frequently subject. The farriers and veterinaries have called it *grease*. It is an inflammation and swelling of the heel, accompanied at its commencement with cracks or fissures, from which issues a fluid, possessing properties of a peculiar kind. This fluid seems capable of gener-



ating a disease in the human body (after it has undergone the modification I shall presently speak of) which bears so strong a resemblance to smallpox, that I think it highly probable it may be the source of that disease.

“In this dairy country a great number of cows are kept, and the office of milking is performed indiscriminately by men and maid servants. One of the farmers having been appointed to apply dressings to the heel of a horse affected with the malady I have mentioned (*grease*), and not paying due attention to cleanliness, incautiously bears his part in milking the cows with some part of the infectious matter adhering to his fingers; where this is the case it frequently happens that the disease is communicated to the cows, and from the cows to the dairy maids, which spreads through the farm until most of the cattle and domestics feel its unpleasant consequences.”

“This disease has obtained the name of cowpox. Thus the disease makes its way from the horse (as I conceive) to the nipple of the cow and from the cow to the human subject. Morbid matter of various kinds when absorbed into the system may produce effects in some degree similar. But what renders the cowpox virus so extremely singular is that a person who has been thus affected is forever after secure from the infection, neither exposure to variolous effluvia nor the insertion of the matter into the skin producing the distemper.”

We have at least learned that the susceptibility of the patient is of more value than the size of the cicatrix.

It is on this proposition, Jenner asserts, that his discovery of vaccination is founded, vaccinating the human with horse-cowpox to protect them from the smallpox. The virus originally taken from the *grease* of the horse is the homeopathic remedy *Malandrinum* which has been so successfully used in Philadelphia and Brooklyn, in an epidemic of variola a few years ago. It might not be entirely unprofitable under the light of modern scientific research if we began the investigation of this question of vaccination *de nova*. It certainly is in a very unsatisfactory condition at present and is growing worse instead of better.

The Royal Commission of Great Britian composed of able men and all advocates of vaccination, after eight years of investi-

gation with medical men as the chief witnesses, both pro and con recommended that the compulsory clause of the Vaccination Act be abolished. Perhaps similar results might happen here under similar impartial judicial investigation. But is there not a better way? Is it necessary that the old method of Jenner, admitted by all schools to be defective, should still be adhered to? Has science made no advance in this in the last century?

But why should the homeopath who professes to be guided by law in therapeutics be chained to the car of Jaggernaut, the old empirical methods of Jenner? Why should not Hahnemann's protective methods be applied alike to scarlatina, variola, diphtheria and all contagious diseases? Why not use the similar remedy—Malandrinum or Variolinum—as a preventive of small-pox just as we use Belladonna, Rhus or Sulphur as preventive in Scarlatina? And why not use them in the potentized form which is far more potent and perfectly safe, just as we use potentized Mercury in tonsillitis, diphtheria or dysentery? Let us stand by our colors.



THE DIET OF THE SICK.—The proper diet for the sick, both in acute and chronic ailments, has much to do with our success. As a rule our patients eat too much and too great a variety of food during convalescence, especially of the meat extracts, and we have been compelled to rely upon such as were available whether proper or not. The pioneers of Homeopathy paid great care to the diet of the sick, especially preventive dietetics, and were rewarded by brilliant and permanent cures. In surgery, our traumatic remedies—Arnica, Calendula, Hypericum, Rhus, Symphytum, etc.—have enabled our surgeons to lead the world in daring and difficult operations; and now an advance step has been taken in our progress when a homeopathic physician announces a food for the sick, pure, palatable, invigorating, entirely free from medicinal ingredients. Knowing the value of care in such preparations and no doubt realizing the responsibilities attaching to a reliable food prepared by a homeopath for the most technical and exacting members of the medical profession, the ingredients are as good as they can be, though perhaps no better than the best. But the malt, peptones, etc., are so happily combined that the

result is a novelty in foods that is appreciated by the patient for its palatableness and strength-giving qualities. It shows the work of a thinking doctor, a practical man, who, like many of us in general practice, has often been sadly disappointed in the sick room by some well advertised food he has recommended.

Dr. Wm. Jefferson Guernsey, of Philadelphia, is the Bœninghausen of our school in the making of repertories, and it is to his inventive genius that the homeopathic profession is indebted for PERFECTION FOOD. In our private and hospital work we have used it for some time and have found it more satisfactory than any other food we have ever used. Every colleague to whom we have recommended it has only words of praise for its good work, and we call attention to it in this way that those who have not tried may do so. There are probably patients who cannot take it, or whom it will not benefit, but we have not yet found them; and we trust this is an advance in dietetics from which we will never cry peccavi. It is not advertised in this journal but may be had at Boericke & Tafel's.



COMBINATION TABLETS.—A recent convert to homeopathic methods had been given a vial of No. 30 pellets, Hepar 200, for the hoarse night cough of her children. She was much pleased with the change of treatment. When the pellets were used she went into a certain homeopathic pharmacy, to have it renewed, and was given "something better" labelled "Combination Tablets, Coughs and Colds:

Codein 2x,

Sanguinaria 2x,

Tart. Emetic 3x.

Two or three tablets every hour or two."

But it did not work like the little pills. The mixture of the pharmacist was a failure; the convert learned there were many kinds of homeopaths. It was so like the mixtures she had formerly used that she was tempted to return to her former treatment. Is the pharmacist wholly to blame? Would he manufacture them if he did not sell them? Is it honest work for either physician to use or pharmacy to manufacture such mixtures and then call them

homeopathic? Can the physician who wants pure and reliable remedies depend upon getting them in such a pharmacy? Does it pay to run such a risk when a life is at stake? We think not. Better pay a little more and be sure it is genuine.

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### NEW PUBLICATIONS.

**When the Abdominal and when the Vaginal Route.** By H. F. Biggar, M. D., Cleveland, Ohio. Reprint from the Medical Century, 1900.

The *pros* and *cons* of colpotomy—whether by infra-public or supra-public operation—are clearly given, and the advantages and disadvantages of each well defined. The record is one of which we as a school may be proud; seventy-seven colpotomies with only one death (from cerebritis a sequence of an old brain lesion.)



**Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of Our Materia Medica.** By H. C. Allen, M. D. Second Edition. BOERICKE & TAFEL, 1899.

This is the second edition of a very valuable work, one that was highly appreciated by the profession, as was shown by the rapid exhaustion of the first edition. The large number of remedies, introduced into so small a work is astonishing. The selection of the characteristics of each remedy is done with a masterly and judicious hand; one that has acquired skill by long experience and is, as it were, dyed in the work.

There is nothing of so much *practical* use in homeopathic prescribing, as the modalities; oftener than anything else it is these that determine the applicability of a remedy to a given case. We would frequently confound remedies of a similar genius were it not for some apparently trifling modality. For instance, how many times would we have to acknowledge the impossibility of distinguishing the difference between Bryonia and Kali carb were it not for the completely differing modalities. It is in these very things that Dr. Allen's book is strong. In our opinion, it has reached about the limit of size of a book for study; larger books than this should not be considered as adapted for

study as much as for reference. It may be carried in the pocket, held easily in the hand, or placed in the satchel; emphatically a good book for reading and poring over on a train or in a buggy; just the thing for profitably occupying a few minutes of leisure in the office. On the other hand, for acquiring a working knowledge of our materia medica it is worthy of solid hours of study. The favor with which the first edition was received will certainly be continued with the more complete and fuller second edition.



**“The Empire of the South”**—An interesting and timely publication setting forth facts about the Southern States has just been issued by the Southern Railway. It is called “The Empire of the South,” and gives a comprehensive exhibit of the development of this section of the country in every line of activity. It contains a discussion of the South as it was, as it is, and to its destiny, and treats at considerable length the various interests, such as agriculture, cotton, tobacco, iron, coal, resorts and climate. Chapters are devoted to each of the States south of the Ohio and Potomac rivers, and east of the Mississippi river. In these the early history of the States is given and the important features are touched upon, as well as the progress of the leading cities. The book contains one hundred and eighty-four quarto pages, each of which is illustrated. It will be sent by mail for fifteen cents, the amount required to cover the postage. Address Wm. H. TAYLOR, Assistant General Passenger Agent, Louisville, Ky.



**A Text-Book of Materia Medica and Therapeutics of Rare Homeopathic Remedies.** By Oscar Hansen, M. D., Copenhagen, Denmark. London: THE HOMEOPATHIC PUBLISHING CO., 1899.

This is an effort in the direction of therapeutic progress. Very few symptoms or therapeutic hints are given of many remedies for the best of all reasons, that there are few to give, there is little known of their healing power; they await a proving. But we note many omissions in the list: Abrotanum, and its emaciation; Acalypha Indica, with its pulmonary hemorrhage; Acetic acid; Apium graveolens, and the splendid proving by Dr. W. P. Wesselhoeft; Ailantus; Aletris; Amyl Nitrite;

Anthracinum; Aralia; Aranea; Bufo; Carbolic acid; Carduus Marianus; Coca; Cocaine; Culex; Diphtherinum; Dolichos; Equisetum; Gamboge; Fragaria vesica; Gnaphalium; Lactic acid; Marum verum; Melilotus; Millefolium; Naja tripudians; Origanum; Petroselinum; Physostigna; Ptelia trifoliata; Pyrogen; Sticta pulmonaria; Stillingia sylvatica; Viburnum Opulus, and many more to be found in Hering's Guiding Symptoms, a work which the author has not included in his bibliography. Here also may be found an extended symptomatology of the nosodes a line of valuable remedies which, like Psorinum, should have had a page each, and thus have added largely to the value of the work, for no remedies are so much neglected by the homeopathic profession as these. We hope to see them in the second edition.



**Christian Science: An Exposition of Mrs. Eddy's Wonderful Discovery, Including its Legal Aspects: A Plea for Children and other Helpless Sick.** By William A. Purrington, Lecturer in the University and Bellevue Hospital Medical College, etc., New York. E. B. TREAT & Co. Pp. 200. Cloth, \$1.00.

This book is a collection of papers by the author, which appeared in *North American Review*, the *Medical Record* and the *New York Sun*, "Expounding the dangerous teachings of our latter-day delusion, Christian Science, and the theory and limitations of medical legislation, if only for the sake of children and helpless adults." The photograph frontispiece is an object lesson worth a wilderness of words and is in itself a volume. "The case is one of gangrene of the left foot of a child twelve years old; the lower ends of tibia and fibula being exposed, and the foot attached to the leg only by the internal lateral ligaments of the ankle. A professed Christian Scientist, an ignorant woman, was called in who guaranteed by prayers, passes, etc., to cure. Eventually amputation was performed by Dr. Blaisdell, of Brooklyn, assisted by Dr. C. H. Tag, who reported the case, and her life was saved." From this book the legal and other aspects of the cult may be gleaned from a very versatile pen. Here Mrs. Eddy's biography and teachings may be found ready for use, and we advise our readers to be prepared for a discussion which may be forced upon them any day or at any time.

**Vaccination or Blood Poisoning with Animal Diseases.** By Edward Alfred Heath, M. D. Published by HEATH & Co., 114 Ebury St., London, S. W.

This small book of 38 pages gives a very interesting report of the present status of vaccination in England, including the work of the Royal Commission, which began its labors as strong advocates of vaccination and ended by recommending that compulsory vaccination be abolished. The author asks, "How long will vaccination protect? I have known a vaccinated person to have smallpox three times under the age of thirty years. If smallpox will not prevent some persons from having the disease a second time, will vaccination be more certain?" "In the hospital of London ninety-five persons out of every one hundred admitted there with the disease have been vaccinated and have the vaccine cicatrix on the arm. This shows that it is not, as Jenner stated, an absolute or lasting protection."

The comparative tables of mortality and immunity in Gloucester and Leicester, cities very poorly protected by vaccination, and in Birmingham and Sheffield, cities well protected by vaccination are simply incredible to any one who claims that vaccination is either preventive or protective. We thank Dr. Heath for the facts so convincingly presented, and we trust his little book will have the circulation it deserves.

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"HERING COLLEGE IS ALL RIGHT" in Syracuse, for Gordon W. Hoyt, M. D., is Secretary of the Medical and Surgical Staff, and one of the attending physicians, while J. M. Keese, M. D., is Pathologist and Pharmacist. Like many others, these two young doctors acquitted themselves well while in college, and have rapidly come to the front.

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There is in London an institution known as the Free Home for the Dying. It is absolutely free, and the only passport to admission is a medical certificate to the effect that the applicant is believed to be dying. No distinction as to nationality, age, sex or creed is made. During the year, forty-eight\* patients were admitted; of these thirty died, nine were discharged, and nine remained.

**THE PHYSICIAN AS A BUSINESS MAN.**

No other professional gentleman is compelled to assume as many responsibilities as the physician. Entrusted as he is with the lives of his patrons, he must at all times be prepared for any emergency that may arise. Others may be appalled or terror-stricken at some horrible accident, yet the physician must know no fear, be brave, yet tender, and equal to the occasion. The theologian, the lawyer, the statesman has time to prepare for his work—the physician must be always ready.

The physician bears a double relation with every patient—the humanitarian combined with that of the scientist and that of the business man. I have often thought, considering the vast responsibilities heaped upon him, that the latter sphere, that of business man, is neglected to too great an extent. Physicians, as a rule, are poor business men, and it is often their own fault that they are not better off financially than they are. The irregular hours of sleep, and irregular meals, both of which tend to make the average life of the physician shorter than that of any other professional man, are certainly deserving of better remuneration than the mere promise to pay. Their services are held too lightly; many persons estimating the value of a physician by the fee he charges. Each practitioner must be his own judge as to the value of the services rendered; if he under-estimates them, he is alone to blame. The healing of the sick is your stock in trade, and you are doing yourself an injustice by ignoring the business portion of your profession. A physician who renders his patient the very best service at his command should never hesitate to demand that which justly belongs to him. Ignoring this simple business principle is the chief cause of the many failures in the practice of medicine.

The question naturally arises, how is this to be remedied and corrected? In the first place, make your charges commensurate with the service rendered; secondly, keep accurate accounts; thirdly, collect them systematically. There are many labor-saving ledgers on the market which make the keeping of accounts easy and up-to-date. Whether your business justifies the employment of a book-keeper or not, keep all the accounts posted, so that they may be settled at a moment's notice. Render statements regu-



larly ; every three months, or what is preferable, every month. This will not only remind your patrons that they are indebted to you, but shows them you are a thorough business man as well as a good physician. In every other mercantile business, statements are rendered monthly, so why should not the physician do likewise? No sensible person would take offense at it, and those who do, and raise a cry about being "dunned," are undesirable patrons, and the sooner you weed them from your practice the better for you. The old fable of the husbandman who warmed the frozen serpent into life, only to be bitten by the venomous thing, often finds a counterpart in real life. This class of patients may call you "a good fellow" till you have cured them; when you attempt to collect, then——. Let your patrons know that payment is expected, that it is one of your business methods to demand it when due, and you will not be left in the lurch, even though your easy-going, generous-hearted competitor across the way often is. The bright, capable, business man physician is the successful physician, and he will get the patronage and practice. His professional success, however, depends upon his knowledge of medicine and the results he derives therefrom, for the public will stay with the one who gives the best satisfaction. His success from a financial standpoint depends upon his ability to collect that which is rightfully due him.

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### PERSONALS.

Dr. W. T. Laird, of Watertown, N. Y., died October, 1899.

Jan. 1st, 1900, was the 100th anniversary of the birth of Constantine Hering.

Dr. C. E. Fisher has gone to Havana, Cuba, for the winter. His address is 67 Prado.

Dr. King has another baby. Messages of condolence and sympathy may be sent to his office.

Dr. E. R. McIntyer, the man of nerve and brains, enjoyed a brief trip on business to Minneapolis last week.

Dr. W. B. Clarke, Indianapolis, of Medical Debates fame, was in Chicago recently, and made a friendly call on the *ADVANCE*.

Dr. Justina L. Ford (Hering '99) has an office at No. 3604 State street. She is thinking of going to the Paris exposition this year.

One of Hering College alumni, Dr. Northup, Shreveport, La., has taken a wife to himself. Congratulations to the happily consociated pair.

Dr. J. H. Kirkpatrick, after a brief sojourn in Chicago, some excellent work in Hering College, and a devastating fire, which entailed the loss of valuable personal effects, has left for his first love, the Pacific coast.

Dr. Guy T. Adams and Miss Clara B. Eby were married at the residence of the bride's parents, at Mendota, Ill, on the closing days of '99. The happy pair have the best wishes of the *ADVANCE* for along life and a happy one.

The Chicago Materia Medica Society meets at the Sherman House twice monthly for the study of drugs and drug action. Nux Vom. is the subject of the next meeting on Tuesday, February 13th, at 8 p. m. Drs. T. C. Duncan and A. W. Woodard are president and vice-president respectively. Write to the secretary, Dr. P. S. Replogle, for particulars. This society differs from most others in that there are no dues and no entrance fees.

On Saturday evening, Jan. 20th, the senior class of Hering gave a reception to the faculty and friends of the college. The large amphitheater was crowded to its full capacity, with a large and fashionable audience. The students had prepared an interesting program, consisting of music and short addresses. For once the faculty were silent and the students had full sway. During the evening a large and beautiful American flag was presented to the college by the class. Refreshments and a sociable time closed a pleasant evening.

Dr. James John Garble Wilkinson, the oldest and in some respects, most eminent of English homeopaths, died at the advanced age of eighty-seven. He achieved a wider fame as a writer than as a physician, and was a friend of Ralph Waldo Emerson, Carlyle, and other men of note. He was profoundly versed in latin love, 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.





**W. W. STAFFORD, L.L.B., M.D.,**  
**PROFESSOR OF SURGERY, HERING MEDICAL COLLEGE.**

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

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I suppose if I had loved him less, I could more faithfully portray him as the world knew him; and if into this brief sketch a large personal element shall enter it will be because long and intimate association revealed characteristics that make his loss even more unbearable. The world knew him as the great-souled, jolly physician, whose presence brought a contagion of cheer. It was granted to some to know all of that, and more.

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 were watching him, 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.

William Walter Stafford was born in LaSalle, Illinois, September 21, 1865. There were four sons in the family, but three of them died in infancy. 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.

At the age of ten, he removed with his parents to Sedalia, Mo., and a few years later to Parsons, Kans., which place has since been his family home. He was graduated from the Parsons High School at fourteen, and the class history speaks of him as "The Walking Dictionary." He spent one year in a literary college at Osceola, being known there as "Goliath," not alone for his magnificent physique, but for his student qualities. He was just seventeen when he took up the Law course at the University of Iowa, and was graduated at nineteen, two years before he could legally be granted a degree. Having two years to wait before he could practice law, he went to Moberly City, Mo., as clerk to the yard-master of the Wabash Road. He spent his evenings studying stenography and type-writing, and his skill in these proved of value to him in later life.

He went to Rock Island in 1886, to accept a position as Secretary to the Sun Accident Insurance Company. He was thus associated

for four years, when he resigned his work to become teller of the Rock Island National Bank. He was still in touch with insurance work, and in 1891 he became Attorney for a well-known company.

Meantime, 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 homeopathic societies, and was Assistant Recording Secretary of the American Institute, and Secretary of the State Society.

Until the fall of 1898, he would have been pronounced physically perfect. He had then an attack of appendicitis. He recovered, only to have two subsequent attacks. In March he submitted to an operation, which revealed an appendicular abscess. He left the hospital in a few weeks, apparently well, and was able to be at his office. Very insidiously, however, an abscess of the right lung had developed, undoubtedly of pyæmic origin. After a fight so brave that it made the end seem a martyrdom, he died on January 9th, 1900, in Denver whither he had gone in the hope that a change of climate might benefit him.

He was buried in Parsons, Kans. His father and mother survive him; they have the sympathy of everyone who appreciates the measure of their loss.

He will be missed in no place more than in Hering College. He had seen it begun as an experiment; he had helped make it of national reputation. Faculty and students were grief-stricken and felt that the "best and brightest among them had been taken."

If genius is hard work, then Dr. Stafford was the Prince of Genius. His capacity for study was unlimited. He was not content to become a Master of Medicine; he must be the cultured man of letters also. A pathetic instance of this was an unopened French Dictionary, ordered from the publishers long after he was too ill to use it. I remember having seen on his day memorandum, together with an indication for the use of Echinacea, and a new preparation of catgut, an unusual form of a French irregular, with a question mark after it.

I called late one night, and found him writing out French exercises as diligently as if he were to be required to hand them in to a master the next day. His German books show the wear of street car use. On his table at his down town office, he kept a copy of Cæsar, and an algebra, and with these he occupied any waiting moments. He said to me one day, "I found a problem in quadratics that I can't solve. I must brush up in my Algebra, I see." Do you wonder that a man of such tastes and such industry was an inspiration?

"Call no man happy until the manner of his death be known." If to die at the height of one's popularity, in the midst of success, admired by all, and regretted by all, is happiness, then our lamented Dr. Stafford is happy.

Yet why should I write further? He needs no words of praise; they are superfluous. No word picture could describe him to those who did not know him, and to those who loved him no encomiums now can lessen the sense of irreparable loss. He will be remembered equally as the skillful physician, the polished gentlemen, and the chivalrous friend.

His peculiar charm of personality, his magnetism, his far-reaching sympathy and generosity, his bravery; it seems scarcely possible that these can ever 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.

F. W.



## COLLEGE NOTES.

THE SENIOR RECEPTION.—The annual reception given by the graduating class of Hering Medical College took place Saturday evening, January 20th, at the college building. After a short programme the class presented to the college a pennant and an American flag. Supper was then served in the laboratories. There was a large attendance and all voted a good time. The social side of Hering has always been an important feature.



## MATERIA MEDICA IN HERING COLLEGE.

Materia Medica is a distinctive feature of Hering College presented in an interesting and instructive manner according to the methods and standpoints of the different teachers.

DR. H. C. ALLEN, the veteran teacher and author of "Key-notes of the Leading Remedies," lectures on characteristics and comparisons, the necessary essentials upon which the superstructure must be built by a life long study, frequently interspersing the same with reference to his valuable experience, impressing the memory with the practical application of his teachings. We have in him the fruition of a successful life, rich in experience, fearless and sincere. His thoughts are expressed clearly, concisely, and with a conviction that admits of no uncertain sound to create doubt in the student's mind.

Aside from Materia Medica itself consideration is given to the necessity of selecting the correct remedy, the sequences, relations, modalities and repetition of dose. Special attention is given to the nosodes, and their relation to the miasms.

DR. J. A. TOMHAGEN in a masterly way reveals the genius of the remedy in a manner that will create a lasting thought image, reasoning from cause to effect the faculties of the mind to the functions of the body, the peculiarities and tendencies of temperament, as manifested in each remedy. Thus a new light is thrown upon what might be confusing and meaningless symptomatology, which when studied without such aid, is perplexing and misleading to an investigating student. His presentation of the subject is wonderful, in which the patient, disease, remedy, temperament, cause and effect are harmonious and homologous.



To a student of nature his instruction is not only interesting but absorbing, holding the undivided attention of his audience in the unique and original manner of his analysis and synthesis. His instruction cannot but broaden the nature and make better and more intelligent men and women of those who are so fortunate as to receive instruction from his deep and studious mind.

DR. E. A. TAYLOR'S method is to consider the verified details from somewhat of a critical standpoint with regard to their proper sphere of application in diseases which should be previously recognized as curable or incurable, and in the event of failure to cure the *incurable*, unjust blame may not be given to the remedy. He therefore lays great stress upon the therapeutical importance of diagnosis, the relation of which is frequently overlooked.

DR. F. M. WATSON by bringing out the fundamentals prepares the younger students to better appreciate that which is to follow as they enter the upper classes. A thorough preparation is established for their future work.



#### RESOLUTIONS OF SYMPATHY.

WHEREAS, In the Providence of God, He has seen fit to remove our friend and instructor, Dr. W. W. Stafford, from a useful and active life to perfect life beyond, and,

WHEREAS, We the student body of Hering Medical College in whose interest he worked so untiringly, do feel keenly his loss; therefore be it

*Resolved:* That in the death of Dr. Stafford the medical profession has been deprived of a wise counsellor and the students of Hering Medical College of an able and painstaking teacher and a sympathizing friend; and be it

*Resolved:* That we, the students of Hering Medical College, extend to his bereaved parents our deepest sympathy, praying that He who knows all hearts, may grant them consolation in their deep affliction; and be it further

*Resolved:* That a copy of these resolutions be sent to the bereaved family, and that the same be published in the MEDICAL ADVANCE.

Dr. J. D. Craig, who has spent the last two years in the study of food and dietetics, and has made many analyses of food stuffs at the Oreid Institute, is giving a course of lectures on his specialty to the students of Hering College. One cannot listen to these lectures without acquiring a great accession of new ideas. He makes a point well worth remembering in regard to homeopathic prescribing. He claims that up to twenty-five years ago homeopathic physicians possessed a marked peculiarity which they do not now possess, to-wit: It was a regular part of a homeopathic prescription to restrict very rigidly the diet of the patient. On the envelope which contained the powers were printed directions as to the patient's diet, to which he or she were expected to conform very strictly. Coffee and tea were absolutely forbidden condiments, salt meats, pork and perfumes were not to be used. Dr. Craig claims that the success of the prescribing of the older physicians and much of their distinctiveness as a class, was due to this wise restriction in food. He also maintains that the decay of our school and the mongrelism of the present is largely due to the unsuccessful prescription, and the unsuccessful prescription is due to the unwise license which we give our patients in regard to food. The genial and well nourished doctor intends to remain in Chicago permanently.

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POTENTIZED IODIDE OF LEAD is recommended for the fulgurating pain of Locomotor Ataxia.

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On one occasion, when Sir John Lubbock was about to undergo a surgical operation, his friends tried to entice him to take chloroform, but he would not give his consent to this, and only replied, "No thank you; I would much rather be present at the operation."

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There have, lately appeared in a number of so-called medical journals, articles of fiction, the only possible claim of which, to an appearance in a medical, are that they are written by a doctor. There is so much fiction usually found in the reports of clinical cases, that these efforts of the imagination are entirely unnecessary.

## THE LADY WITH THE LAMP.

Miss Florence Nightingale, "the soldiers' friend," has written a charming and characteristic letter to the survivors of the famous charge of the Light Brigade, which was read at the Balaclava banquet held a few days ago in London. In this letter Miss Nightingale briefly referred to the horrors of war, of which she has seen so much, and added her tribute of praise to the valor and courage of the British soldier on the field of battle—a valor that, however much they may honor it, few women are privileged to see.



FLORENCE NIGHT-  
INGALE.  
At the Time of the  
Crimea.

The "queen of nurses" is at present staying in her quiet West end home, unfortunately too unwell to see anyone but immediate relatives, Yet her thoughts on her invalid couch should be happy ones—happy, indeed, if happiness is truly defined as "looking forward with hope, looking back with satisfaction," for how few, indeed, can look back on a life's work so well done, and with such true satisfaction, as Florence Nightingale.

Indeed, Miss Nightingale's chief characteristics are organization and order, and her work at Scutari during the Crimean war was no work of mere sentiment and womanly feeling, but that of one who could not only give her time and sympathy to the wounded, but guide and control with the hand of a firm disciplinarian. Yet her tender sympathy has ever endeared her to those with whom she has been brought in contact. Indeed, the Crimean war survivors still think of her as the "Lady with the Lamp" on her anxious nightly round, and on the heroic roll-call of the nineteenth century no name shall be more indelibly written than that of Florence Nightingale.



FLORENCE NIGHT-  
INGALE.  
Present Day.

A lady with a lamp shall stand  
In the great history of the land—  
A noble type of good  
Heroic womanhood.

—London Morning Leader.



THE COMING DOCTOR.

## THE SMART REPORTER.

It was two o'clock in the morning.

All the reporters but one had gone home, says the Detroit Free Press. The night editor sat at his desk reading over the copy of the last remaining reporter. There hadn't been a word spoken for a half-hour. The rumbling of the distant presses and the clicking of the typewriter were the only sounds that broke the silence of the night.

The telephone bell gave a loud, long peal.

"Hello," cried the night editor, as he jammed the potato-masher to his left ear.

"Say," said the telephone, "we are having a little discussion down here in Hogan's place and we want to know which can fly the faster, a canvasback duck or a redheaded woodpecker."

"Say, Bill," yelled the night editor to the solitary reporter, "which can fly the faster, a canvasback duck or a redheaded woodpecker?"

"Duck," laconically answered the reporter.

The night editor turned to the telephone and told it that the the duck was much the swifter aerial navigator of the two.

"How much faster?" asked the telephone?"

"How much faster, Bill?"

"Eight miles an hour in warm weather and ten miles if it's cold."

"Eight miles an hour," repeated the night editor.

"Why is it?" asked the telephone.

"Why is it, Bill?"

"Because he spreads his canvas. The woodpecker hasn't any."  
Ting-a-long-a-ling.

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"I take a cold plunge bath every morning."

"That's nothing. My wife throws a wet blanket on me at least twenty times a day."

\* \* \*

Doctor (casually)—"Well, Mr. Brown, how are you today?"

Mr. Brown (defensively)—"Oh, I'm all right, doctor. There's nothing the matter with me that would be worth two dollars to you."

## HER MISTAKE.

“There’s no use talking,” said the senior partner fretfully, as he laid down the morning paper, “I can’t get my wife interested in foreign politics.”

“What’s the latest instance?” inquired the junior.

“It happened only last night,” said the senior. “I said to my wife, ‘I notice that the Samoan affair is dreadfully muddled.’ She smiled at me brightly and replied. ‘I don’t wonder at it a bit.’ I was a little startled by her confident tone. ‘Dont wonder at what?’ I asked. Don’t wonder at all that his affairs should be muddled,’ she replied. ‘I never could understand how they managed to live so extravagantly on his income. Why, his wife dresses better than I do,’ she replied. I gasped for breath. ‘Hold on, my dear,’ I cried, ‘will you kindly inform what on earth you are talking about?’ She looked hurt. ‘Why about Sam Owen’s affairs—isn’t that what you meant?’ And I hadn’t the heart to tell her it wasn’t.”

## MRS. KENNEDY SCOBELL, M. D.

The society for the Promotion of Health is designed to supply a knowledge of the anatomy and physiological laws that govern women. The important object of this society is to prevent the universal suffering among women. It contends that the greatest need of the age is a better understanding of the laws of being. Experiments with provisions, drugs or surgical operations are condemned. Mrs. Kennedy Scobell, M. D., Chicago, is the founder and promoter of the society



## DR. IDA KAHN.



The first native woman in China to hang out her shingle with an M. D. upon it is Ida Kahn, who recently graduated from Ann Arbor University. She came to this country about six years ago to study medicine, and now she has returned to her native town, Kin Kiang, on the Yangste river. She was much liked at Ann Arbor, where she took the full medical course. She spoke English very well when she came to America, and successfully passed the examination necessary for entrance to the class of medicine and surgery. Ida

Kahn also went in for bacteriology, electro-therapeutics, and she became initiated into the mysteries of batteries, induction, coils, electrodes, and other appliances, and made experiments in electro-physics and electro-physiology.

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“I ’spise de kin’ o Thanksgibbin’ feelin’,” said Uncle Eben, “dat causes a man ter confined hisse’f ter bein’ thankful dat he’s got mo’ ter be thankful foh dan his po’ friends dat couldn’t afford to buy no turkey.”

“Pray don’t leave the table,” said the landlady sweetly, as her new boarder rose from his scanty breakfast.

“I must, madam; it’s hard wood, and my teeth are not what they were.”—*Tit-Bits*.

“Do you suppose it’s really possible for a man to fast a week without really injurious effects, doctor?”

“Ah!” exclaimed the doctor. “Thoughtful man! Considerate mortal! You’re planning to save enough money to pay that little bill you owe me. I suppose.”—*Exchange*.

## PUBLISHER'S PAGE.

Subscribe for the **ADVANCE** while you think of it.

First-class job printing for the profession executed at the Advance office.

The National Surgical and Dental Chair Exchange, Elkhart, Ind. Bargain-list free.

**To Exchange.**—Medical books and homeopathic remedies for second-hand surgical chairs.

Send for a copy **Monthly Bulletin** of the National Medical, Dental, and Drug Exchange, Elkhart.

The eighteenth semi-annual meeting of the N. I. and S. M. Homeopathic Medical Association will meet in Elkhart, April 24.

The **ADVANCE** was issued double for November and December, and January and February, but will hereafter appear in its usual size the first of each month.

Owing to a multiplicity of other duties, Dr. H. A. Mumaw relinquishes his interest as publisher of the **ADVANCE** with this date, and will be succeeded by the faculty of Hering Medical College, Chicago.

**For Sale.**—A Shepard Spirometer; McIntosh Electrode Case; Meyrowitz Perimeter; Second-hand Perfection, and Clark and Roberts Surgical Chairs; Medical and Dental Lecture Tickets. Prices on application.

**For Sale.**—Bœnninghausen's Therapeutic Pocket-Book (slips), Homeopathic Text-Book of Surgery, Lee's Cough and Expectorations, Jahr's Pocket Repertory, Cleveland's Salient Materia Medica. Address this office.

**The Elkhart Normal School and Business Institute** is doing a good work in the way of preparing young and middle-aged men and women for teaching and business. Circulars free. Address the Secretary, Elkhart, Ind.

**For Sale.**—A \$2000 practice in a small inland town in n.-e. Indiana. Good surrounding country. Collections ninety per cent. Price, including drugs, office fixtures, cart, buggy and horse, \$500, \$250 cash, balance on time. Address D., care Advance office.

**Wanted.**—Second-hand Operating Tables; Static Electric Machine; Lippe's Materia Medica; Guernsey's Key-Notes; Allen's Intermittent Fever; Gray's Anatomy; Hahnemann's Lesser Writings; Fisher's Diseases of Children; and any of Bœnninghausen's works.



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THE

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# MEDICAL ADVANCE,

Chicago, Ill.

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## CENTRAL NEW YORK HOMEOPATHIC SOCIETY.

Century Club, Syracuse, N. Y., Sept. 21, 1899.

The annual meeting of the Central New York Homeopathic Medical Society was called to order by the President, Dr. Carl Schumacher, at 11:30 a. m.

The minutes of the March meeting were accepted, although incomplete. There was no meeting at the June quarter.

Members present: Drs. Alliaume, Carr, Dever, Howland, Hoyt, Keese, Leggett, Schumacher, Stow.

Serious illness prevented the usual communication of the President.

The applications for membership were favorably reported and a ballot resulted in the election of Drs. C. E. Alliaume of Oriskany, N. Y., and J. Mumford Keese of Syracuse, N. Y.

The Organon, sections 267-8, was read by Dr. Keese.

The essayist was absent. Dr. Stow opened the discussion. He reminded the members that at the time in which those paragraphs were written, Hahnemann had been persecuted, and had, again and again, been forbidden to practice pharmacy. Yet his practice of pharmacy, his extensive knowledge of drugs, his extreme care and niceness in their preparation, made possible the advancement of medicinal therapeutics in a new direction for the profession of future generations. Dr. Stow showed that the incompleteness of the pharmacy of that period made Hahnemann's methods necessary, and that most of the pioneers in homeopathic practice had been obliged to follow in his

footsteps. He said that since that time pharmacists had so extended their knowledge and sphere of action, that they professed to-day to furnish to the homeopathic physician all that is needed of potentized drugs. The late Dr. Lippe had told Dr. Stow that he prepared his own potencies up to the 200. Dr. Stow had done the same until within a few years, since which he had depended upon the pharmacists. He thought the present question was as to the efficiency of the present day preparations. Several experiences, of a careful diagnosis of the remedy, followed by failure of the prescription, had inclined him to doubt their constant reliability.

As a case in point he related the failure of a favorite potency, a Dunham 200. A young woman had applied to him for relief of congestive headaches. The pain was right-sided, intense, affecting the right eye, worse by heat, by noise, by lying, and was accompanied by a bright, red face. It was a perfect picture of belladonna. He gave the 200 without result, a. c. m. with perfect relief. Question: Was this 200, which had been refilled at a pharmacy within three years, the same potency? Could it be depended upon as could the original?

Dr. Dever, during his college days, had seen something of the preparation of potencies in pharmacies, and it had made him suspicious. He had seen a man, intrusted with the potentization, smoking until the air was blue. He thought those pharmacists who recommended mixtures, salves, pills and other combinations were less reliable. He therefore depended upon such potencies as he knew to be carefully prepared. He advocated cleanliness in preparation.

Dr. Howland had experienced trouble in obtaining properly cleaned vials.

Dr. Hoyt advocated the necessity for purity and genuineness of homeopathic preparation, and had been surprised to see potencies prepared with but little appreciation of even ordinary cleanliness.

Dr. Schumacher considered that the purity and activity of potencies depended largely upon the purity of the first preparations. He drew attention to the fact that some pharmacies now advertise the cultivation of plants for medicinal purposes, and said that the juices from such plants were in no respect so good or so active as the juices from the wild plants. He con-

sidered that the severe inspection to which the German pharmacies were subject was favorable to drug purity.

Adjourned to meet at 2:45 p. m.

After again being called to order, it was moved by Dr. Dever, seconded by Dr. Carr, that the order of business be changed and the election of officers for the coming year immediately take place. Carried.

The following officers were elected: Dr. W. F. Clapp, Fairport, N. Y., President; Dr. Volney A. Hoard, Rochester, N. Y., Vice-President. The Secretary and Treasurer, Dr. Leggett, and the Board of Censors, Drs. Stow, Dever and Martin, were re-elected.

Nominations were single and the Secretary was instructed to cast the ballot in all instances except one.

Dr. R. C. Grant, Rochester, N. Y., offered the following cases:

CASE I.—My first will be a surgical case that came to me from a gynæcologist in a neighboring town, who had advised an immediate operation as the only means of relief.

Mrs. —, 38, dark, mother of two children. An older sister had had a fibroid growth removed, together with ovaries and uterus.

*Sick* headaches, pain most in top of head and over and behind eyes, worse by continued sleep; much nausea and vomiting; constipated; cold hands and feet; worries much, cries easily; menses normal.

Examination showed: Uterus much enlarged; retroflexed. Cervix enlarged, slightly lacerated, with some small, hard cysts on lower portion. A large growth in front of and above uterus, dense to touch, irregular in outline and moving with uterus. Parts all tender to touch, especially right ovary.

In May last gave one dose sepiæ 6 m. (Jenichen) potency, following in June with one dose merc. c. m. potency (Fincke).

Tumor is entirely gone; tenderness gone; headache gone; bowels normal; flexion of uterus still present, but much less.

We shall have to change the old saying and make it read, "Potencies are mightier than the knife."

I will report another surgical case.

CASE II.—A case of appendicitis in a woman of 35. The tumor was easily outlined, very tender and all the diagnostic

signs present. In addition we had chill and heat all mixed together; temperature 104; very restless; pains "like hot needles sticking into her." Thirst constant, for a swallow at a time. Two doses of ars. c. m. (Fincke) cured.

Again the potency showed itself mighty.

Now, if these cases are any better cured than they would have been under the knife, why? In Case 1, we must have had some disturbance of the life forces to have produced and maintained the growth. Deposits of this character do not take place if the dynamic action of the body is undisturbed. It is evident that the removal of the results of this disturbance by the knife does not quell the disturbance. A new growth may take place, or an entirely new result may develop as the outcome of the still abnormal action of the life forces. It is equally evident that the deposit of tissue would not be re-absorbed, unless the powers of absorption and assimilation had been readjusted to their normal, healthy state. This correction of the life forces was made by the action of the two doses of sepia, that which had been wrong in the economy had been set right, and the tumor was not only removed but the patient was made well until such time as some morbid power from without might, perchance, produce a new and different disturbance of the life action.

In Case 2 I will simply say that it was cured more safely and therefore better than though a knife had been used. In other words it followed out Hahnemann's instructions, and they are always right.

R. C. GRANT.

The subject was opened for discussion.

Dr. Dever thought that Dr. Grant's paper showed that he well knew the reason of the cures obtained. That the homeopathic remedy removed the disturbing cause, while the knife removed the result only. He mentioned a case of appendicitis cured by the remedy, when the knife, for which the family were anxious, might have killed.

Dr. Carr pointed out that the indications in the two cases had led to distinctly different remedies, and that sickness in each individual was followed by different symptoms. He showed that no law existed in the Old School covering such indications. He likened the usual treatment of tumor to the cutting off of

the thistle blossom to remove the plant; the knife removed the result only. The homeopathic method, strictly followed, always gave the best results.

Dr. Dever did not believe that Hahnemann would have been an "old foggy" had he been alive to-day.

Dr. Carr agreed, and said, that Hahnemann was not only far in advance of his time, but of most of the practitioners of to-day; that a few only were beginning to understand the principles taught by him. He showed that section 9 of the *Organon* contained the theory of the vital force in a nutshell, and quoted as follows:

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

Dr. Carr thought that understanding this the healthful condition, and being guided by departures therefrom, would expose physicians to fewer failures.

Dr. Alliaume read the following:

#### CLINICAL CASES.

CASE I.—June 22, 1898. Mr. F. W., age 31, tall, slim, sanguine, bilious, motive temperament.

*Head:* Aches over root of nose; a great deal of vertigo on rising from sitting and on first moving about; scalp itches.

*Mental:* Easily discouraged, despondent.

*Throat:* Had sensation of ball in throat (globus hystericus), had to keep swallowing.

*Stomach:* Alternate voracious appetite and anorexia; craves apples and apple pie; flatulency; belches; very sour eructations; cold water distresses.

*Thirst:* Constant, small quantity disagrees.

*Bowels:* Diarrhoea frequent, weakening; some pain, much flatus. (Phos. Apoc.)

*Urine:* Hard to pass, some burning, high color, strong odor, red, sandy sediment, scanty, gets up three or four times at night.

*Nerves:* Has epileptic fits, always at night; awakens from first sleep, then cannot sleep for hours. Very tired in morning,

trembles all over, especially in chest, after these spells. Formication on legs.

*Back:* Aches most of time, when urine is high colored.

*Sexual:* Nocturnal emissions, some discharge on urinating.

*Skin:* Slight eczema about edge of hair.

Arsenicum c. m., three powders, were given.

*Note:* This condition was of years' standing but was cured in four weeks. No return of the epilepsy or diarrhoea since.

CASE II. Aug., 1897. Mrs. S. C., age 52, bilious, vital temperament, plump, medium height.

*Head:* Hot flashes, severe, very red face.

*Sexual:* At climacteric, some leucorrhœa.

*Bowels:* Large, blue, protruding hemorrhoids surrounding the entire anus; sore, ache, pain; habitual constipation.

*Sleep:* Cannot sleep well, cannot sleep on sides.

Lachesis c. m.

*Note:* This condition improved right away and with occasional aggravation it went on to a complete cure. Her report on Jan. 15, 1898, was: Bowels all right for the first time in years; piles do not bother at all; sleeps well and only has a hot flash after getting very tired. During this period she had lachesis c. m. on October 2 and October 20; sulphur mm. on November 23, and Lachesis c. m. again on January 3.

CASE III.—Miss M. C., age 26, sanguine, mental temperament. Was taken with appendicitis, occasioned by reaching high. She had a sudden chill, which was slight; intense cutting pain; vomiting, and a temperature of about 103. The tongue white on the right side, which turned to a brown; thirst for cold water, which caused vomiting; restless; anxious; the appendix being very much swollen and showing the characteristic olive shape.

I applied hot, wet woolen cloths over the abdomen, which greatly relieved the pain; gave high, hot water injections and administered arsenicum c. m. in water every half hour. This was her remedy all through and is her constitutional remedy besides. She was ill just ten days. Have had several cases and have cured them all in the same manner.

CASE IV.—Miss E. R., age 24; bilious, vital temperament; tall, heavily built.

*Head:* Periodical sick headache, coming at least once a month; usually over right eye; worse by sleep; by motion; hot vertex; worse in open air; throbbing.

*Eyes:* Feel swollen and heavy.

*Mouth:* Bitter, nasty taste.

*Thirst:* For large quantities of ice cold drinks.

*Stomach:* Feel bloated, after drinking water and right after eating; feels heavy; craves oysters.

*Bowels:* Habitual constipation; ineffectual urging; strained feeling after stool; blood with stool.

*Urine:* Too frequent; dark, white sediment.

*Menses:* Regular, flows six or seven days; backache and bearing down; flow some clotted; bad odor; sometimes light, again dark.

*Back:* Severe aching down through hips on getting tired; across small of, during menses.

*Extremities:* Hands and feet cold.

*Sleep:* Dreamed she had a baby and was carrying it.

February 3. Sanguinaria cm.

February 10. No heat on vertex; bad taste is better; been very hungry for two or three days; no bloating; bowels regular and no blood.

*Note:* May 2 was discharged as cured. Had an attack of "la grippe" in the meantime which retarded the cure. She had two or three doses of sanguinaria cm.

CASE V.—Mrs. W. G., age 53, bilious, motive, mental temperament; tall.

*Head:* Aching, snapping in temples and the fore part of vertex; sick headache one or two days before menses.

*Throat:* During an illness voice is low and weak; used to have bilateral quinsy.

*Heart:* Some palpitation and dyspnœa on going up stairs.

*Bowels:* Constipated for years; taken quantities of cathartics (when young stool was too soft, diarrhœic); ineffectual urging; stool hurts very much. (Just before attacks of biliary colic, to which she was subject, the stool was very light colored.) Has external piles which burn and smart.

*Urine:* Scanty, high colored, bad odor, red sediment, too frequent day and night.

*Sexual:* Is still menstruating. Commenced at thirteen and a half years. Menstruated two or three months after became pregnant at one time and began again one month after confinement. Menses preceded by pain; bearing down; did have com-

plete procidentia; during menses has a terrible dull, heavy, constant backache. Flow very dark and very profuse. Has profuse yellow leucorrhœa, causing extreme weakness. Bearing down, by supporting the back.

*Back:* Constant dull, heavy ache, before and during menses, better by supporting.

*Lower Limbs:* Ankles ache; feet cold.

*Generalities:* Very weak and tired; cold all the time; has spells of biliary colic, preceded by pains in temples, and light colored stool. Pain is sharp, stabbing, goes up under and between shoulders. Gall bladder swollen, very sore on pressure.

January 23. Lycopodium cm.

*Note:* Stomach became upset; vomited; urine became clearer and more profuse; menses did not come, but felt as if they would; voice grew stronger; black diarrhœa developed for two days. Hot flashes developed with profuse perspiration. Then all symptoms began to be better and gradually disappeared until March 29, 1899. She was perfectly well, as was evidenced by an absolute lack of symptoms. She had four doses of lycop. cm. and one dose of sulphur cm. She had always had allopathic treatment and said she was no credit to any physician, for she had been ill for years and had received but little benefit. The whole family are now confirmed homeopaths.

Oriskany, N. Y.

C. E. ALLIAUME.

The subject opened for discussion.

Dr. Carr was exceedingly grateful for the increasing number of young men who understand the best way, the true way, God's way to treat sickness.

Dr. Dever believed the question of temperament to be of vital importance and showed that he had made considerable research in connection with that subject.

After some discussion upon temperaments Dr. Alliaume promised to present a brief paper on the subject at the next meeting.

A paper was read from Dr. Bresee entitled:

**CASE OF BLOOD POISONING CURED BY PRESCRIBING FOR SYMPTOMS.**

May 28, 1898, Mrs. G., aged 70, came to my office desiring treatment for a painful finger, the ring finger of the right hand having been bruised slightly in closing a door May 24.



Not thinking it serious, I made the mistake of prescribing arnica for the bruised finger, instead of prescribing for the totality of symptoms; consequently the whole case had advanced rapidly before her return the next morning, and is described briefly as follows:

Whole back of hand swollen and red; pain severe, extending to shoulder.

High fever with chills.

Respiration rapid.

Pain in stomach.

No sleep the past night.

Indications for remedy follow:

*Head:* Pain in vertex.

*Tongue:* Coated white, cracked.

*Taste:* Bad, foul breath.

*Lips:* Parched.

*Appetite:* Poor; aversion to meat; desire for sweets.

*Thirst:* For cold water, little at a time, often.

*Stomach:* Constant pain; empty feeling at night.

*Stool:* Constipated.

*Urine:* Scanty, thick, reddish sediment adhering to vessel; pain during micturition.

*Nerves:* Weakness; restlessness; jumping at noises.

*Aggravation:* From heat of fire; at night; from heat of bed; seemed to burn back; bandage on finger.

May 29, 10 a. m. Merc. sol. 36 m., one dose.

May 30, 3 p. m. Slept some. Pain in arm gone. Pain in hand and finger less, but profuse discharge of dirty, bloody pus came from under skin on back of finger. Sac. lac.

May 31, 10 a. m. Discharge continued; pain and swelling less. Wherever there has been inflammation, suppuration had spread under the skin. Sac. lac.

June 4, 5 p. m. Suppuration stopped, except under nail.

*Mental:* Blue and discouraged. Merc. sol. 36 m., one powder.

June 7. Nail came off; pus underneath.

June 8. No suppuration; finger nearly healed; general feeling very much improved.

The rapidity with which this case advanced and the quick-

ness with which the remedy changed the course of the disease were remarkable. If any treatment short of the best had been administered, it would have swept out the patient's life, as her age and vitality were not at the strongest or able to withstand such a storm. The skin from the back of the hand and adjacent fingers peeled after healing.

C. H. BRESEE, M. D.

The subject was presented for discussion.

Dr. Carr considered that Dr. Bresee's paper was but another admonition concerning empirical prescribing.

Dr. Leggett presented a clinical paper, entitled:

CATARRH—PHYTOLACCA.

July 26, 1898. Miss G., Oswego, N. Y., music teacher and organist; tall, slender, blonde, aged 28, called for treatment.

*History:* Catarrh since childhood, with much trouble from throat.

*Family History:* Mother well; nine children; father died of scirrhus of the stomach six years previously; eldest sister invalided ten years, with complication affecting stomach, liver, kidneys, etc.

Patient never sick a day in life; of late tired; anxious under accumulated responsibilities; complains of sore-ache in sacrum; that coccyx feels as if strung on wires, vibrating, and of constant ache in hypogastrium, by walking.

*Throat:* Frequent hawking; scant, difficult expectoration; tight feeling; sputa like a scab, dark, black; offensive to taste and smell; dry; aching from throat to ears; sense of a "chunk" which must be removed.

*Saliva:* Profuse, yellow stain, runs from mouth in sleep.

Throat and general health much better in winter.

Sleeps well.

*Menses:* Scant, every twenty-one days; dark, odorless; once profuse and very offensive.

*Leucorrhœa:* Dark brown, offensive and profuse.

*Back:* No ache during practice.

*Urine:* Profuse, infrequent.

*Perspiration:* Scant.

*Constipation:* Daily difficult stool of late.

No peculiarities of appetite.

## STUDY OF REMEDY.

*Mucus*: Blackish; offensive taste and odor.

Kali bi., lyc., puls., rhus.

Summer—Kali bi., lyc., puls., phyt.

To hawk, irritation.

Kali bi., lyc., phyt.

*Sensation*: Plug in throat.

Kali bi., lyc.

*Dryness*: Throat.

Kali bi., phyt.

Difficult expectoration. Kali bi., phyt.

*Pains Coccyx*: Sitting, walking or touch. Kali bi.

To ears, pain extending. Kali bi. (left), phyt.

Yellow saliva. Phyt. rhus.

*Menses*: Early. Kali bi.

Aching sacrum. Phyt.

The character of the sputa, the difficult expectoration and the marked influence of kali bi. on the coccyx and contiguous tissues determined me to prescribe it for this case.

Aug. 13, 1898, the patient reported that she *felt* no better. The throat was still sore and choked; the pain and soreness in side continued; she was doing nothing (it was vacation), yet tired quickly, and she was not gaining in flesh. However, the menstrual period had passed with less trouble and she had suffered no pain in back, but it was still very weak.

A review of the case brought out these additional symptoms of phytolacca:

*Sensation*: Lump in throat, as if throat so full it choked.

Loss of fat.

Rheumatism of back and hipjoints.

Sore spot in right hypochondrium.

Disposition to hawk and clear the throat.

*Aching from throat to ears*:

Yellow saliva.

Hot weather—Back stiff in the morning.

I sent phyt. 42 m. (F.)

September 4, 1898. She reported herself much stronger; no trouble with back or side; throat not much improved; uncommonly well during last menses.

One dose phyt. 42 m. (F.) ended the case and the occasional letters since received report her "*never better in her life.*"

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

The subject was presented for discussion.

Dr. Carr thought probable that in the case reported by Dr. Leggett kali bi. had relieved the chronic miasm and fitted the system for phytolacca.

The report of Dr. Belding, appointed delegate before the Legislative Committee at Albany, on the subject of a "commission" to be appointed for "Inquiry Into the Efficacy of Vaccination," was accepted and Dr. Belding continued in office in the interests of this society.

Dr. Leggett drew attention to the report from San Francisco, September 20, 1899, in which the 31st Regiment, U. S. V., known as the "President's Own," encamped at the Golden Gate, were in danger from the spread of smallpox. Five cases were in the pesthouse and eleven more confined as suspects. The men were heartbroken. Still, *a rigid law of vaccination was enforced throughout the army.*

Notice was received of the death of Dr. Rudolph C. Kaiser. Dr. T. D. Stow and Dr. Leggett were appointed to draft resolutions expressive of the sorrow of the society.

The subject of the publication of the C. N. Y. transactions was discussed and an offer from the MEDICAL ADVANCE read.

It was moved by Dr. Stow, seconded by Dr. Alliaume, that the Secretary should ask the *Journal of Homeopathics* if it wished the transactions of the C. N. Y. in full, and its reasons for not replying to the earlier questions connected with the subject. Carried.

Dr. Leggett drew attention to late reports submitted by two eminent German physicians of Munich which seemed to foretell the overthrow of the antitoxin treatment of disease. These physicians made use of a discovery that most, if not all, disease germs produced a ferment known as enzymes, that, when over-produced, permitted disease to "run its course" and die out of the system. Upon this theory it was proposed to produce a pure enzyme, which, introduced into the system, would kill the germs and not the patient. Dr. Leggett asked why there was need for further investigation if the sweeping claims for antitoxins were true.

Dr. Stow was interested in an article found in a late number

of the *Microscopist*. The author seemed to recognize a vital force or tacitly to admit the existence of something apart from, behind and beyond ordinary matter. He had also recognized law, "neither kind nor cruel, simply obedient;" had pointed out that in the history of disease all "philosophical hypotheses" should be set aside and only phenomena tabulated; that pathological processes were only "a part of the great whole, subservient to law, and understood only through tabulation;" had touched upon the *infinitesimal* and said that men talked freely of vital forces of which they "knew so little." Dr. Stow thought that the author plainly saw the necessity for further search in the direction of the invisible and infinite before the *prima causa morbi* could be revealed.

Dr. Alliaume quoted Hentzel as claiming to have chemically produced the various microbes, bacteria, etc. He said that Hentzel further claimed to have produced them in such quantities that he was able to analyze them chemically, and had concluded that such organisms are but the product of degeneration and a *result* of disease, instead of a *cause*.

Adjourned.

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

The essayists for the December meeting were appointed by the President, as follows:

Organon, sections 272-4, Dr. A. B. Carr.

Temperaments, Dr. C. E. Alliaume.

Bryonia, Dr. R. A. Adams.

To choose his subject, Dr. C. Schumacher.

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## PEDIATRIC MATERIA MEDICA.

### IV.

#### *Calcarea Sulphurica.*

THOMAS G. ROBERTS, M. D., CHICAGO.

*Calcarea sulphurica* is one of the original twelve tissue remedies of Schuessler, but was discarded by him during the last few years of his life, because it could be found only in the bile, and not constantly even in that fluid. As it was not a constant con-

stituent of any tissue or fluid, it was regarded as unnecessary in his biochemic therapy, and its place was filled by natrum phosphoricum and silica.

Several indications for the use of this remedy have been established by clinical experience, but homeopathic data for the use of this remedy are not very numerous, notwithstanding the fact that the drug has been proved. It has been used considerably in suppurative conditions, and is especially indicated when the discharge is *thick, yellow*, and sometimes *mixed with blood*. A thick, yellow, lumpy, mattery discharge should always bring calcarea sulphurica to mind. It is very valuable in the suppurative or third stage of inflammation with the characteristic discharge. It may be useful in abscesses and suppurative conditions generally in all parts of the body. The disciples of Schuessler claim that calcarea sulphurica restrains the suppurative process; hence this medicine is valuable after the abscess has begun to discharge to bring the suppuration to an end. "Pus with a vent" is a good general indication for its use. It will sometimes abort the formation of pus if given early.

Apart from suppurative conditions it has not been much used in the treatment of sick children, consequently all that is known can be given in a few words. Doubtless future provings and clinical experience will greatly augment our knowledge of the drug and enable us to use it with much more precision than is now possible.

*Outer Head.*—Crusta lactea of children with yellow, purulent crusts, or there may be discharges containing pus.

*Eyes.*—Bleared, red eyes, with colic. Sometimes indicated in the purulent discharge of ophthalmia neonatorum.

*Nose.*—Nasal catarrh when the mattery discharge is thick, yellow and lumpy.

*Face.*—Pimples containing pus on the faces of young people at the age of puberty.

*Throat.*—There is evidence that it has been useful in some cases of diphtheria of the soft palate; much swelling of the fauces. Should not be forgotten in the throat affections of scarlet fever.

*Larynx.*—Often valuable in croup, especially after kali muriaticum. Boericke and Dewey say it is "useful after the exudative stage, when, after the hard membrane has been softened, there exists a tough mucus in the throat causing much discom-

fort. It will change the croupous to a catarrhal cough, and when given in season will sometimes prevent exudation."

*Bronchi.*—Bronchitis when the expectoration becomes purulent, or purulent and bloody.

*Cough.*—Severe cough in children with a feeling of discomfort in the chest. The child suffers from a herpetic eruption and green stools.

*Stool and Anus.*—Diarrhetic stools containing pus, or pus and blood; tongue clay-colored. Diarrhea after eating maple sugar and from change of weather. Dysentery when the stools contain pus-like slime, or when pus mixed with blood is found with the stools. Prolapsus ani.

*Kidneys.*—It has, in rare cases, cured scarlatinal nephritis with its accompanying dropsy.

*Hip.*—Hip-joint disease when there is a discharge of pus. It limits the suppuration.

*Skin.*—Pustules; purulent scabs. Sores discharging pus or sanious pus, and all non-malignant suppurations involving the skin. Herpetic eruptions; itching of soles. Scarlet fever with great swelling of the soft palate. Eczema capitis with purulent discharge or yellow purulent crusts.

*Tissues.*—Its principal sphere of action is in the connective tissue where there is inflammation with suppuration. In the third stage of inflammation with a thick, yellow, lumpy or bloody discharge. Suppurating glands. In rare cases dropsy, following scarlatina. Serous swellings.

*Modalities.*—There is a general aggravation from working and washing in water.

*Relations.*—This remedy resembles hepar sulph., but, according to Hering, it acts with more intensity than hepar. It is often useful after hepar has ceased to act. It is sometimes curative when kali mur. has ceased to act. According to the experience of the writer, calcarea sulphurica is much inferior to hepar for general use.

*Compatible.*—After kali mur., natrum sulph. and silica.

*Compare.*—Hepar in suppurations; kali mur. in croup and dysentery, and in crusta lactea and skin affections generally. Natrum sulph. in dropsy after scarlet fever; silica in indurated or suppurating glands.

## HOMEOPATHIC CURES.

BY I DEVER, M. D., CLINTON, N. Y.

Cactus Grandiflorus.—I have for some years had as a patient an aged gentleman who at this writing will be 85 if he lives until the coming March. He is small of stature, active in his habits, in fact, a fine specimen of the nervous temperament. He had often attempted to explain a peculiar sensation which always followed any mental or physical excitement, but could not fully convey to me the idea by the expression he always used, which was, "Why, it acts like this: D—n you, I have got you and now I let you go again." He referred the trouble to a spot about one inch to the left of the right nipple and to another about two inches above the umbilicus. On further explanation he informed me that after two or three "jerks" the blood rushed to his head and then he would have palpitation of the heart. I, of course, suspected some spasmodic action of the larger blood vessels and continued to question for more definite symptoms. When he explained it all by grasping my hand in his, gripping it tightly, and then relaxing two or three times quickly in succession, "There now you have it all except I have the same feeling in my arms and legs," I had no difficulty in the interpretation of his expression, for he was giving me cactus symptoms as best he knew, and although my patient's expressions were emphatic, I might say vehement in utterance, they had the desired effect, that of conveying the patient's subjective symptoms to my mind in a way not soon to be forgotten. I at once prescribed a dose of cactus grand. 200, which relieved him for a year, at the expiration of which time he had some mental excitement which caused a return of the same symptoms. Cactus again relieved, but it required three doses to do it.

I report this case for several reasons, the first of which is the *cure*. During the last attack I had to repeat the dose before relief came. A study of the remedy, which, by the way, is an interesting one, reveals the fact that it is a remedy always to be thought of when the patient complains of constriction in any region of the animal economy.

My patient's difficulty was spasmodic contractions and relaxations followed by palpitation of the heart, not attended with



the sensation of the iron band or the sensation of the iron hand, as expressed in our own works on materia medica. My patient's difficulty did not begin in the heart, but in the aorta, or sometimes in the abdominal artery, and affected both the head and the heart as an after-effect.

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### HOMEOPATHIC CURES.

BY I. DEVER, M. D., CLINTON, N. Y.

Carbo Vegetabilis.—Was called to see Mrs. F., aged 73 years. She stated that she had been suffering from excruciating pains for three weeks previous to the time of my visit. She complained of vertigo and a strange, uneasy, inexpressible sensation which caused her to change position for the purpose of obtaining relief, which was of short duration. Her mouth was dry with thirst for cold drink; she craved acids. Tongue coated brown in the center; edges red with red pointed tip. She was tormented with tearing, rending pains which changed location, but were the most severe in the stomach and bowels. The bowels constipated; have no evacuation without the use of cathartics, and as she has long since been afflicted with the chronic habit of taking physic, she had evacuated in her own way previous to sending for me. She has had hemorrhoids for many years; they itch and burn. The urine was voided with great pain; it was high colored and small in quantity, though her calls in that direction were frequent. Her hands and feet were hot; she must change them from place to place in bed, they are so uneasy in any one position long at a time. These are the generals; particulars she could give none. Prescribed rhus. 2 c., which was not followed by any perceptible relief. After a sufficient lapse of time gave rhus. c. m. with decided improvement. I had every evidence that my remedy would give a good report of itself, which it did to my satisfaction.

But now for the gist of my report: About this time in the history of my treatment I discovered a *right-sided inguinal hernia* which she had kept carefully from any observation of mine, and that in the face of the fact that I had asked the direct

question at the time of my first visit. Examination revealed a tumor the size of a goose egg. I reduced it without trouble, and did not then, neither do I now, attribute the cause of her difficulty at that time to the hernia, inasmuch as it was reducible; furthermore, it had existed in about the same condition for over thirty-five years.

She continued to improve slowly for about a week, when I was called up in the night. I found her in great pain; stomach and abdomen bloated, painful and tender to the touch; legs flexed to relieve the pressure. She was vomiting large quantities of fecal matter. Then the nurse revealed the following facts: The patient had left her bed, and in an attempt to walk to the opposite side of the room had fallen, thereby extruding the hernial sack, which I found to be strangulated. After a persistent effort to reduce the tumor and a failure to accomplish it, I sent for a surgeon; but he was some ten hours or more late, and when he arrived the patient was bordering on a state of collapse. Therefore, after a consultation we decided that the patient's chances would be less, if possible, after the operation than if no operation should be performed. I was left with my patient and the consolation that in the event that reaction should take place, the surgeon would return and perform the necessary mechanical manipulation to bring about a reduction of the tumor.

In the night following I was called up to go and "just give her something to ease her, you know." I found the pulse 130. Respiration 32. Temperature so low that it would not show on the thermometer. Abdomen bloated; hernia hard and irreducible; face pinched and sharp, breath cold, stercoracious vomiting continuing. The nurse had to keep the fan going just as fast as she could to satisfy the demands of the patient, whom all supposed to be breathing her last. I at once prescribed a dose of carb. veg. 2 c. Dunham dry on the tongue, and in twenty minutes she was sleeping for the first time in forty-eight hours. I came away, but left two other powders of carb. veg. to be given in case she did not rest. I was surprised the next morning not to find my patient dead, and still more surprised when I entered her room to see her propped up in bed and hear her say, "Hello, Doctor." She rested well all night, but in the morning, as I had left no medicine, the nurse had given the powders

which I had left. The hernia had been reduced by the remedy and she was practically well, only requiring a little time to recover normal health.

I am aware of the fact that our homeopathic literature contains many reported cures of hernia with the *similimum*.

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## CHINA ON THE CIRCULATION.

BY DR. T. C. DUNCAN.

Read before the Chicago Materia Medica Society.

The first effect of cinchona seems to be to produce a chill (a shudder from the "bitters"), which is a contraction of the peripheral vessels, and also, I think, of the capillary vessels of the viscera. The kidneys are involved in this, giving at first scanty urine. The peculiar structure of the capillaries of the spleen (not anastomosing, but the blood being carried through the trabeculæ by the white corpuscles) would account for the decided influence of cinchona on this organ. The afferent capillaries become blocked with blood and blood debris. The normal contractions of the spleen after food, and especially after dinner, would account for the periodical contraction (chill); then would follow heat and sweat as a method of relief.

The first shiver or chill produces a contraction or narrowing of the heart and a slowing of the pulse. The stasis in the large vessels, like any other obstruction, calls on the heart for more work. (Possibly the retarding ganglia through the sympathetic, being first affected, also tend to slow the heart.)

Now the accelerators are called on and the heart responds with increased force and frequency of beat and we have then the "palpitation" that Hahnemann records. This, by the way, was the only cardiac symptom which he gave us in the proving. It is a valuable one, for palpitation tells of obstruction somewhere. Cinchona, then, turns the attention to the portal circulation, especially to the spleen. The red blood is there obstructed. (I think that the white corpuscles that are mobile pass through the interlobular wall, absorbing hæmatin from the worn out red corpuscles, and come out on the other side of the splenic wall as fully developed red corpuscles.) The hyperæmia, set up by cinchona interferes with the transudation and evolution

of the red corpuscles and the blood becomes anæmic; the perspiration and free flow of urine as secondary effects lessen the watery part of the blood.

The lack of red corpuscles in the circulation also lessens the oxidation of the tissues and lowers nervous vitality; hence the catarrhal condition of all the mucous surfaces—respiratory, alimentary, urinary and uterine—with a tendency to hemorrhages.

The sympathetic system, that seems a sort of helix of the nervous system, is overtaxed and the involuntary or vegetative life is weakened. The points of spinal irritation are at the upper and lower dorsal vertebræ—the accelerator centers of the heart and spleen. Along this outline the symptoms of china may be placed. It explains the action of the drug upon many functions.

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### CIRRHOSIS OF THE LIVER.

The patient in this case is not yet cured and I do not think he will ever be entirely well. Yet I feel justified in reporting the case, for it shows the wisdom of fighting while the patient breathes, no matter how hopeless the conditions seem.

Mr. P. had been a hard drinker always. He is a Scotchman and of hardy constitution. This has been of great assistance to us. Almost three years ago he noticed an increasing rotundity of abdomen, and attributing it to his drinking habits, he stopped short, unfortunately too late. He had been jaundiced for some years. Living in the South he resorted to the usual calomel at frequent intervals, but it did not restore his complexion. I suppose I should not have been called to see him if the pressure of the fluid had not caused an umbilical hernia. His distress after this was so great that he sought medical aid. I found a man so jaundiced that he was nearly black. His abdomen was enormous. The superficial veins were distended, making a typical "caput medusæ." His limbs were emaciated, as was, in fact, his whole body. The scrotum was as large as his head and the penis so œdematous that the glans could not be exposed. He had a constant diarrhœa, but almost complete suppression of urine. The distended abdomen oppressed his breathing. He was completely exhausted. His

case seemed to call for arsenicum, although I did not expect great results from any medicine. I gave him the 1 m. to start with and also aspirated, withdrawing about two and one-half gallons of fluid. There was temporary relief from the mechanical pressure, but the fluid returned so rapidly that his comfort was short-lived. I then gave him arsenicum 3x for a physiological action, but it seemed to derange his stomach. Later I gave him digitaline 3x, thinking that its diuretic effect would assist me in removing the fluid. Meantime he was tapped once a week until in all sixteen gallons of limpid bilious looking liquid had been removed. He had also grown weaker and I told his family he would live but a short time.

Very early one morning, a month after he had come under my care, I was called in haste to see him. He had become comatose. I sent for a nurse and we gave him high rectal injections of salt solution. As he was quite unconscious, he retained the enema badly, but in six hours he began to urinate and then to show signs of consciousness. He was more or less dazed for two days and very weak. Fearing a return of the coma when help could not be so immediate, I took him in an ambulance to the hospital. He made his will and prepared for his early demise.

Among the many who saw the case was Dr. H. C. Allen. He advised me to give *blatta orientalis*, which I did, in the c. m. potency. I do not think that I am given to hallucinations or to tendencies to fly off in tangents of enthusiasm. I have been constantly in a chemical laboratory for fourteen years and have taught chemistry in one line or another for eleven years. Such work is apt to develop the scientific in one. In reporting the remainder of this case I tell only facts that can be verified at any moment.

After a week's time my patient's spirits began to improve. He urinated more freely, his abdomen filled less rapidly, and we aspirated only once in two weeks instead of three times.

His glans penis presented itself to his delighted vision for the first time in thirty months. In a month he walked out of the hospital to a carriage and was driven home. Three days after he took the street car into the city and spent the day at his office. He is yet far from well, but he is in comparative comfort and improving each day.

F. W.

## THE WORM TURNED.

It takes a great deal of courage in these days of many syllabled names of newly discovered conditions to record the simple tale of a tapeworm. And yet the story is not without its tragedy, for the pumpkin seed, with all its traditions, has fallen from grace.

Mr. X, who was the host of this particular worm, is an aristocrat. He is also a poet. In a moment of patriotism he enlisted in the army and went to the Philippines. He was there nearly two years subject to the environments of tropical life. He ate ill-cooked meat and drank suspicious water. It was not until some time after his return to America that he noticed segments of "something" in the bowel movement. We suspected a tapeworm. Now I do not think his guest ever caused him any moment of physical distress. But it offended his artistic sense. In vain he buried himself in Terence and Plautus and formulated new laws of scansion. Tapeworms and poetry, wriggling segments and peace of mind were absolutely incompatible. So one Saturday he began to fast, and that night he took one ounce of decorticated pumpkin seeds made into a four-ounce emulsion. Early the next morning he was given one-half ounce of castor oil and a teaspoonful of ether. Truth compels me to state that there were results, but not the desired one.

The following Saturday we tried again, using this time two ounces of the seeds, followed the next morning by one ounce of castor oil and half an ounce of ether. My patient, after this siege, would have aroused the sympathy of the most stony-hearted. But still no worm. He was in despair. My own position was fast becoming untenable. He had never before been under a homeopath and he regarded the ill success as a retribution. Lastly we tried the fluid extract of *Filix mas*. one and one-half drams, in two doses one hour apart. The cathartic was taken as usual. I append a letter received from Mr. X next day:

"Dear Doctor: It is with pleasure that I report an increase in my family which occurred at 9:30 this morning; length 30 feet. Mother and child doing well."

Mr. X assured me that it was a vertex presentation, the

head coming first, from which I inferred that the worm must have turned.

F. W.

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#### A HOMEOPATHIC CURE.

January 25, 1900. A woman who had been in allopathic hands, with unsatisfactory results, came to me for homeopathic treatment. She had enlarged tuberculous glands up and down the right side of the neck and in the right breast. The former physician had urged her for a year past to have them cut out as the only sure and permanent cure. I gave her one dose of Psorium 42 m. To-day (February 9th) she called and said the glands had almost entirely disappeared. There were yet one or two small ones in the breast.

G. L. BARBER, M. D.

# THE MEDICAL ADVANCE.

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The Medical Advance extends a most cordial invitation to all its readers to contribute articles in connection with medicine or allied sciences.

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The editors of The Medical Advance are not responsible for opinions expressed by its contributors.

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## EDITORIALS.

Among the minor annoyances and follies of this very scientific age, is the examination of public school children, by a corps of medical inspectors. Among the many objections to such an examination may be mentioned, 1st, it interferes with education; 2d, it is a gratuitous insult to the family physician; 3d, it tends to spread disease; 4th, it worse than wastes money, for it seriously reduces the salaries of the teachers who do the work of education, in order to pay the medical inspectors.

*It interferes with education*, because children who have been absent from school for four days for any reason, are not allowed to return immediately to their studies, but must wait the conveniences of the fifty-dollar-a-month inspector, and perhaps be sent home on an ill-founded suspicion in his fifty-dollar-a-month mind.

Children of poor parents who may be kept at home for some necessary domestic use, thus have the necessary absence increased by an enforced unnecessary one.

*It is a gratuitous insult to the family physician*, because it assumes that he is incompetent to make a diagnosis and that he knows less than a fifty-dollar-a-month inspector.

*It tends to spread disease*, because all suspected cases of contagious disease are associated in one room until the medical inspector can make it convenient to go through with the examinations. Any infection or contagion is thus conveyed to



the innocent suspects, who either get the disease themselves, or carry it to the general mass of pupils.

That *this inspection wastes money* is evident from the above facts, which prove it to be not only useless, but harmful; hence any money spent for this purpose is wasted or worse. That money is needed for the legitimate uses of education, is evident from the further fact that the salaries of the experienced teachers, who do the actual work of instruction, has been reduced 17½ per cent. in order to furnish \$50,000 to pay the useless medical inspectors their salary.

The superintendent draws \$7,000 a year salary for performing his duties; his private secretary draws \$1,800 a year for helping him to perform his duties; \$50,000 is to be paid to the inpecunious medical inspectors (for a doctor who would accept \$50 per month for such services must be inpecunious). 17½ per cent. reduction in the salaries of the experienced teacher enables these large sums to be withdrawn from their legitimate use.

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#### HOW WOULD HAHNEMANN PRACTICE TO-DAY?

DR. H. C. ALLEN.

My Dear Doctor:—If Hahnemann was alive how would he practice medicine to-day; and what would be his attitude toward modern methods? Please give your opinion in reply to the above question and let it include some of the following points:

Would he take advantage of modern methods, modern laboratory examinations, bacterial origin of disease, antitoxin, hypodermic medication for relief of pain, vivisection, vaccination, alternation of remedies, mental suggestion, etc.—[And why not add Divine Healing, Christian Science, the Swedish Movement Cure, Osteopathy, Hydropathy.—Ed.]

People to-day are not what they were 100 years ago; and now suppose that Dr. Samuel Hahnemann was going around in your place, how would he practice medicine? Please favor us with a reply at your earliest convenience.

Respectfully,

EMMET L. SMITH, M. D.,

Chicago Department Medical Century.

This question may be timely and pertinent, in view of the editorial performance of Editor (?) Sheldon in Topeka, but it is not new. For the last thirty years it has been occasionally discussed in the American Institute and homeopathic journals, but to little purpose. Hahnemann himself answered it when living in Paris, as he probably would were he in practice in Chicago

to-day. When some enthusiastic friend congratulated him on the general adoption of his system of practice and the large number of his followers in Europe and America, he replied: "My true followers may be counted on the fingers of my two hands."

A patient of Hahnemann's, pronounced incurable by Sir Andrew Clark and others, recently gave a personal reminiscence before the students of Hering College, in which he said Hahnemann not only gave him a more rigid and searching physical examination than did Sir Andrew Clark, but he used the stethoscope as well. This proves that Hahnemann, were he in practice here to-day, would use every modern method of diagnosis, including the examination of urine, sputa and every abnormal secretion; would utilize the modern laboratory for diagnosis, yet would prescribe for his patient, not his diagnosis, but he would "draw the line" at the allopathic fads—"bacterial origin of disease, hypodermic medication for relief of pain, vivisection, antitoxin and alternation of remedies"—now, as he did when he wrote the fifth edition of the *Organon*. The fads of allopathy, if not as numerous, were as pronounced, in Hahnemann's day as at present, and, starting from allopathy himself, knowing their utter uselessness, he condemned them severely as delusions. He would no doubt use mental suggestion, as advised in the *Organon*, but he would as unhesitatingly condemn palliatives—morphine, codeine, etc., hypodermically or otherwise, medicated topical applications in rheumatism, neuralgia, skin eruptions, etc.—as he did in the *Organon* and *Chronic Diseases*.

Hahnemann was a hundred years in advance of his time when he practiced in Paris, with the largest clientele in the city, and if he were in practice in Chicago to-day would be "up-to-date" in all that pertains to practical scientific homeopathic therapeutics, *THE CURE OF THE SICK*. Furthermore, if he were a professor in a homeopathic college he would teach homeopathy as he did in Leipsic nearly a hundred years ago. He was an allopath once, and says: "Fifty years' experience of this sort is like fifty years of looking into a kaleidoscope filled with unknown colored objects, and perpetually turning round, thousands of ever-changing figures and no accounting for them."

We cannot conceive how Hahnemann could ever resume the practice of empirical medicine after once abandoning the school of his early education in disgust.

**RESOLUTIONS OF SYMPATHY.**

Whereas, It has seemed wise to God to call to Himself our brother in profession and faculty, Dr. William Walter Stafford.

Whereas, We, of Hering Medical College, grieve for him because his high ideals in medicine, his enthusiasm for homeopathy, and his happy personality are lost to us; be it then

Resolved, That the influence that he left among us cannot die and his spirit "slumbers not," yet we miss his presence and mourn his loss.

Resolved, That we offer to his parents our sympathy, and we trust that much comfort may come to them in the thought that he has entered upon the larger life.

Resolved, That a copy of these resolutions be given the family and that they be made a part of the archives of Hering Medical College.

FRANK WIELAND, M. D.,  
H. C. ALLEN, M. D.,  
J. B. S. KING, M. D.

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**SURGICAL HINTS.**

The most instructive method of learning how to pass a sound into the male urethra is for the operator to perform this little operation upon himself; he will then duly appreciate that the patient likes to be handled gently and with care.

Never forget to count your sponges before you begin a laparotomy; many a surgeon has turned pale after closing the abdomen and not knowing how many sponges were in use.

The most obstinate case of stricture in the male urethra will usually yield to the careful and persistent use of the graduated sounds, beginning with the whalebone or filiform bougie.

No patient should be operated upon unless there has been made a thorough examination of the heart, the lungs and the urine.

Every case of uncomplicated hernia is curable in a safe way by the modern surgeon. Injection methods are quite as dangerous and not nearly so sure as to results.

Pus, wherever found, should be evacuated. It is unworthy of the surgeon to wait for poultices, etc., to act or draw the pus.

Too long a flap in amputation is always better than a too short one.

R. V. K.

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### BOOK NOTICES.

Scientific Testimony Against the Use of Alum in Food. American Grocer Publishing Company, 143 Chamber street, New York. This pamphlet consists of expert testimony taken by the United States Senate Food Investigation Committee, in July, 1899, and ought to settle the long mooted question of the undesirable and deleterious quality of alum baking powders.

There is only one harmless baking powder, i. e., the potassium bitartrate and sodium bicarbonate powder. There is not the slightest reason, excepting the financial one, for putting anything like alum in a baking powder. Moreover, if it were generally known how cheaply and easily every housewife could make her own baking powder, there would be no need of buying dear and adulterated products. Two pounds of cream of tartar, one pound of bicarbonate of soda and two pounds of corn starch, thoroughly mixed and sifted through a fine sieve, will produce five pounds of baking powder, better than any on the market, at probably one-tenth the cost of the tin can product of the grocery stores.

Touching the Symptoms and Diagnosis of the Epidemic of Modified Smallpox Prevalent in Some Portions of the United States. An open letter to the State Board of Health of Illinois by James Nevens Hyde, A. M., M. D. Published by the Illinois State Board of Health, 1900. This pamphlet is the outcome of the recent unpleasantness between the State Board and the people of the city of Dixon, in this state.

When an epidemic disease broke out in that town local physicians, perhaps under the stress of the knowledge of the business loss which an epidemic of smallpox would cause to Dixon, made a diagnosis of severe chickenpox. The State Board made it out to be smallpox; hence arose an acrimonious

controversy. Dr. Hyde's letter is an attempt to justify the diagnosis of the Board.

Dr. W. A. Yingling of Emporia, Kan., sends a column article on the disease in that section, in which he comes to the opposite conclusion.

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### NEW PUBLICATIONS.

LEADERS IN TYPHOID FEVER. By E. B. Nash, M. D., Author of "Leaders in Homeopathic Therapeutics." Philadelphia and Chicago: Boerfcke & Tafel. 1900.

This little hand book will be of great aid to every homeopath in differentiating the remedies, for no greater truth was ever stated in a single sentence than the opening one here: "If there is any one disease which more than another cannot be prescribed for by name, it is this one."

Another fact, often overlooked, is tersely stated on page 11: "Every case must have its beginning, and if the symptoms during the prodromic stage are closely watched, and the homeopathic remedy properly applied, very few cases need go on to a *course* of fever."

The indications for the remedies are clear cut and unmistakable, and the differentiations so plain that he who will work ought never to have any temptation to alternate if he only study this little book. More typhoid cases are lost under so-called homeopathic treatment, by the slipshod method of alternation, than by all others combined. Study of such a work as this will prevent it.

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; 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 6 Full-page Color Plates and 9 Color Cuts in the Text, many of them Original.  $6\frac{1}{4} \times 9\frac{1}{4}$  inches. Pages xvi-470. Extra Cloth, \$3.50, net. The F. A. Davis Company, Publishers, 1914 Cherry street, Philadelphia.

A new work on Diseases of the Nose and Throat, well written, well printed and profusely illustrated, by a Canadian author,

is the latest addition to our literature of this specialty. There are several radical innovations introduced to keep the work within reasonable limits, and thus curtail expense. But the subjects omitted are dealt with in general practice and in ophthalmology—Descriptive Anatomy, Asthma, Diseases of the Ear, Facial Sinuses, Eustachian Tube and Diphtheria—and the work is limited to its legitimate sphere of Laryngology and Rhinology. The synonyms are also wisely left out, and the metrical system of weights and measures substituted for the old Roman. In all of these the author is to be commended, for it does away with a useless superfluity and enables him to devote all his space to the details of his specialty. He is also to be commended in recognizing diphtheria as a constitutional instead of a local disease, relegated to the general practitioner, where it belongs, and the neglected general practitioner will thank him for the recognition.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF NEW YORK. 1899.

A volume of 285 pages and some able papers, not only in general medicine, but in the specialties, are here recorded. This makes the 34th volume, a small library in itself, and a very valuable one for reference for the work of the New York members of the homeopathic profession. Dr. J. W. Sheldon of Syracuse is president and Dr. John L. Moffat of Brooklyn secretary.

REPERTORY OF THE URINARY ORGANS AND PROSTATE GLAND, INCLUDING CONDYLOMATA. By A. R. Morgan, M. D., formerly Professor of Institutes and Practice, Homeopathic College of Pennsylvania, etc., etc. Member of the I. H. A. Philadelphia and Chicago: Boericke & Tafel. 1899.

The entire homeopathic profession will be very grateful to this veteran Hahnemannian for a work like this, that will enable them, if they study it and work with it, as directed, to cure some of the most obstinate and intractable acute and chronic diseases encountered in practice, prostatic and genito-urinary, from sycotic infection. The work embraces kidneys, ureters, bladder, urethra, meatus, fossa, desire to urinate, emission of urine, micturition, before, beginning, during, at close of, after; character of urine, color of, urinary cuticle, uremia, sediments, odors. Prostate gland, prostatitis, prostatic fluid, condylomata. Diagnostic tables and urinary tests. In fact, a complete and invaluable

work, that we now wonder how we ever cured these cases without it.

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### COLLEGE NOTES.

The underclassmen's reception to the Seniors and faculty, given Saturday evening, March 3, at the college building, was a very happy occasion.

The college halls never looked prettier, with their decorations of palms, flowers, flags and draperies of the college colors, yellow and white.

Quite an appreciative and large audience filled the amphitheater to listen to an interesting program rendered by the musical and literary friends of Hering College. Refreshments were served in the Junior classroom, which was very tastefully decorated with the college colors and scarlet, the Junior class color. The "little bugs" were removed from the bacteriological laboratory, the floor waxed and the social dance indulged in by its devotees. Altogether it was evening long to be remembered.

It is only to be regretted that so few members of the faculty found it possible to be present. Evidently Hering men are busy doctors.

#### Pre-Natal Influences.

The mother hen, sorrowfully (as she sees peeping through the shells baby lions, elephants, tigers, snakes, etc., in place of downy chicks): "Oh, if I only hadn't gone to that circus and *looked* at the animals.

#### SENIORS.

The Seniors are having their hands full with examinations; all are in for the final struggle.

The famous round table has had a few sharp corners added to it lately.

Sorry to say that there was a mistake made regarding Miss Ethel's number, 385, instead of 345. But Van will catch it all the same.

"It seems too bad after we have lived on 'Sandwiches' and 'Baked Beans' for seven long months and saved up our appetites for the commencement banquet, that when we ask for bread we're given a stone."

If you ever should burn your head and hands, call on Dr. Washington. You will be dressed in a manner which would put the best "Parisian Coiffeur" to shame.

### JUNIORS.

Already the Juniors are anticipating the solemnity of the Senior dignity, which is so soon to rest on their shoulders. Judging from the hilarious notes which have emanated from their room recently they believe in having a good time while young, for when you are a year older it might spoil the dignity.

### SOPHOMORE NOTES.

Dr. Clarence T. Carr has returned to his college work after a severe illness of some weeks.

Dr. Wieland has been filling the chair of Minor Surgery, vacated by Dr. J. H. Kirkpatrick and an innovation of the Sophomore class schedule is the regularly established anæsthesias, administered each Monday morning to some member of the class.

The class has lost one member through the withdrawal of Mr. Guy, who has discontinued the study of medicine.

Dr. Aldrich has established his reputation as an amateur photographer by reproducing the members of the Sophomore class in various attitudes and poses.

The Sophomore class desires to express its unanimous satisfaction with the regularity and numerosity with which the professors have filled lecture hours during the past term.

The faculty has granted the petition made by the Sophomore class, that all examinations be given before March 30.

One of the brilliant members of the Sophomore class is sure that the lachrymal gland is the principal part of the "sympathetic system."

### THE VACATION FORECAST.

Axell, our friend from Sweden, expects to remain in the city during the summer. However, if longings for the home land become too great, he may take a short run to his native shores.

Binning leaves for his home in Syracuse, N. Y., on the first train after the last examination. Already he is practicing on the rapidity with which he can catch a car and put on his



hat and coat on the way. His eyes have a far-away sparkle when he thinks about going home to the dear ones.

Cox will stay in the city and become a worthy son of toil.

Gupta, our man from India, will attend the Hering Post Graduate course and then be "Assistant Clinician" to our House Physician, Dr. Von Kotsch, by Jove.

Kendall, the Kansas man, will also attend the Post Graduate and remain in the city until the thermometer begins to sizzle, when he will hie him to the Rockies for a few weeks of cooling breezes.

Milford, the osteopath, will spend his vacation in Chariton, Ia., where he will ply his former profession.

Miss Noe stays home at Hammond, Ill., the seacoast and a happy time is her vacation dream.

Miss Rummel, our Buckeye woman, will attend the Hering Post Graduate course and remain in Chicago at work during the spring months, but when old Sol puts in full time she will take time to rest in some fair spot in Ohio.

Tenley will sleep, dream and remain for the most part in this classical city by the lake.

Tuholky, our "Doc" from Russia, may imbibe from the graduate lectures, but South Chicago and his fair patients will occupy him most of the time.

Miss Wonsettler goes to her Kansas home, where she will resume her professional work with her father, and at the same time put on tan and muscle managing her farm.

Farewell, Junior.

Hurrah for the coming Senior!

#### HAHNEMANN'S BIRTHDAY CELEBRATION.

March 19, 1900.

My Dear Doctor:—At a special meeting of the faculty of the College of Homeopathic Medicine and Surgery, University of Minnesota, held April 10, 1899, being a supper given to the students of the college in celebration of the 144th anniversary of Hahnemann's birthday, the following resolution was unanimously adopted:

Be it resolved, That hereafter the tenth day of April be observed as a college holiday and that the anniversary of Hahnemann's birth be commemorated upon that day of each year in some appropriate manner, and

that the dean be hereby instructed to transmit copies of this resolution to the several faculties of the homeopathic colleges of the United States.

Very sincerely,

A. P. WILLIAMSON, Dean.

When Hering College was organized in 1892 the regular commencement exercises and banquet of the graduating class were fixed for April 10, in commemoration of the natal day of Hahnemann. We are pleased to know that efforts are being made to observe Hahnemann's birthday as a college holiday.

### CLASS NOTES.

#### Seniors.

Why is it that Ian Cleave is always in the same position as the British in the Boer war—at the foot of the Hill?

Can anyone tell why it is that the gentleman from Maine shows such preference for the married women of the class in his invitations to lunch?

Dr. Curtiss and Dr. King would both like definite information as to the "Sympts. of Naja."

It is very evident that Arnold has had no personal experience with "hungry babies."

We've heard of many wonderful things that Rhus could do, but just ask Curtis when it causes pregnancy.

The latest joke in the class.—When the mother hen lays an orange, what do the little chickens say? "Oh, see the orange marmalade."

Can it be true that our fair post-graduate has really turned the cold shoulder to one of Hering's professors, all for the sake of a Hahnemann man?

## PERSONALS.

Wanted, to know who can match pennies better than Miss Noe.

Dr. M. M. Knight of Buchanan, Mich., is about to retire from practice.

O. L. GARLINGHOUSE, M. D., has removed to Iola, Kan. Office in Hendrick's Building.

Where is our Hubbard (Hering '99); we have failed to hear from him and the amniotic fluid.

Our "Susan" still enjoys her National Temperance Home. She also was a Her(r)ing once in '99.

Dr. P. S. Mitchell (Hering '99) did not have enough with one P. S., so he decided to take a course at the P. & S. of Chicago.

The Chicago Materia Medica Society holds its regular bi-weekly meeting on March 13, 1900. Lycopodium is the subject of study.

Dr. J. H. Veatch (Hering '98) has now opened an office in South Chicago. We hope that the doctor will soon have a splendid practice.

Hamfat.—"Some people carry a joke too far."

Horseplay.—"Yes, I carried one to fourteen different papers, and didn't sell it even then.

From reports we hear that Dr. Rosalie Sara Richard de la Hautiere (Hering '99) is gaining a name as a true follower of Hahnemann. Success to her.

Dr. S. A. Felt (Hering '98) has returned from Colorado, where she visited for some time. The doctor reports a happy time and looks the picture of health.

Dr. Harlan E. Mize, located at Lebanon, Ind., has moved his office into better quarters. He is one of the two homeopaths in that town, which has about six thousand inhabitants. Dr. Mize is coming to the front rapidly. Good luck to him.

The Chicago Homeopathic Medical Society will hold its next meeting at the Great Northern Hotel, March 15, at 8:30. The subjects to be considered are Malignant Diseases of the Intestinal Tract, by Dr. M. B. Blouke. Diagnosis as a Factor in

Proper Treatment, by Dr. R. N. Tooker, and The Eye in Relation to General Medicine, by Dr. Jos. Watry.

It is rumored that Dr. J. T. Kent of Philadelphia is about to remove himself and his belongings to Chicago. Dr. Harvey Farrington is said to be coming with him.

According to the *New York Mail and Express*, Christine Nilson has just passed her fifty-fifth birthday, while Patti, who was born the same year, is celebrating her forty-fifth.

Dr. T. H. Hudson, who paid a welcome visit to his Chicago brethren, while upon a tour for the benefit of his health, has, according to the *Hahnemannian Advocate*, suffered a relapse.

Dr. Paul Pollach, who has kept the Senior class of Hering so busy with nervous troubles this term, is also ready for a trip across the salt basin. We wish him a happy time and a safe return.

Dr. Flavel Woods, of Philadelphia asserts that hypodermic injections of carbolic acid have cured some cases of tetanus; he claims that it is superior to any anti-toxin that has been devised.

Dr. E. C. Duddy (Hering '99) will locate at Kenosha, Wis., about April 1st. Dr. Duddy was former assistant house physician of Hering Medical College and Hospital. Best wishes and success to him.

Dr. Frank C. Titzel, Professor of Surgery at Hering Medical College, was smiled upon by Dame Fortune. He has sailed for Europe. No doubt he will have a good time. The doctor was born that way.

Dr. Frances M. Lane (Hering '98) has made a name for herself as well as for her Alma Mater in her new location, Victor, Colo. The Medical Advance wishes her all success and a lucrative practice.

A move in the right direction may be recorded for South Carolina. A new law going into effect at once, provides for the recognition, without examination, of graduates of all recognized medical colleges.

*Primula obtonica*, a species of cultivated primrose, has a very bad reputation among gardeners as a poisonous plant. It causes a violent itching rash on the hands and especially on

the wrists. The itching is worse in the evening and after washing. It is worth proving, but where are the provers?

A wave in favor of blood-letting seems to be appearing on the horizon. Dr. H. J. Parker of Clayton, Ill., advocates it vigorously in many acute diseases. Nor is he the only one, by any means, to take the same position.

A letter from Miss Donahue, our absent member of the Junior class, Hering, who is sojourning in Texas, expects to return to the city about May 1st. She will follow nursing during the summer and re-enter college next fall.

Greasey.—“Doctor, how could I get hold of some worry; they say it makes people thin.”

Doctor.—“Spend two hours a day thinking of the bill you owe me.”

Greasey.—“Oh!”

Dr. C. R. Unkrich (Hering '99), now happily located in Delavan, Wis., was in the city a short while ago. He reports a good practice and a pleasant time and the doctor is strongly thinking of taking a wife upon himself soon. We hope he will draw a lucky number.

The three prizes offered by the *Medical Visitor* for the best three essays upon some subject concerning homeopathy, have been awarded as follows: 1st, Dr. T. E. Read, Middletown, Ohio; 2d, Dr. W. J. Rennick, Auburn, Me., and 3d, Dr. E. W. Broadman, Parsons, Kan.

THE 13TH INTERNATIONAL MEDICAL CONGRESS will meet in Paris, August 2-9, 1900, of which Dr. William Osler and Dr. Henry B. Jacobs of Baltimore are respectively chairman and secretary of the American committee. Any doctor of medicine may become a member on payment of \$5.

The bubonic plague has appeared in New Caledonia, one of the islands of the Pacific. It is known to exist at the present time in Brazil, Portugal, East Africa, India and China. It probably is burning, like an evil fire, in many hidden foci of infection, in the “poisonous East,” as Du Maurier calls the Orient. Where has this plague, the same as the “Black Death” of the Middle Ages, been all the years? Read its ravages in England in De Foe’s time in his account of the Plague. Read in the Diary of Samuel Pepy’s, how nearly it depopulated London in

his time; and ask yourself where it has been all these years. There is no satisfactory answer, and the circumstance throws a doubt upon the validity of the germ theory as a cause of disease.

A recent number of the *Psychological Review* relates an interesting experiment made by Mr. Slosson with the view of demonstrating how easily the faculty of the imagination may be called into play. In the course of a popular lecture, he presented to his audience a bottle containing distilled water, which he uncorked with elaborate precautions, and then, with watch in hand, he asked those present to indicate the exact moment at which the peculiar odor was perceived by them. Within fifteen seconds those immediately in front of him held up their hands, and within forty seconds some at the other end of the room declared that they distinctly perceived the odor.

There was an obstinate minority, largely composed of men, who stoutly declared their inability to detect any odor. Mr. Slosson believes that many more would have given in had he not been compelled to bring the experiment to a close within a minute after opening the bottle, several persons in the front rank finding the odor so powerful that they hastily quitted the lecture room.

Ebstein, after a long trial, deprecates the use of thyroid ext. in obesity.

#### DIED.

CALVIN C. MATHEWS, M. D. (Hering, '96), died at his home, Milford, Ind., March 4, 1900, after many weeks of illness. While at college he was an indefatigable student and he carried the enthusiasm of his college days into his professional labors, and this very soon gave him a large practice. His loss will be severely felt by his immediate family and colleagues as well as by a large clientele.

Dr. George G. Biggar of Geneva, Ohio, died after a brief illness of pneumonia, on February 12, 1900. He was born in 1849 in Canada. In 1873 he graduated from the Cleveland Homeopathic Medical College. After practicing in the city of Cleveland for two years, he moved to Geneva, where he has since resided. Dr. H. F. Biggar of Cleveland is his brother.

Dr. E. C. Morrell of Norwalk, Ohio, died Jan. 9, 1900. He was born in 1832.

## THE PENNOYER SANITARIUM IS A MODEL RESORT.

Postmaster Keeler tells of the Pennoyer Sanitarium.

Editor Republican:—In compliance with your request I will attempt to write briefly concerning the Pennoyer Sanitarium at Kenosha, Wis., where a party of Belvidere people are seeking rest and recreation.

I am not "widely traveled" nor intimately familiar with institutions of this character, so possibly too much importance should not be attached to what I say, but I can quote from a traveled and prominent gentleman who enthusiastically remarked last evening, as we were seated on the long veranda, drinking in the delights of the charming surroundings and cooled by the bracing breeze off Lake Michigan, that grand body of water with its everchanging panorama of passing vessels. Said this gentleman: "I have visited nearly all of the prominent pleasure and so-called rest resorts and I have never seen the equal of this Sanitarium. It is the model one of all such institutions in the United States. It is a model in location and surroundings, in the construction and elegance of its buildings and furnishings, and absolutely perfect in its management."

This opinion of the Pennoyer Sanitarium, located so near our own beautiful city, may be of more than passing interest. I find that many people have a feeling of prejudice toward a "Sanitarium," a picture in their minds, a hospital filled with the sick, the halt and lame, and many other things that are naturally repulsive. None of this is seen at Pennoyer's. There are sick people here, it is true, but the institution is so admirably conducted that no one but the attendants are aware of their presence.

Largely, very largely, the guests of the house are made up of people who desire to break away from routine cares for a few days or a few weeks, and take a "rest cure" at this home-like and elegantly appointed place.

The luxury of the baths, with resultant benefits, is worth much time and expense to secure. The salt baths are exhilarative; the swimming pool and the needle baths are efficient accessories to the Russian or hot air baths; the electric baths are given with the most improved appliances, and the massage, administered by trained attendants, is invigorating, giving new life and vitality.

The institution is so home-like, commodious, delightfully appointed and "restful" that one cannot fail to be charmed with the place. One of the pleasant features is that you come in contact with many refined and cultured people; the manner in which the Sanitarium is conducted invites no others.

We trust that many of our hard worked, nerve-taxed friends may test the efficacy of the "rest cure" obtainable at this model institution.

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E. C. DUDDY, M. D.  
KENOSHA, WIS.

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**Chicago, Ill.**

**XANTHOXYLUM FRAXINEUM.**

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*MIND.—Resume.*

Depression, indifference, fear, apprehension, confusion, bewildered, irritability, stupidity.

*Detail.*

Great depression, feeling of depression and weakness; depression in morning on waking, with languor; felt as if I would rather die than live, as though I would like to take enough to kill myself, during headache.

Indifference and malaise; no life nor ambition to do anything; did not care if I lived or died, and decided not to take a drop more if I ever felt better.

Terrible, nervous, frightened feeling; nervous feeling of fear; frightened at action of heart; awoke in fright, trembling violently.

Felt as if something bad might happen.

Bewildered sensation; head felt mixed, seemed entirely void of ideas; was an exertion to try to think; very cross and hungry.

Stupid feeling after supper.

*Clinical.*

Apprehensive, fearful; starts at every noise or even at shadows; afraid to go to bed alone or in a dark room.

Vertigo. Faintness.

*SENSORIUM.—Resume.*

Vertigo, on attempting to rise in morning, as if falling forward; everything became black, and I grasped for support, with nausea preventing me from eating breakfast, vomiting of coffee and toast that I had succeeded in eating; with black spots dancing before eyes; on going up or down stairs felt as if I were stepping over too far and should fall; obliged

to go to bed; on rising in morning, when waking, if I sat up, felt as if floating through air; if I lay down, as if sunken deep in bed.

Faintness spread over whole body.

HEAD.—*Resume.*

Aching, heaviness; heavy pains; throbbing fullness; darting, shooting or sharp pains; constriction, tension, pressure, boring; enlarged sensation; dropping to pieces as if.

*Detail.*

Aching, in morning with sleepy feeling; and dull; and backache, neck stiff, carotids throb, weak and weight in it; intolerance of motion or shock; every step sends a shock through head.

Throbbing, delaying sleep, with bright, star shaped spots dancing up and down on shutting eyes; heaviness in and in neck; dull and heavy.

Full feeling.

Constriction and tightness of, with increasing pain over eyes and severe pain.

Pressure in, with fullness of, veins.

Felt big, large, with intolerance of light.

Shaking the head produces a feeling of looseness or quivering of the brain, followed by dizziness, as if dropping to pieces, with fear that something would happen.

FOREHEAD.

Frontal headache, severe, with dizziness, extending into orbits; toward evening, with nausea; waked at 4 a. m. by intense frontal headache, increased, of a burning, pressing nature, worse from moving head suddenly, extending into vertex and orbits, with feeling of heaviness in eyelids and bright spots before eyes; disappeared during evening; returned, with increased violence, with a perfectly exhausted feeling, as if I had had no rest for a long time; made it an effort to dress; ameliorated by cool water and open air.

Sudden pain over right eye at 6 p. m., with boring through temples, soon spread over whole head; no position comfortable, with heavy pressure on vertex, followed by blurred vision, as if looking through blue lace; dizziness and nausea.

Throbbing over right eye, with nausea.

Sharp, shooting pain over right eye and in right side; diffused pain in upper part of forehead, right side, pain extends to base of brain, with soreness; shaking the head produces a feeling of looseness or quivering of the brain, followed by dizziness; pain over eyes, with throbbing above root of nose; aching in a spot over nose; a dull headache in a space not larger than half a dollar over nose.

Temples: heavy pain in; menses two days early; boring through.

Darting in left occurring again and again; ached violently through temples and vertex; top of head felt as if lifted in evening.

Sides, pain in left and left elbow.

Vertex, heavy pressure on, heavy feeling in.

Aching in upper half of head, with flashes of throbbing pain, as if the top of the skull were about to be lifted off.

Oœciput; pain in, bewildered sensation in.

Scalp, tightening of and heavy pains in temples, with twitching in and trembling in right knee; afterward increase of head difficulties, with great heat and quiet menstrual flow, two days early.

Head sore to touch.

*Clinical.*

Headaches, with sensation as if the top of the head would come off. (Argin, Bapt. Cact. Cim. Cann. i Helon. Iris v. Kali-bi; Kob. Lac def. Lach. Merc. Syph. Ther. Ust.)

Head, as if surrounded by a tight band.

Aggravation from noise.

*EYES.—Resume.*

Congestion, burning, heaviness; pains, grinding sore; vision, bright, blue, black, flashes, etc.

*Detail.*

Bloodshot, with red margins; feel as if full of sand, with frontal headache; and heavy, with red, burning lids; and sensitive to light; photophobia.

Heaviness in; in lids.

Pain in lid of right eye; lachrymation.

Watering of eyes and nose.

Dull, heavy, grinding pain in left eye.

Motion is painful if much out of field of vision, and eyes are sore on pressure.

Pupils dilated.

Twitching.

Vision, bright spots before eyes; on shutting eyes, star-shaped black spots dancing up and down.

Bright images before eyes, which were sensitive to light and bloodshot, with dilated pupils.

Blurred vision, as if looking through blue lace; everything looked blue; atmosphere appeared blue, and there were constant flashes of light before eyes; flashes of blue light before eyes; vision of blue sparks; black spots dancing before the eyes, with vertigo; objects seemed a long way off.

*Clinical.*

Ophthalmia.

EARS.—*Resume.*

Pain, dull, darting; noises, ringing, roaring, whirring; dull pain in right ear and articulation of inferior maxilla, gradually ceasing; does not know it is in ear or tooth that aches.

Darting pain under and back of right ear.

Sensitive.

Ringing in, right particularly; loud in right, loud in left.

Noise like a loud bell ringing at a distance.

Loud noise, resembling a windmill, in left ear; in right ear as of a valve continually opening and shutting.

Troublesome roaring in both ears.

Noises in both ears and numbness through all limbs.

*Clinical.*

Earache, pains alternating between ears and teeth; don't know whether they have earache or toothache.

NOSE.—*Resume.*

Aching, dryness, watering, discharges.

*Detail.*

Dull ache at root of.

Dryness of both nostrils.

Watering of eyes and nose; decided catarrhal symptoms.

Discharge of mucus from nose and feeling of congestion, as if it were about to bleed.

Discharge of dry and bloody scales of mucus.  
 Right nostril seems filled up.  
 Nosebleed in the morning.  
 Odor of food nauseated her.

*Clinical.*

Fluent coryza.

FACE.—*Resume.*

Pain, pale, flushed.

Pain in lower jaw and left side of; in right jaw socket.

Pale, even to lips, with heart symptoms.

Much flushed; flushed after heart symptoms; flushed, but body cold.

*Clinical.*

Neuralgia of face, of left lower jaw.

MOUTH.—*Resume.*

Saliva, dry, burning; tongue coated; taste peppery; saliva increased; tongue coated yellow.

Burning and dry feeling in mouth and tongue.

Tongue coated thick yellow; heavy white; white; whitish; yellow.

A smarting, strong, peppery taste in mouth, fauces and throat, extending to stomach, followed by increased pulse and slight heat all over body.

Tongue seemed alternately to expand and contract.

*Clinical.*

Peppery feeling on tongue.

An old remedy for toothache. (See ears.)

THROAT.—*Resume.*

Lump, soreness, dry, husky, pain, aching, burning, stinging; enlarged, as if; clutched, as if.

*Detail.*

Aching in right side; and painful to touch; with profuse menses and occasional dyspnoea; it tired me to talk.

Sensation of soreness in right side of; s., with expectoration of tough mucus.

Dry and hoarseness at 5 a. m., after sleeping four hours, and it was a great exertion to talk.

Husky feeling in.

Intense burning and stinging in œsophagus, with slight nausea; peppery sensation.

Seems clutched, as if in a vise, in morning, on rising.

Feeling of enlargement of.

After dinner felt a bunch in left side of, when swallowing; on going to bed it shifted to right side.

Throbbing in throat and sensation of swelling.

*Clinical.*

Burning and peppery feeling.

STOMACH.—*Resume.*

Nausea, faintness, hunger, anorexia, thirst, fullness, pressure, fluttering, eructations.

*Detail.*

Nausea: great, after lunch; seemed to awake me, half an hour after, and vomited breakfast; with vertigo increased; with frequent chills and pain in limbs; with headache; with oppression of stomach; could eat but a little breakfast, as even the odor or sight of food nauseated me; ameliorated by a glass of ice water.

Faintness at stomach, as if I had been fasting, but when food was brought, cared to eat only a few mouthfuls, which nauseated me.

Hunger, but food increased nausea, while water relieved it.

Anorexia; could eat but a few mouthfuls at breakfast and drink half a cup of coffee, which were vomited soon after; with great thirst; craved coffee and lemonade.

Thirst after heart symptoms; drinking large quantities at a time; glass of ice water relieved all symptoms.

Feeling of fullness and pressure at epigastrium.

Fluttering in.

Empty eructations, with slight taste of ingesta.

*Clinical.*

Failing appetite.

ABDOMEN.—*Resume.*

Flatulence; griping, pain, dragging, colics.

*Detail.*

Flatulence, rumbling, with soreness on pressure.

Severe griping pains soon after waking.

Griping at 7 a. m., soon after waking; with brown diarr-

hea, mixed with mucus; next morning, griping on waking, continued at intervals through day, with indifference and malaise; griping and pain; then watery diarrhœa, fever and chill. (The diarrhea could not be produced by large doses).

Pain in right side, below ribs.

Unbearable pain in abdomen.

Colicky pain in right iliac region.

**HYPOCHDRIA.**—*Resume.*

Pain, dull, boring.

*Detail.*

Deep, dull, boring pain in right region; severe, relief from hot compresses, constant pressure and motion; lying down or sitting aggravates; with rheumatic ache in wrists and knees.

*Clinical.*

Should be useful in rheumatism, with hepatic involvement, a not uncommon combination.

**RECTUM AND STOOL.**—*Resume.*

Diarrhœa, burning, excoriating, watery.

Constipation.

*Detail.*

Urgent call to stool; movement large, dark brown; rather loose and offensive, causing much excoriation and pain.

Thin, brown diarrhœic discharge, mixed with some mucus.

Loose, causing burning and pressure for an hour or two.

Stool: small, watery, dark and offensive, followed by severe burning in rectum and anus; followed by stinging and slight hemorrhage as from piles; excoriating.

Constipation in morning; stool after supper, in fifteen minutes' discharge from bowels; next day three stools; on third day, stool before and after breakfast and after supper.

Slight stool twice a day.

Inodorous discharge, with tenesmus.

*Clinical.*

The stools of this remedy are characteristically inodorous, very dark or black, and corrosive, especially during dentition. (Inodorus stool, compare, Asar. Ferr. Gamb. Hyos. Paul. Rhus t. Verat-a.)

Epidemic dysentery, characterized by spasmodic tenesmus, intestinal spasms, tympanites, etc.

Cholera, in stage of collapse.

#### URINARY ORGANS.

Urine at night and next morning scanty and high colored; frequent; increased, sp. g., 1.025, 1.030; slightly increased, sp. g., 1.015 to 1.019.

#### *Clinical.*

Profuse, light-colored urine; nervous women.

#### SEXUAL ORGANS (FEMALE).—*Resume.*

Menses: early; profuse; painful; leucorrhœa; ovaries affected.

#### *Detail.*

Menses a week before time, attended by a good deal of pain; menses two days early; early, with increased head difficulties; unnatural forcing of nature; awoke with dreadful distress and pain, baffling all description; profuse menses, relieving ovarian pain; felt tired; profuse flowing; profuse and early, preceded by leucorrhœa; profuse and eight days too early; bright red; slight dysmenorrhœa, ameliorated by walking and hot applications; very nervous, easily startled and hysterical; early and painful; too early, with intermittent cramp-like pain in head and abdomen; inability to lie still; hungry, but food nauseated; drank much; urine profuse; left side numb; nape lame; eye twitched, pupils dilated; face flushed; blue light before eyes; chill; nausea, when vomiting it seemed as if the stomach rose and fell; pulse rapid; restless night's sleep; at intervals next day awoke with pain in right ovarian region; frontal headache, head light; left side numb; left foot went to sleep.

Sharp, cramp-like pain in left inguinal region, which increased until menses appeared five days early; for about an hour pain seemed better, but after that began with renewed violence, worse than in former provings.

Dysmenorrhœa, with bearing-down feeling and pain in right ovarian region.

Leucorrhœa, profuse; milky white, thin; whitish after menses.



OVARIES.—*Resume.*

Aching, shooting, darting, sharp, cutting.

Dull pain radiating, especially into thighs, ameliorated by drawing up knees, heat or free discharges.

Severe aching pain in right ovarian region, causing me to forget all other pains and walk the floor; constant radiating from right ovarian region to hip, thigh and back, with occasional shooting, darting pain, causing me to hold my breath; at same time leucorrhœa coming with a gush of milk-white color, ceasing suddenly; it ameliorated back and head symptoms.

Sudden sharp pains in right ovarian region, radiating down thighs and across left hip; better by lying down and flexing thighs on abdomen; could not walk straight or upright, abdominal pain was so intense.

Sharp, cutting pain in right ovarian region, extending about hip and down thigh, awoke me at 6 a. m.; could not find any position comfortable, became almost unbearable; better by heat; pain not continuous, intervals almost regular, of about ten minutes, and spasm lasts five minutes; pain agonizing, could hardly endure it.

Dull pain in left ovarian region; back of neck stiff; better by heat; pain in left, extending down thigh.

Intense pain in left ovarian region, began feebly and gradually increased, dying away in same manner.

*Clinical.*

Indicated in spare, delicate, nervous women.

Dysmenorrhœa, neuralgic, with agonizing, excruciating, distracting pains, causing the patient to scream out, clutch the hair in desperation, with bodily contortions and tears of anguish; no relief in any position; pains extend down anterior thighs; generally left-sided, with neuralgic headaches, especially over left eye; congestion of head and eyes; photophobia; discharge scanty, thick, black, in strings and clots; intermitting every other day; weakness in lower limbs; wants to sit or lie all the time.

Membranous dysmenorrhœa, with contractive pains, great bearing down: keeps limbs in constant motion, drawing them up and down in bed.

Chlorotic amenorrhœa, with œdema and scanty, high-colored urine; sight of food nauseates, and the smallest amount distresses; discouragement; aggravation from getting the feet wet.

Menses irregular and scanty.

Grinding pain in the pelvis.

Great increase in leucorrhœa, during time when menses should appear.

Sacral pains during pregnancy.

After pains; profuse lochia.

LARYNX AND TRACHEA.—*Resume.*

Hoarseness; aphonia; hawking.

*Detail.*

Hoarseness, in open air, with husky feeling in throat; obliged to clear throat frequently; this continued after other symptoms subsided.

Aphonia and pain in lower right lung; vocal cords affected.

Throat ached, and it was tiresome to talk, with hoarse voice.

Almost constant hawking, without expectoration, sometimes arising from tickling in larynx, and again from a sort of oppressed feeling in lungs.

*Clinical.*

Aphonia from cold or general debility.

RESPIRATION.

*Detail.*

Dyspnœa; cough; oppression.

Constant desire to take a deep breath, long breath, etc.; could not get air enough into lungs; with oppression; decided dyspnœa, with slightly increased action of heart; almost impossible to get a satisfactory inspiration; with severe coughing spells; with cutting in lower part of right lung.

Suffocative feeling, almost inability to breathe; had to sit up in bed and turn, first, one way, then another, almost as in a severe case of asthma, even accompanied by severe spasmodic coughing spells; with cutting pain in region of heart, makes me catch my breath.

Awaking with a sense of suffocation; feared I should lose my breath entirely.

Difficult, on awaking; difficult inspiration; shortness of breath.

COUGH.—*Resume.*

Hacking; spasmodic; stifled.

*Detail.*

Slight hacking; coming on only in open air, with slight hoarseness; without expectoration; sometimes from tickling in throat, again deep in bronchi.

Severe spasmodic coughing spells, with heart symptoms.

Cough, with scraping, sore feeling under sternum, spasmodic, of a voiceless, stifled character, recurring at almost regular intervals of about twenty minutes, with sharp pain in lower portion of right lung; awaking her at 4 a. m.; almost constant.

Cough, aggravated by exposure to cold; ameliorated in a warm room.

*Clinical.*

Dry cough night and day; from sheer exhaustion could hardly turn herself in bed; face pale, bloated; dark rings about eyes; head full and heavy; lips colorless; tongue pale and flabby; shortness of breath; no appetite; constipated; urine light colored, alkaline, sp. g., 1.025; fluttering in stomach; pain in left side; limbs weak and bloated.

CHEST.—*Resume.*

Pains, sharp, shooting, cutting, neuralgic, strained; constriction.

Sharp, shooting pain in right side, like pains of pleurisy, occasionally extending through to scapula, which increased in severity with constant desire to take a long breath.

Sharp, cutting pain in lower portion of right lung, on deep inspiration or coughing, of a neuralgic character.

Strained pain on deep inspiration, worse waking at night and turning in bed.

Slight pain in left side under scapula and in left hip.

Felt a good deal of tightening about chest, which continued, with much inclination to gape, with difficulty to inflate chest.

Constriction as from running or as from a weight on chest.

*Clinical.*

Menses irregular and scanty; tight, dry cough, which hurts chest and shoulders; bowels almost constantly loose; profuse night sweats; very much wasted and weakened; frequent violent headache, affecting whole head, sometimes with vomiting; feet and ankles œdematous; bubbling mucus rales especially distinct in apex of left lung; appearance bloodless and miserable; family history of phthisis; thinks she is "going into decline."

HEART.

Increased action.

Severe cutting pain in region of, lasting but a moment and recurring at irregular intervals of five minutes to half an hour, making me catch my breath and turn pale, even to lips, worse during inspiration, and passing directly through thorax in region of heart; after each attack was thirsty, flushed and exhausted.

Startled out of sleep at 1 a. m. by severe pain in region of heart, and then violent action of heart set in; apex beat felt and seen over a large area, with suffocative feeling and almost inability to breathe; had to sit up in bed and turn one way and then another, with cough without expectoration; three attacks at night; once almost unconscious from agitated, tumultuous beating of heart; pulse rapid; temperature, 101° at 4 a. m., 97.6° at 9 a. m.; slept hardly at all.

PULSE.

One hundred and more, feeble; 82 feeble and irregular; 80; 74 and soft; 72 and irregularly intermittent; 110; 70; 130; 120.

Carotids throb.

VEINS.

Fullness of; sense of heat all through veins, with desire to be bled.

NECK.

Pain and stiffness in nape of neck, somewhat relieved by hard pressure or throwing head back; in evening, I involuntarily put my hand there constantly to try and relieve it by pressure.

Back of neck numb.

Dull, drawing pain from nape to right scapula; dull in back of neck.

Very painful, extending into right shoulder and down back; difficult to turn neck to left.

Rheumatic pain in nape, better pressing head backward. Tired feeling in nape.

BACK.—*Detail.*

Slight pain in left side and under left shoulder blade; also in left hip.

Ached whole length of spine.

Severe pain in cervical and upper sacral region.

Coccyx seemed elongated, extremely sensitive to pressure, and ached; could not sit except on foot or air cushion to raise it from chair.

Dragging pain in lower portion of pelvis and back.

Pain in sacral region.

Muscles seemed tired; twitched.

*Clinical.*

Pain in back, as if broken.

EXTREMITIES.

Limbs ached.

Joints seemed loosened.

Numbness through all limbs; left sided; back of neck, especially left foot.

Limbs heavy to lift.

UPPER LIMBS.—*Resume.*

Pain, numbness.

*Detail.*

Severe pain in right arm, beginning above bend of elbow; inside, just above elbow; in wrist, extending to thumb; slight above inner condyle of right arm.

Arms felt as if they had carried a heavy weight.

Arms felt better from being twisted.

Pain in right arm and right knee.

Numbness in left shoulder and arm; left numb and heavy.

Pain in elbows; in left, passing to palm, then to shoulder; in both elbows and back of head, with bewildered sensation; in left knee and left elbow, extending to hand, then in left side

and top of left foot; in left elbow and left side of head.

Pain in wrist, extending to thumb; sudden cramp-like in wrists and knees, ending in a steady ache.

A flash of pain in right thumb, extending to hand; another in calf of right leg.

Pain and pricking feeling in right arm, extending to third finger.

Pricking and throbbing sensation in left arm and fingers.

LOWER EXTREMITIES.—*Resume.*

Pain, aching.

*Detail.*

Pain in right knee; dull in right knee; in right leg in morning; in right ankle; in left heel; severe in left knee; slight in left hip.

Flash of pain in right calf.

Pain in both feet, shooting up to knees.

Pain in left leg, between hip and knee, and in various other parts.

Aching, particularly of knee joints.

Taken suddenly at 4 p. m. with cramp-like pains in wrists and knees; wrists especially somewhat sensitive to touch; cramp and sharp pain soon settled down into a steady ache like rheumatism, with deep, dull, boring pain in right hypochondriac region, quite severe; relief from constant pressure and motion; lying down or sitting aggravated.

Weakness; legs and feet feel tired; with pain in knees; it is an exertion to walk; increased pain, with frequent chills.

Inability to walk straight; floor seemed soft like wool.

Twitching in left knee and trembling in right.

*Clinical.*

Severe neuralgic pains in course of genito-crural nerves; dysmenorrhea.

Sciatica, agg. hot weather; of anterior crural nerve after Gnaph.

SKIN.

Blotches on face, with boils.

*Clinical.*

Measles, dullness, bewilderment, drowsiness; want of sufficient development of the eruption.

## SLEEP.

Gaping; drowsy all morning; all evening; sleepy feeling all day, with headache; sleep from 4 to 7 p. m. and then from 10 p. m. to 7 a. m.

Slept hard all night and awoke languid, depressed, and without appetite; slept hard and heavy; dreamed of flying over tops of houses; heavy with constant dreams, till 4 a. m.; soundly without dreaming.

Frequent waking.

Restless night, although very sleepy; continually twisted and turned; when I did sleep, dreamed of being chased, and when overtaken, about to be scalped; could not make a sound to call help.

## SLEEP.

Restless all night, with frightful dreams of being killed or burned.

Sleepy; headache kept me awake for an hour; on shutting eyes there appeared bright, star-shaped spots dancing up and down.

Started out of sleep by severe pain in region of heart; slept hardly at all.

Dream of suffocation awoke me; dreamed that my throat grew up, and awoke in fright, finding it very difficult to breathe; with shaking, and left arm felt like lead and was numb; the position may have caused numbness.

Interrupted by attacks of dyspnœa.

## FEVER.

Chilly, although day was warm; frequent chills; chilly on rising; frequently with pain in limbs; in feet in morning on rising; chill at 2 p. m., with great nausea; with nausea and vomiting; followed by vomiting thin white mucus, and then weakness.

Temperature low.

Flash of heat from head to foot; over face and head.

Temperature high; 100°, 103°, 101.2°.

Sense of heat in veins, with desire to be bled.

*Clinical.*

Typhoid fever in stage of collapse.

## GENERALITIES.

While out of doors an indescribable sensation came over me; really thought I was dying; whole body seemed falling to pieces; atmosphere appeared blue, and there were constant flashes of light before my eyes; could not walk straight; noise in left ear like a loud bell ringing at a distance; my body felt as though elastic and stretched itself out. Feeling of numbness through whole left side of body from head to foot, the division very perceptible in head, where it affected half the nose; on awakening. (Hemiplegia after Nux failed.)

Paralysis of single muscles.

Feeling of weakness and depression; exhausted; very tired.

Pricking sensation; shocks as from electricity.

Very nervous; easily startled and hysterical.

General feeling of sickness.

Ached all over.

Lying down ameliorates symptoms.



## CURED SYMPTOMS.

ERASTUS E. CASE. M. D., HARTFORD, CONN. .

### ASTERIAS RUBENS CM (FINCKE).

Sensation of a husk in the throat.

Hawks up a cottony, white mucus from the throat.

Cracking in the left knee joint whenever it is bent.

Hair dry and falling off from the crown of the head.

Light-haired bookkeeper, aged 27 years.

### BADIAGA 900 (FINCKE).

Acrid, thin coryza from left nostril; thick mucus from right nostril.

Eyes painfully sore, so that it hurts to turn or press upon them.

Hoarse voice.

Cough from irritation in larynx and trachea.

Thick, yellow masses of mucus fly from the mouth when coughing.

Suffocative respiration in paroxysms.

Head feels enlarged and dull.

Light-haired bookkeeper, aged 36 years.

### BOVISTA 45M (FINCKE).

Wakeful from 2 to 4 a. m., sleepy all the rest of the time night and day.

Frightful dreams.

Lumbar spine sore, always relieved after passing stool or flatus.

Coccyx sore to pressure.

Sour-smelling fluid oozes from the ears.

Hearing dull, especially for conversation.

Itching in the outer ears.

Face pale, yellowish hue, at times red eruption under skin of cheeks.

Tongue feels as if it had been scalded.

Constipation, with ineffectual urging to stool, accompanied by nausea.

Tired and sleepy all of the time.

Inelastic skin.

Scalp itches, tender to touch.

Sensation as if hives full of bees were upon the back.

Axillary sweat has the odor of onions.

Light-haired singing teacher, aged 38 years.

BOVISTA CM (FINCKE).

Acrid, albuminous leucorrhœa, causing itching of the vulva and perineum.

Pressure throughout the head, worse in the evening.

Easily irritated.

Scalp itches, worse from warmth.

Lachrymation.

Fluent coryza, with obstruction of nares.

Burning dryness in the throat.

Constriction of the chest.

Cough, with enuresis.

Expectoration yellowish, viscid.

Heart beats reverberate in left ear when lying on left side.

Shivers from a draft of air.

Sweats (general) during morning sleep.

Burning, itching of the skin, worse from warmth.

Indentations of the skin remain a long time.

Cramps in the calves at 3 a. m., awakening from sleep.

Brown-haired married woman, aged 41 years.

FLUORIC ACID 45M (FINCKE).

Dull pain through the head from the occiput to forehead, daily, from 3 to 5 p. m. through the evening; worse when rising from a couch or chair, at the close of menstruation.

Teeth feel rough, as if encrusted.

Teeth very brittle.

Sleep heavy, dreamy, unrefreshing.

Vertigo when assuming an erect position.

Brown-haired schoolgirl, aged 22 years.

## KOBALTUM IOM (FINCKE).

Tongue coated white, feels dry, cracked crosswise along the center.

Qualmishness, pretty constantly.

Soreness across the stomach, hurt by stretching or deep inspiration.

Dull aching in the bones of back and extremities, worse while resting.

Drowsy and yawning all day.

Brown-haired woman, aged 46 years.

## MANCINALLA CM (FINCKE).

Early every morning a stool consisting of pale mucus, with lumps of feces.

Hemorrhoids protrude after stool, itching; no bleeding.

Lower cervical vertebræ stiff on awaking from sleep, painful when moved.

Nausea felt in the abdomen in the forenoon.

Abdomen full of flatus, rumbling audibly.

Sensation of blister on vermillion border of lower lip.

Tall, spare, flaxen-haired marketman; aged 69 years.

## NASTURTIUM OFFICINALE.

Sensation of weight in the stomach, seeming to roll to the side lain on when turning in bed. This always and only occurred after eating watercress.

Light-haired teacher, aged 30 years.

## OXALIC ACID IM (FINCKE).

Irritable, easily angered.

Mouth constantly full of cankers.

Acid eructations after every meal.

Sensation as if the bottom had fallen out of the stomach, temporary relief from food.

Pressure in the head and profuse sweat from any mental excitement.

Stitching pains in right spermatic cord, worse from mental anxiety.

Black-haired electrician, aged 33 years.

## SENEGA CM (FINCKE).

Lame soreness throughout the right side of the chest.

Sensation as if the chest were too narrow, with inclination to throw back the shoulders and take a deep inspiration.

Frequent hawking of a small lump of tough mucus from the larynx.

Machinist, aged 52 years.

## SOME TRAUMATIC REMEDIES.

SYMPHYTUM—Non-union of fractures; the pain is jagging, pricking, as if end of bone sticking into flesh. To facilitate the union of fractured bone.

ARNICA—Injury to soft tissues; contused wounds, with much discoloration and sore, bruised feeling. Great fear of being touched by anyone coming near.

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

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

RHUS TOX.—Sprains and strains of single muscles or group of muscles, from lifting heavy weights, reaching up, etc. first moving continued motion.

ACTEA RACEMOSA—Straining and soreness of muscles of entire body, as in skating, rowing, running, etc.

STAPHISAGRIA—For incised, clean-cut wounds, especially after operations on abdomen.

HYPERICUM—Similar to Ledum. Punctured, contused, lacerated wounds, from needles, splinters, etc., especially under the nails, or in soft tissues rich in nerves. Torn or lacerated nerves—pains shoot up limb in streaks. To prevent lockjaw.

CONIUM MAC—For injured glands.

## ADDITION TO THE PROVINGS OF THE X-RAY BY THE BROOKLYN HAHNEMANNIAN UNION.

B. FINCKE, M. D., BROOKLYN, N. Y.

After publishing these provings in the proceedings of the International Hahnemannian Association, 1897, p. 47, I sent a translation to the editor of the Leipzig Allgemeine Zeitung, who published it in vol. 135, p. 98, with the following preliminary remark :

### *Preliminary Remark.*

Herewith we publish these provings, instituted by Dr. B. Fincke, though in doing so, some scruples have occurred to us. That the Röntgen rays exert a peculiar action when they are directed upon the surface of the body, is undoubted; on prolonged application they produced several times a number of neuralgic symptoms. They also caused falling of the hair. First of all, it would have been indicated for a proving to use this, their *modus agendi*, upon the surface of the skin (as also the pathogenetic actions of electricity have been disclosed in this manner). Is it so sure that the sixth centesimal potency of the armed alcohol used by Dr. F. and his coprovers is indeed to be considered to be equal to the X-rays in their pathogenetic activity? Then, it seems to us not appropriate for obtaining pure objective or subjective symptoms, that the provers have known the remedy to be proved in advance. By the so mysterious action of the X-rays they already a *limine* of their experiment had been placed in such an expectative tension that they did not go to work unbiased and fell easily a prey to auto-suggestion. This influence would have disappeared if they had not known the remedy, and the occasion to doubt would have been made impossible to the sceptic. Before, therefore, the Röntgen rays, according to their nature, have been proved upon the surface of the body by local

application, we deem the practically important disclosure of their pathogenetic efficiency not unobjectionable, in spite of all the acknowledgment of the efforts of the American provers.

This was simply throwing cold water on the remarkable experience with the X-ray in the sixth cent. potency, and required the following:

Closing remark on the preliminary remark of the editor A. H. Z. (Vol. 135, p. 205) by the sender of the provings of X-ray:

I am certainly much obliged to the editor for the publication of the remarkable effects of the mysterious emanations of electricity, and I would have passed over his remarks with silence, but it might be taken as assent.

The objection against the acceptance of the provings which, thus far, seem to be the first ever made, appears in consideration of their importance, acknowledged by the editor himself by no means to be as justified as he intimates. May he see in the following nothing but the well-meaning defense of the provers, who have undergone a painful experiment with a so far unknown agency, according to Hahnemannian principles, and should not at all be charged with the insinuation of auto-suggestion. The provers are all of them persons of mature age, who have their periods of youthful folly far behind them. With the exception of two laymen, they are all graduated physicians, and for years in large practice. Since I have long ceased to convince sceptics, because I have something better to do, I will only mention that the old rule, that the provers should not know what they are taking, may be applicable to uncultivated laymen or young, enthusiastic students, but not to physicians who daily and hourly have the task to observe the people closely in health and disease.

You will, perhaps, remember that a prominent physician instituted provings with plain sugar of milk, which the provers took for medicine. The many symptoms which they observed of it, have rendered him a sceptic who acknowledges no action in a potency higher than the 12th. But to the sceptic assigns the editor the judgment of our provings! One

should think that symptoms, as they appeared on the first prover, with severe sufferings for twelve days, might exclude the charge of auto-suggestion. This lady is the mother of the Dr. John B. C., who furnished the third proving, and is also practicing a good many years. She is one of the best physicians in our community and enjoys the general highest esteem of her colleagues and the laity.

In order to discredit the reproach of auto-suggestion still more, allow me to give an experience of my own of this fall, which I do not offer as a proving, but to show the unexpected powerful action of a high potency of the X-ray.

August 28, I took a dose of a few globules of X-ray 45m for some urinary trouble, which ameliorated without being removed. September 13 I felt a stinging and smarting on a place behind the left hip joint while sitting at the dinner table. In the course of the afternoon this symptom disappeared and re-appeared on the right side, precisely corresponding to the place on the left side. Toward evening it burned like fire, and, on examination, a place as large as a silver dollar on the right buttock was red and rough as if the skin were scraped off. On going to bed a blister as large as a hickory nut, not unlike a fish bladder, was present, from which smaller blisters extended down in a curve. The redness and roughness was enlarged to about three inches in diameter. On being quiet there was no pain, but on the least motion or friction, the part burned like fire, or a severe burn. In the night the blister opened, and another had come opposite to the first, as large as a chestnut. The pains, on motion, touch, or friction, continued like a real burn. The skin was red, rough and inflamed, like raw meat, for four inches down, with many small blisters of different size extending downward. The large blister discharged gradually, and a scab formed, which, under cessation of pain, fell off, so that by the end of September the skin was as sound as before. This reminds me of a similar experience observed from repeated application of the X-rays upon the skin, resulting in a denudation of the tibia for the space of about six inches, as far as the leg was exposed to the rays, because it would not heal from an ulcer consequent upon

an injury. If it were not un-Christian, it might be excusable to wish that the editor would have a similar experience to help him over his scruple of auto-suggestion.

The editor doubts that alcohol had taken up the medicinal force of the X-ray, and that the sixth potency had received its efficacy from its exposure to it. It stands to reason that, in the action between the crude medicine, when the rays fall direct upon the surface of the body, there will be a difference when the sixth cent. potency of it is administered. This difference can depend only upon the potentiation, the discovery of which we owe undoubtedly to the genius of Hahnemann, which, alas, the great majority of homeopaths do not admit to its full value. This scepticism can only be overcome in the course of time and, we hope, at least, in the next century, when Homeopathy will have escaped from the tyranny of Allopathy. Would it be possible that the little alcohol with which the few globules of the sixth cent. potency had been moistened, could have called out the drastic actions as they appeared, especially in the case of the provings of Dr. A. B. C.? Whoever doubts the transference of force which incessantly goes on before our very eyes, is entirely forlorn, for he sets himself against the proposition long ago accepted in physics and denies that matter possesses potential energy, which, by motion, changes into dynamic energy and acts upon other matter by transference. That is nothing new. Why should it be different in medicine?

Furthermore, when the editor finds fault that I have ventured to potentiate the X-ray and to apply it in this condition, he evidently militates against Hahnemann\* and degrades Homeopathy, in relation to Allopathy, when he claims we should have proved, first, the action of the X-rays directly upon the surface of the body. Well, according to the experience already known, I do not deem this my duty, and leave it to the allopaths, who have already furnished some sad specimens of such provings, which the editor wants from us and which certainly should not be imitated. The editor forgets, at the same time, that the provers should not know

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\* As far as we know, Hahnemann has never thought of potentiating the electricity, but he only used it in the form of sparks.—Editor.



what they have been taking, whether it was medicine or not, or what it was. How, then, is it possible to hide this from them, when the rays are directed upon their body? Though the rays are invisible (as the sixth potency assuredly is), the provers must necessarily be subjected to the operation of the apparatus. And, with the claim of ignorance unsatisfied, all the experiences of the physicists and physicians who operate the apparatus would have to be excluded because they know what they do. The objection is untenable and falls simply to the ground. Besides, the tenth prover, Mr. David S., had not known what he had taken, and hence his proving cannot be objected to. I, for one, hold with Hahnemann, who acknowledges the potentiation as the necessary element in proving and healing, and have long ago removed the sensitiveness of nervous persons in electric storms with the cm. of friction electricity. Instead of going to the allopathic method to prove the crude drugs, I have endeavored to use the homeopathic method, viz., only potentiated remedies, even where thus it has not seemed to be possible to potentiate.

In writing this, a beautiful case of my old friend, Dr. Baylies, comes into my mind. He cured a hard, even tumor with vinous ramification, of the appearance of a carbuncle of  $1\frac{1}{2}$  inches diameter between the shoulders of a lady of 48 years, with one single dose of *Calcarea carbonica* M(illion) (Fincke). The first action was an opening on four places, with evacuation of a cheesy matter. After this ceased, the tumor became flatter, till it disappeared within three weeks, without leaving a trace on the skin. This tumor had grown in two months before taking medicine. In this healing there is no reason to think of auto-suggestion, for the lady did not know what she had taken, and it is not reasonable to assume that such a tumor should disappear in the short time of three weeks by itself. There was, besides, no local treatment. Dr. Baylies is one of the provers of the X-ray, and at the ripe age of 63 years.

Since then I have experienced the great actions of the potentiated remedies in proving and healing from the lowest (the 6th is low) to the highest degrees, in a long series of

years. I feel it to be my duty to repeat, again and again, the motto :

*Ceterum censeo machodosiaf esse delendam.*

The note of the editor—which, of course, could not be answered simultaneously with its publication—that Hahnemann had never thought of potentiating the electricity and only used the sparks, shows how little that important matter is understood, even by our best men, to which our editor undoubtedly belongs. When the Hahnemannian principles are not acknowledged at this late date by the editor of one of the principal homeopathic papers in Germany, we must look to the next century to do what we, at the close of the Hahnemannian century, have not been able to accomplish.

#### DISCUSSION.

Dr. H. C. Allen: Perhaps it might be of some little interest to the editor to know that recently, in Chicago, two suits at law for damages from the use of the X-ray have been made good in court, the damages being substantial in each case.

Dr. Baylies: As one of the provers, to a slight extent, of this X-ray, I will say that I was present when the first demonstration was made, and the action was, by subjective symptoms, very evident in a few moments, probably in from one to three or four minutes. I have, of course, the greatest confidence in our sensations. The doctor mentions incidentally a cure by Dr. Biegler of a case of encysted tumor. I had a case of that kind in the same region of a lady about forty years of age, and I gave her a single dose of *Calcarea carb.*, one-millionth, which cured the case of encysted tumor in a few weeks.

Dr. J. B. Campbell: I think the suspicion regarding the genuineness of these provings is not well founded. I have succeeded in getting a number of involuntary provings since those first were made, and they correspond in many details with the symptoms of the original provers. I will mention two instances. One was a case of venereal warts, which had refused to give way to any remedy, and I made up my mind something had to be done, and gave the man X-ray 6

(Fincke). He came back with what was apparently a heavy cold, and as many symptoms of Mercurious corr. were produced, I gave it to him, and the warts, which he had two years, disappeared inside two weeks. Another case of gleet I gave the X-ray, and it has been gradually winding it up when nothing else seemed to do it any good; there only remains a slight stickiness, which comes at long intervals. The man with the venereal warts was very deaf; he had a running ear; it discharged for twenty years; that is stopped, and his hearing is perfectly normal. But I want to speak about the involuntary provings, which were very violent. There is another case where I gave it. The man had gonorrhoea. His symptoms were more or less stationary. I gave him X-ray, and immediately he had a discharge of blood from his urethra and symptoms of a heavy cold, the same as all the rest of the provers. Old rheumatic symptoms which he had for years became much more severe. He could always tell when it would rain by the pains in his bones, but after X-ray the bones pained in clear weather.

Dr. Stowe: I will suggest that, in the cases spoken of by our friend, Dr. H. C. Allen, it may be well to gather the statements made in court, as far as possible, of that particular case. The symptomatology would be of value to us, and just what we want to get, in connection with this matter of proving of the X-rays. And I suggest this, that the doctor, if possible in the meantime, gather those facts and present them at the next meeting.

Dr. H. C. Allen: I should have to go to the courthouse and run down the stenographer, and have him transcribe his notes, and I don't know where he is, but, if I can get the evidence, I will be glad to do it.

Dr. Campbell: If you once get the provings started, they are very hard to stop; that is the peculiar character of X-ray symptoms. I have noticed that in the urinary and sexual disturbances produced. Cantharis has seemed to stop them in two cases immediately. It did in my mother's case when there was strangury and retention of urine in the ureters, and it brought on a flow of urine into the bladder inside of five minutes. Indeed, the pellets were not dissolved on the tongue

before there was a pricking sensation at the neck of the bladder, and the urine commenced to flow into it, and in half an hour it stopped. She had suffered for four or five hours before I saw her.

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#### A FEW PRACTICAL POINTS.

In congestion or inflammation of the liver, with most violent burning pains, and a nondescript soreness in the whole hepatic region, LAUROCERASUS should be consulted.

When the pain begins in the region of the gall bladder and shoots to the epigastrium and umbilicus, and there is characteristic throbbing and aggravation from jar, BELLADONNA.

When the pains radiate, BERBERIS.

Dull aching and explosive or bursting pains in the region of the gall bladder, compelling him to bend double; bitter taste and much slime in the mouth, NATRUM SULPHURICUM.

The sensation as if the liver dragged over when lying on the left side, which has been observed under NATRUM SULHP., MAGNESIA MURIATICA and PTELEA TRI-FOLIATA, is a common symptom in liver troubles. He can hold the liver still only by lying on the right side or back.

## SCATTERED GEMS.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

“Thirst, drinks little and often” occurs under:

Aconite, Ant. t. Apis. Ars. Aru tri. Bell. Cact. China, Coloc. Cornus. Eupat. per. Hyos. Lac can. Lyc. Puls. Rhus t. Sulph., Verat. a.

My object in calling your attention to this symptom is to point out the fact that our current works on *Materia Medica* do not give *Belladonna* its deserved prominence in this list; instead, we usually think of *Arsenicum*. Nevertheless, it is my firm belief that *Belladonna* is the most similar very often, almost certainly so if it be an infant that needs our help; the ultimate choice depending, as we all know, on the accompanying symptoms.

I have twice cured mania, with shameless behavior, when this symptom was present; here *Hyoscyamus* was the remedy. If the tongue is heavily coated with a thick, white, pasty coat, *Ant. tart.* is the remedy, particularly if pulmonic symptoms are present. When the tip of the tongue is red, *Rhus t.* or *Sulph.* are usually indicated. With the remaining remedies I have had very little experience.

## CADMIUM SULPH.

The power of this salt over gastric inflammations or irritations is, as I have previously pointed out, very great indeed. All its guiding symptoms were present in a case recently treated. Faintness on rising or sitting up, nausea and vomiting compelling the patient to keep very quiet. The patient craves cold water, which is immediately vomited. These were present in a case of gastritis, which had assumed a very threatening aspect. In twenty-four hours convalescence was well under way.

## ACONITE

Is a remedy not thought of as frequently as it should be in angina pectoris and other heart lesions. Numbness and tingling of the arms or hands is usually present if it be indi-

cated. Among numerous remedies having this symptom Iberis. Kalm. Lill. Naj. Nux. and Secale deserve special mention, the choice always depending upon the accompanying symptoms and mental states, for in heart affections the mental state is of the foremost importance.

#### BRYONIA.

Has several times lately been useful in unusual conditions, two cases of gall-stone colic and a like number of abortions. The symptoms were ones familiar to all of us and are simply cited to show that it is very important indeed to disabuse our minds of the idea that certain remedies are of necessity called for in certain diseases.

#### STAPHISAGRIA.

A patient received Staph. 200 for ovarian colic after coition; moreover, she was exceedingly irritable and bad tempered, the day following taking the powder; she complained that it had caused a musty taste in the mouth. Several years ago I cured a patient of an eczema, having a musty odor, with this remedy. Possibly the remedy may carry this character of mustiness through its entire symptomatology.

#### “MAPPED OR PATCHY TONGUE.”

It has been said that cases presenting this symptom are stubborn and protracted in their course. This was also formerly my experience, until a careful search of the *Materia Medica* revealed the following list of remedies as having it: Ant. c. Ars. Cham. Kali. bi. Lach. Lyc. Maland. Merc. Nat. m. Nit. ac. Ran. scel Rhus Tarax. Tereb. Thuj. Sul. ac. Arsen and Rhus, however, lead all the others in importance and frequency of application. Then come Nat. m and Taraxacum. The dandelion formerly was held to have this indication paramount, but experience has shown otherwise of late. It is of frequent occurrence in certain types of infantile typhoid, dysentery, etc. Occasionally I have seen it in infantile syphilis.

## CALCAREA FLUORICA.

This remedy is certainly one of unsurpassed power. It has been my fortune to use it with signal success in two cases during the past year. The first was diagnosed by an allopathic surgeon as a tubercular gland. It was larger than an old fashioned teacup and situated over the right pectoralis major muscle, being of extreme hardness. The father of this young lady died of pulmonary consumption during the year, and this, coupled with her appearance, doubtless led to the diagnosis of tubercular adenitis. At all events, she is now in blooming health, has gained largely in flesh, and the gland has almost disappeared, being only about as large as an almond. The second case was one of periostitis of the right lower jaw, which had resulted in a fistula behind the angle and infection of a chain of the anterior cervical glands. This had followed the incomplete removal of a tooth by a country doctor. The surrounding parts were swollen into a board like hardness. The patient had been in bed for over three weeks and was utterly prostrated, particularly by the profuse flow of pus from the parts. I have never seen a more beautiful and convincing action of a Homeopathic remedy than in this case showed. In a little over two weeks the patient walked into my office, and in six weeks the recovery was complete. Such things should convince the vilest skeptic, but too many allopaths are drunk with their own conceit, and, like other persons of our acquaintance, don't want to be cured.

## LACHESIS.

Mrs. O., now in her menopause, menses every four months; patient is very obese, easily exhausted; always feels too hot.

Amelioration after menses.

Severe headache, with heat of head, nausea and vomiting; always better after stool.

Hot flashes, worse about head, with pale face and dull eyes; aggravation after coition.

Nightly pains, from knees down.

Tongue coated white.

Abdominal pains after coition.

1898, April 13, Lach., 200.

June 16 husband reports that the remedy restored a regular menstrual flow, since which she feels well.

### MERCURUS SOL.

Infra-mammary pain on right side, going to right scapula, aggravated by deep breathing, pressing or lying on right side.

Urine offensive; annoying necessity to urinate at night.

Easily tired, except for walking.

Pain in limbs below elbows and knees; worse at night.

Coldness of heels.

Can't stand warm weather.

Shortness of breath.

Eating meat produces very foetid stools.

Constipation. 1898, Dec. 6, Merc. Sol., 50 m. May 14, reports himself well.

### CONIUM, 200.

Patient had ovarian abscess removed two years ago; does not know which one it was.

Cutting or gnawing pain in region of left ovary.

Cutting up vagina and rectum on sitting down; ameliorated by heat.

Menses profuse; clotted; bright red; aggravated by least moving about.

Cutting and throbbing from center of forehead to vertex; aggravated by being up.

Eyelids feel heavy; can't keep them open; bursting pain behind eyeballs.

Imperative urging to urinate, involuntary on coughing, staining yellow.

Asleep sensation from knees down.

Uterus very hard and bound down by adhesions in retroversion.

Breasts have shrunken. They formerly pained with each period.



Great weakness in knees.

Jerking in vertex, aggravated by lying down.

Stools covered with mucus; bowels obstinately constipated; don't move without a cathartic.

In this case the surgeon had failed to obtain complete union along the linea alba, and the line of incision was marked by a large hernia. Moreover, during stormy weather the scar turned dark and was the seat of cutting pains. Conium 200 did all for this patient that any remedy could do. The constipation disappeared, and all her discomforts took the same course. Strange as it may seem, the breasts enlarged considerably again. The hernia naturally was not affected and remains a torment and reminder of bad surgery.

#### DISCUSSION.

Dr. Wesselhoeft: I would like to say one thing about a mapped tongue as rather interesting. We have certain coffees in the market that are so-called health coffees, said to be made of cereals only. I have a very sensitive patient. She cannot take any canned food or anything which comes in contact with metal. There was a cereal coffee loudly recommended as a substitute for coffee. She took this on my recommendation, and when I went to see her, she said: "Doctor, I can't take that coffee; it makes my tongue sore, and just look at the curious patches that are on it." I saw it was a regularly mapped tongue.

We soon afterward had a food fair, where different kinds of food were being brought to market and shown, and, among other things, this particular coffee. They made me a cup of coffee. It tasted remarkably like coffee. Thinking that there might be some additions, I asked the man if there was chickory in it. He said, not the slightest admixture of anything, so I felt very sure that couldn't have been the cause of this tongue. Two or three days afterward, I had occasion to go into that fair again, and there was only a young woman in attendance, and I said to her: "This is remarkable coffee; make me another cup. Now," I said, "what is it that gives this cereal such a bitter taste?" She said: "You know, we

always first steep the grain in dandelion root and then we brown it." That was a singular coincidence, because I gave the lady a dose of *Taraxacum*, and she, being an exquisite, evidently got on to the symptoms. I had no more idea that the cereal had been steeped in dandelion root than I had that there had been an addition of chicory added.

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### MORNING DIARRHEA.

*Sulphur*—Drives him out of bed in early morning, about four to six o'clock; painless, but imperative.

*Podophyllum*—Anywhere from six till ten; profuse, yellowish; with mealy sediment; painless.

*Natrum Sulphuricum*—Must go as soon as he stands on his feet in the morning.

*Bryonia*—Must go as soon as he moves.

*Aloe*—Like sulphur, is driven out of bed about six a. m., can hardly rise quick enough; uncertain whether he will pass flatus or feces; unreliable sphincter.

*Rumex Crispus*—Early morning diarrhea, with tickling in throat pit, sudden urging before stool; preceded by pain in abdomen.

*Kali Bichromicum*—Watery, gushing diarrhea in the morning; wakes with urgent desire, followed by violent tenesmus, which prevents his rising.

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MAY 15, 1900.

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## EDITORIALS.

The American Institute meets at Washington, June 19-23, and the chief interest will be the dedication of the Hahnemann Monument, June 21, with appropriate ceremonies. This will be a red-letter day for homeopathy, and every homeopath who can should be present, so that in future each can say to his students, "I was there June, 1900, when Hahnemann's monument was unveiled." Homeopathy expects that every man will do his duty.

The International Hahnemannian Association meets at Detroit, June 26th, for a three or four days' session, and every member should not only be there but bring a good paper. This meeting promises to be one of the largest and most enthusiastic in the history of the society. There never was a time in the history of our cause when pure, unadulterated Homeopathy was making more rapid advancement than in this, the closing year of the century. Hence, it behooves every member to make an extra effort to attend. Western members can lay over at Detroit on their return from Washington, and thus take in both meetings, and no more profitable outing can be found this year, and none that will longer be remembered with pleasure by every homeo-

path. The address of welcome will be given by Governor Pingree, on whose personal invitation the meeting will be held in Detroit.

Are we progressing? The law of average appears to rule all scientific progress as relentlessly as it does longevity in the actuaries' tables in life insurance. True, progress in every great reform in the world's history has its trials and tribulations, its triumphs and defeats, its successes and failures, and it will continue to have them in the future as in the past. These remarks are due to the announcement of the discontinuance of the *Archiv Für Homœopathie*, the only magazine in Germany that showed an interest in Hahnemannian Homeopathy. It has for some time shown the ear-marks of its overworked editor, Dr. Alexander Villers of Dresden, and now he frankly acknowledges that : "I have been obliged to leave off the publication, because of an increasing private practice, and my health will not permit me double work." So we are to lose a monthly advocate of homeopathic principles which has long been maintained at a great personal sacrifice of time, money and health. Nevertheless, the homeopathic profession will not soon forget the grand work done by Dr. Villers, and we assure him that the seed he has sown at such personal sacrifice has not been cast upon barren soil.

The Post Graduate School of Homeopathics of Philadelphia, we also regret to say, has failed to maintain itself as a distinctive representative of Hahnemannian Homeopathy. It has done good work and graduated some splendid practitioners. But, while there are many Hahnemannians in practice in Philadelphia, and among them some of the ablest homeopaths in America—students of Hering, Lippe, Raue, Guernsey, et al.—men of broad learning and extensive experience, yet apparently none of them joined in upholding and maintaining The Post Graduate for any length of time. There are more than enough Hahnemannians there to man a complete faculty; still, for some reason, they could not be induced to work for it. This failure we deeply regret, and in this we are certain we will be joined by every true homeo-

path. But neither of these failures are due to lack of principle; simply a temporary reverse in Hahnemannian progress. The next swing of the pendulum may restore the equilibrium.

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LOS ANGELES AS A WINTER RESORT is very much overrated, or its advantages not correctly stated. We hear very little of the fogs from the published laudations of the wonderful climate of Los Angeles. For a number of years we have advised our patients suffering from rheumatic or pulmonary affections to avoid the fogs of the vicinity of Los Angeles and now a patient sends a friendly warning from her own personal experience:

Do not make the mistake of sending invalids to Southern California. Los Angeles is one of the worst places I have seen for sick people. The fogs are terrible and they come every night. Dr. ———, an allopathic physician of Chicago, has been spending the winter in Los Angeles, and he says his eyes are opened, and he will inform his friends when he returns. We found out what it was very soon and got away from it before winter. Rheumatics cannot exist in the dampness of this section, and patients are often sent to immediate death that are suffering from lung diseases.

## NEW PUBLICATIONS.

The Anatomy of the Brain. A Text-book for Medical Students. By Richard H. Whitehead, M. D. Professor of Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. Pages, v-96. Extra Vellum Cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914 Cherry street, Philadelphia, Pa.

In the confines of 100 pages, six by nine inches in size, the author has furnished the medical student with a practical text-book. It is clear and concise, an admirable guide for the study of the anatomy of the brain, and its numerous illustrations will be of great value to both teacher and student in the anatomical laboratory. It should be adopted as a text-book in every medical college.

Indigestion; Its Causes and Cure. By John H. Clarke, M. D. Editor of the Homeopathic World, Consulting Physician to the London Homeopathic Hospital, etc., etc. Revised and Enlarged from the Fifth English Edition. Philadelphia and Chicago. Boericke & Tafel. 1900. Cloth, 75 cents.

This little volume contains many practical hints for the treatment of this hydra-headed curse of modern civilization, and many suggestions in the treatment of obstinate cases which every doctor does not know or cannot recall when wanted. It illustrates a vital principle in homeopathy, viz., that no two cases of dyspepsia, even when attributable to the same cause, require the same remedy. The "Diet in Dyspepsia" and the "Materia Medica" are admirable condensations for the busy man. This book should find a place on the office table of every homeopath.

Science and Homeopathy. By F. P. Webster, M. D., of Norfolk, Va.

A well-written pamphlet of 40 pages, in which the scientific character of Similia is well demonstrated from the writings of scientists like Herbert Spencer and other thinkers.

New, Old and Forgotten Remedies. Papers by many writers, collected, arranged and edited by E. P. Anshutz, M. D. Philadelphia and Chicago. Boericke & Tafel. Pp. 386. Cloth, \$2.00, net. 1900.

In bringing out this work the author has laid the entire homeopathic profession under many obligations. It is practically a continuation on the line of Hale's New Remedies, many new provings in their initial stage, but many of value, only requiring observation and verification to place some of them among our polychrests. In the following remedies satisfactory results were so marked that further investigation seems warranted:

*Latrodectus mactans* (Spider), from the provings and effects of the bite the author concludes "that its physiological action presents the closest simillimum yet found to *angina pectoris*."

*Avena sativa*, as an antidote for morphine, in which the habitue may leave off the drug at once and use *Avena* as a substitute, instead of gradual reduction and the substitution of some other equally harmful drug.

*Amygdalus Persica*, in inveterate or obstinate cases of vomiting, whether in children or the reflex vomiting of pregnancy.

*Bellis Perennis*, for sprains of joints and boils, like *Arnica*, where it appears to occupy a place midway between *Arnica* and *Rhus*.

*Blatta Americana* and *Orientalis*, the former for dropsical affections depending upon organic disease, and the latter for asthmatic conditions, desperate cases, when the ordinary well-known remedies, though apparently well selected, fail to relieve.

*Crætægus Oxyacantha*, for functional disturbances of the heart.

*Fucus Vesiculosus*, so highly recommended by Dr. R. N. Foster for goitre, and verified in many cures.

*Heloderma Horridus*, has cured many apparently desperate cases attended with a distressing internal coldness.

The known symptoms are here well arranged by Case of Hartford.

Lemma Minor, in nasal polypus and hypertrophied turbinates, vies with Calcarea, Sanguinaria or Teucrium and appears to follow Calcarea and Psorinum successfully.

Malaria Officinalis, bids fair to become one of the most valuable of all the newer ones mentioned in this book. It seems to be adapted to the deep constitutional so-called malarious affections on the borderland of tuberculosis.

Verbascum (Mullein Oil), in diseases of the drum, canal and external ear, has demonstrated its value, and a complete proving may show still better results.

Solidago, in cases where patient has had to use the catheter for years; frequent, painful and difficult urination.

Thallium, for sudden baldness or rapid falling of the hair.

Thyroid, may be curative in exophthalmus, obesity, softening of the bones and defective lactation, but the preparation should be uniform and genuine, and we should have some homeopathic data.

These remedies are creeping into our armamentarium at the close of the century, just as Actea, Apis, Gelsemium, Iris, Lilium, Phytolacca, Podophyllum and many others were a third of a century ago. Progress is slow, but sure. If provers were as enthusiastic as of yore, when from a paucity of proven remedies they were compelled to work in order to meet the demands of daily practice, we should have a more complete list.

We regret that a few more valuable remedies of this class, Sanicula, the X-Ray, Adamis, etc., were not included. It would have made the volume more useful.

A Pocket Medical Dictionary. By George M. Gould, M. D. Fourth Edition. Revised and Enlarged. 30,000 Words. Philadelphia. P. Blakiston's Son & Coy. 1900.

The work is printed on thin paper; good, clear, type; flexible cover, and is an ideal student's pocket dictionary.



Very complete tables of clinical eponymic terms, of the arteries, muscles, nerves, bacteria, micrococci, spirilla, and thermometric scales, and both the English and metric systems of weight and measures. The definitions are concise and lucid, and we know of no better pocket lexicon in the English language. We shall recommend it to the students of Hering Medical College. Price, \$1.00.

**Skin Diseases: Their Description, Etiology, Diagnosis and Treatment, According to the Law of the Similars.** By M. E. Douglas, M. D. Lecturer on Dermatology in the Southern Homeopathic Medical College, Baltimore. Philadelphia and Chicago. Boericke & Tafel. Pp, 467. Cloth, \$3.50, net. 1900.

The author states in the preface, that: "The work has been written to meet the wants of the homeopathic practitioner in the daily dealings with diseases of the skin; at the same time the needs of the medical student in preparing for his examinations has been kept constantly in mind."

In this we think he has succeeded, and in the opening chapters, especially "Rules for Studying Skin Diseases," "Classification of the Elementary Lesion" and "Etiology" are found brief but clear rules and definitions that will be very helpful and cannot be well overlooked or neglected, for the contents of these chapters are vital to the study and mastery of diseases of the skin. Here, "more than in any other practice, perhaps, we will find Hahnemann's rule to treat the totality of the symptoms complained of by the patient, the only method by which we may cure our patient." Everyone who has had experience in the homeopathic treatment of diseases of the skin, knows this to be true. It is the patient, not the external manifestation—the disease—that must be treated. In the Preface is also found this pregnant sentence: "What not to do in treating skin diseases is an important thing to know." How does the author reconcile this with the ointments which are recommended for nearly every disease, in the face of Hahnemann's caution not to use suppressive measures in diseases of the skin?

They are only palliative at best after the practice of the dominant school, and their recommendation mars an otherwise very meritorious work. This is one thing he ought to know, and "ought not to do."

Proceedings of Homeopathic Medical Society of Ohio. Thirty-fifth Session. Pp. 320.

A well edited, well printed, very creditable volume, and contains many valuable papers. The Bureau of Materia Medica is especially valuable. Would that all our state societies could show as good results.

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## PERSONALS.

Dr. Howard C. Boyer, Hering, 1895, has located at La Crescent, Minn.

Pulte College, Cincinnati, Ohio, graduated seventeen students April 9th.

Dr. S. W. S. Brown, Shippensburg, Pa., is surgeon to the Western Maryland Railroad.

The class of 1896, Hering, has lost by death three of its members—Ford, Mathews and Ellison.

Dr. Wm. C. A. Leipold has removed his office to 3702 Lake avenue, a sure sign of an increasing practice.

Dr. M. B. Van Cleve, Hering, 1900, and former Assistant House Physician, is now located at Terre Haute, Ind.

Dr. E. H. Wilsey, Hering, 1895, is located at Parkersburg, W. Va., and reports fine success and an increasing practice.

Dr. J. H. Veatch, Hering, 1898, is now located at 9234 Commercial avenue, South Chicago, and enjoys a good practice.

Dr. Annie Lowe Geddes has removed her office from 69 Fullerton Avenue North, to 12 Fullerton South, Montclair, N. J.

Dr. Wieland is expecting some interesting cases of Interstitial Nephritis among next year's sophomores. We wonder why.

Berlin, Germany, homeopaths have at last secured permission to erect a homeopathic hospital, finally triumphing over the old school.

Drs. T. G. Comstock, L. C. McElwee and G. N. Seidlitz have been appointed consulting physicians to the City Hospital of St. Louis, Mo.

Dr. W. O. Benson, Hering, 1900, has taken Dr. Mathew's practice in Milford, Ind. The Advance wishes him a lucrative practice, and all success.

Hering Post-Graduate course was a glorious success; a number of the old school attended and have made arrangements to work for a diploma next fall.

Dr. P. S. Mitchell, Hering, 1899, has completed his Post-Graduate course, and has gone to his old home, Hammond, Ill., with the intention of locating there.

St. Anthony's Hospital, Hoyne avenue and Homer street, Chicago, will be rebuilt to accommodate 500 patients, one-half of whom are to be under homeopathic care.

Dr. Frances Bloomington, Hering, 1900, is now Interne at the Women's Homeopathic Hospital of Philadelphia. Another one of Hering's true followers to the front.

Dr. Sarah A. Felt, Hering, 1898, has been appointed superintendent of the Marion Hospital, Marion, Ind. The institution can be congratulated in securing the Doctor.

Dr. Frank Titzel is still in Vienna, loading up trouble for next year's seniors of Hering. He will return early in September in time to open up the course on his chair of surgery.

Dr. Arthur Peake, Hering, 1899, removes from Wahpeton to Valley City, N. D. The doctor was one of the working class of old Hering, and he surely made his mark during college time. Success to him.

Dr. George H. Helmkamp, Hering, 1900, after serving a time as Senior Interne at the Chicago Baptist Hospital, has gone home to Moro, Ill., to take a well-deserved rest. 'Tis rumored that the nurses at the hospital feel an aching void which was formerly supplied by the Doctor's benignant smile.

Dr. Isabel D. Lane, Hering, 1900, has been appointed Interne to the Woman's Homeopathic Hospital of Philadelphia. As she bade former friends and associates adieu, and boarded the train for her new field of labor, the Doctor was heard indistinctly murmuring to the conductor to "put me off at Buffalo."

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THE

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# MEDICAL ADVANCE,

Chicago, Ill.

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## THE USE AND THE RELATIVE VALUE OF MEDICINES.

S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y.

A knowledge of the sphere of medicines is essential to every practicing physician. Such knowledge is attainable only through careful study and observation. It includes the understanding of the breadth, depth and activity of medicines, together with that of their relations to one another and to sickness.

Many medicines that are both broad and deep produce also many superficial symptoms that indicate their value in acute functional disorders lasting a few hours or a few days. Sharp, quickly responsive medicines, which, even if violently active, are capable of impressing the system for a short time only, are not indicated in the deeper, more vital disturbances that lead slowly to death.

Many elements in crude substance are inert, and produce no effect upon the animal organism, but these same elements, when changed, either naturally or artificially, are, with certain results, apparently incorporated into the organism by the action of the vital principle.

Many elements are attacked by the vital force with avidity and to the destruction of the organism, of which they are not integral parts, while elements that are integral parts of the organism are acted upon more slowly, but not the less surely, if they be uncontrolled.

Crude substances, artificially prepared, are deep and lasting in their effect and slow in their attack upon the human system.

Comparatively few medicines so changed have sufficient breadth and sick-making power to render them curative in either diverse disorders of localities distant from one another, or of various disorders of the same locality caused by the active chronic miasm.

Sulphur is well known to be sufficiently broad to cure some cases of every disease produced by the activity of the psoric miasm. It is, therefore, called a typical psoric remedy. Calc. Alum., Ars., Merc., etc., approximate closely to Sulphur in breadth and depth of action, and fill a wide sphere in the performance of cures.

The combination of elements to which chemistry and medicine have looked for the increase of strength and activity, has, in some measure, proved disappointing. The elements combined have less breadth, depth and power than the single remedy, but the increased number of medicines resultant from combination, has probably also increased the total of diseases susceptible of cure.

Compounds of elements partake of the nature of their parent substances, revealing, besides eliminations, added individualities. A compound of Sulphur must partake of the nature of Sulphur. A compound of Calcareo and Phosphorus combines much of the nature of both these substances each of which eliminates some peculiarities of the other, while it adds certain characteristics nowhere found but in combination.

This difference between compounds and their elements does not detract from the value of individual characteristics, by which the use of the compounds is indicated. When indicated, the compounds cure as formidable disease as the simple remedy, but they are less frequently indicated, and their sphere is more limited. Of them it cannot be said, as it was said of Sulphur, that they will "cure some cases of every disease produced by psora," although they are curative in many cases that Sulphur cannot reach. Many compounds have a limited sphere, and many, also, have a sphere very clearly defined, as is seen by a careful study of the *Materia Medica*.

The medicines prepared from animal substances come next in order. They have less breadth of action, but their power to produce fermentation, disorganization and decomposition of blood shows an increased depth of action and points to a sphere of usefulness in Zymoses. This power is greater in the animal than in the vegetable kingdom, and it is more active in the animal than in the mineral kingdom.

The vegetable medicines surpass most animal poisons in the breadth of disturbance effected in the human organism, while in the depth of disorganization, they, in many instances, emulate the animal poisons.

This combined breadth and depth of action points to the frequent indication of the vegetable medicines in psoric disturbances of great gravity. These medicines, as has been frequently demonstrated, possess the power of reaching downward toward death for the sinking vitality, but they are incapable of producing, and therefore of curing, the more rapid disorganization effected by the animal poisons.

The broadest and deepest of these vegetable medicines is a species of European moss, called *Lycopodium*. It is of all these medicines the one most frequently indicated in extremis. Its medicinal quality resides in "the fine, pale, yellowish dust which fills the capsules of the spikes." This dust is inflammable and has been called "vegetable sulphur." *Lycopodium* stands in close relation to Sulphur and to *Calcarea*.

The last substance to assert its usefulness, and verify its assertion, is the nosode, or pathological product of disease. Its careful preparation, potentiation and proving will cause it to occupy a prominent place in the armamentarium of the physician. A few of the nosodes have already been proved and verified with sufficient accuracy, to denote some of their uses, and to suggest their sphere of action.

This value is particularly shown in the deeper disturbances of the physical organism. Their usefulness is shown in their power to reanimate the sluggish vitality, when it is reduced by disease, as in slow convalescence, or in slow response to the apparently indicated remedy. It is also shown in their ability, when indicated, to restore long-suppressed

conditions and so to rationalize the symptoms thereof, as to lead to final cure.

Like all deep-acting remedies, the nosode, when indicated, cures many superficial and external symptoms. Psorinum is the oldest and best-proven of them all, but Medorrhinum, Syphilinum, Tuberculinum, by gradual development, verifications and fragmentary provings, are rapidly establishing their right to be.

Many medicines are designated as typical remedies of natural diseases; that is, diseases due to external causes, and to which the human organism is more or less subject. Thuja is called the typical remedy in gonorrhoea, Pulsatilla in measles, Carbo-vegetabilis in whooping-cough, etc. That is, the typical remedy, through its ability to produce similar conditions, covers and cures the above-mentioned diseases more often than any other medicine, when these diseases occur in a healthy and uncomplicated organism.

Two persons of the same family, subject to the same laws and environment, are attacked by measles. One case is typical and is easily thrown off by the vital force. The other causes a systemic disturbance, leading to death. It becomes us to understand, as nearly as possible, the reason for this difference; why, in the one case, so little disturbance occurs, whereas, in the other, the latent chronic miasm becomes so intensely active.

This phenomenon is partly explained in the proving of drugs and in their influence upon the human system. In many provers, Pulsatilla causes but a passing impression, while Phosphorus produces a life-long systemic disturbance. The same prover will also be impressed, to a greater or less degree, by the entire cycle of the various remedies standing in close relation to Phosphorus.

This phenomenon is called sensitivity, and does not necessarily imply a greater psoric latency, but it demonstrates a greater sensitivity in the direction of the attacking power. When the sensitivity of the organism is great in the direction of a given power, there are signs, symptoms and a final organic disturbance called sickness. This sickness may ema-



nate either from internal cause (chronic miasm) or from external cause (natural miasm disease). Given the signs and symptoms produced in the organism by either cause, and having found the drug force capable of producing like symptoms, we have similitude. Applying this similar to its sick similitude, we have Homeopathicity. Exact Homeopathicity results in the eradication of all symptoms and signs in curable disease; while, if the Homeopathicity of the similar be imperfect, the danger exists of adding drug sickness to the already overburdened organism.

Hahnemann, in section 46 of the Organon, shows the way in which one disease becomes homeopathic to another, producing a cure because of its equal or greater breadth of action, as, for example, in the case of ophthalmia eradicated by smallpox. He shows in the same section that although the equal, or greater, power has cured the previously existing disease dependent upon psora, it has not cured the psora itself. It has simply restored the psora to its primitive form, possibly to its latency, making the conditions more amenable to treatment by the properly indicated anti-psorics.

The cause of greater or less disturbance in the human organism effected by natural disease (disease engendered by external or dynamic influence) is due to a sick sensitiveness in the direction of the disturbing force; that is, a varying degree of Homeopathicity existing in a system not wholly sound. The toxic effect of drugs is a subject to be considered from a different point of view.

By the toxic power of a drug, the vital force is conquered, the greater force overcoming the weaker; the result being a hideous deformity that a life-time is insufficient to correct. The practice, continued through centuries, of freely dispensing drugs to those ignorant of their action, has led to a careless estimate of drug effects upon the human system. In the dispensatory, the theoretically curative principle is the one characteristic of drugs that is adequately recognized, while their power of noxiously affecting the human organism is rarely explained. The wonder is, not that disease exists, but, rather that there is so little disease in the world. The lack of sick

sensitiveness in the direction of a drug force, or natural disease, is due to the protective power of the vital force.

Patients may suffer from a certain disorder, for the cure of which some prescription is successfully given. From this time forth, they go armed with the prescription as a defense against a recurrence of the same malady.

After the death of Dr. H., men, otherwise of intelligence and learning, asked for the deceased physician's prescription records, in order that they might treat themselves. Had the books been given them, they would have been surprised to learn how little of any remedy they had taken. The danger attendant upon the too free use of the powerful preparations included in the Homeopathic pharmacopœia is too serious to be regarded with equanimity.

Homeopaths have also to face the problem of patent medicines. The vegetable compounds, comparatively harmless in their action upon the healthy, work less profound effects upon the sick than do the chemical compounds.

The dispensing, without authority, of compounds of Iron, Strychnine, Potash, Iodine, Opium, Quinine, etc., is a traffic of a nature to demand the earnest protest of the entire profession, through the legislative bodies of our nation.

A drug does untold harm through its partial similitude to a disease. It not only spoils "the picture," but its repeated administration frequently fastens upon its victims an additional drug-disease, or else it so locks the underlying miasm into the system that cure becomes impossible.

Mercurialization shows a predisposition or sensitivity of the system in the direction of that drug force. Repeated doses of Mercury upon an organism predisposed to its action, fasten upon the system a drug disease, in addition to the chronic miasmatic disease. Observation of cases of mercurialization extending over a long period, show a picture of Mercury in the totality of symptoms. A potency of Merc. in a case showing such a totality often relieves, restores comfort and checks progression. It is doubtful if a long-standing case of mercurialization is susceptible of cure, but in more recent and superficial poisoning, more can be done toward the restoration of normal conditions.

## CHINA.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

This remedy pictures hyperaesthesia, exquisite sensitiveness everywhere. The patient is extremely susceptible to all mental and physical impressions, to pain, noise, excitement, etc., holding these effects in common with the botanically allied coffee.

Tenderness to slightest touch over affected areas, although hard pressure relieves, especially true of the scalp. Painfulness of the external ear is a marked effect and reliable guiding symptom, first noticed, I believe, by English observers while administering muriate of quinine to children. Pains are of an intense neuralgic character, with great irritation of the nervous system.

The least draught chills, and every jar or hard step hurts, noticed most frequently in headaches, gout, rheumatism, hepatitis, peritonitis, etc.

Distensive sensations and pains in cavities, as the head, stomach, marrow of bones, teeth, etc., generally described by the patient as hurting pains; if he has a headache, the skull seems ready to burst; if indigestion troubles him, the least food fills him with gas unto bursting, which no amount of belching relieves, however—the more he belches the better the headache is. During malarial paroxysms, the marrow aches and threatens to burst through the bones; bursting toothache is characteristic, just like Thuja. Both remedies also have ailments from tea drinking.

These symptoms do not, however, as might be supposed, point to active inflammatory states, but rather to relaxed, anæmic, underfed tissues. China has destroyed the oxygen carriers of the blood, hence the patient has a sallow, yellowish color, is thin and weak, although false plethora, hydræmia and dropsy are also frequent results. The whole process points to suboxidation, and its consequent retention in the system of incompletely oxidized products, hence, through irritation, hypersensitiveness of the entire nervous system results. "Suppressed coryza, headache results," is the way one of the typical symptoms reads. Hence we see the central

symptoms more when discharges fail to appear, become scanty, or stop; nevertheless profuse discharges and their consequences characterize the remedy; menses, stool, semen, expectoration, hemorrhages, suppurations, eructations, all very copious and inducing great weakness. Now you can see what a miserable fellow this China patient is; his head or bones ache intolerably unless relieved by a nasal discharge, eructations, a loose stool, or a profuse sweat, and these, in turn, quickly debilitate him greatly. To this category belong the drenching sweats of the China type of intermittent fever, hectic, phthisis, or climacteric symptoms, etc. During these perspirations, so sensitive is the patient that he dare not uncover, for fear of being chilled, but, if respiratory symptoms are present, he wants to be fanned, wants more oxygen; the tissues are crying, Oxygen! Oxygen! These drenching sweats resemble those of *Amyl nit.* and *Tilia europ.* in their copiousness.

Shortly after the introduction of cinchona bark into Europe, it was greatly vaunted as a remedy in pulmonary consumption, and, doubtless, cured a few cases when given early enough to patients happening to have the above combination of symptoms, but, failing to prove a universal specific, and thus aid some of the allopaths in reducing the practice of medicine to an old woman's art, it was soon cast aside as worthless. It has sometimes seemed to me that our greatest mine of investigation lies in the discarded drug file of the allopathic school.

Periodicity marks the action of China. Complaints at once take on a recurring type, the same symptoms move characteristically, although not exclusively, in cycles of forty-eight hours, diseases moving in and repeating definitely succeeding stages, keeping up this vicious circle indefinitely, though a malarious base may not be demonstrable. We now know that the formation of gall stones around a central nidus is at least superinduced by an obstructive gall bladder and duct catarrh, an extension of a similar gastro-duodenal process, which often stands as an expression of a general catarrhal dyscrasia, being a manifestation of psora developed by malaria

or abuse of quinine or both. Here we see the reason why China is so frequently homeopathic to this disease and has won its greatest laurels in the type in which from absorption we have also ague-like attacks.

The following case will illustrate the tendency of malaria to manifest itself in catarrhal symptoms in a psoric constitution:

Mrs. E. C., aged 28, had malaria three years ago, for which she took quinine. Asthma developed about Christmas, '97. Last winter persistent colds and a cough appeared. What was coming can easily be seen by anyone here present. The asthmatic attacks were most frequent at midnight or from 1 to 2 a. m., aggravated by exertion, walking fast, being overheated, getting cold, or taking stimulants, better by even a little expectoration or fresh air. With each attack there was itching under chin and coldness between the scapulæ; lately coughs more and wheezes less; cough provoked by accumulation of phlegm in larynx and trachea; expectoration white, frothy, tasteless; bad taste in morning; hunger after meals; dull, heavy pain in vertex when in hot sun; very sleepy; menses too long.

Aug. 19th, '98—China, 20 m; 1 dose.

Nov. 17th, '98—China, 20 m; 1 dose.

June 8th, '99—Sends word she has been well since last medicine, except that lately a profuse nasal catarrh has appeared.

As will be seen, the prescription was largely based on the anamnesis, with amelioration from expectoration, however scanty, and interscapular coldness, which symptom may, however, have been an effect of quinine. Aggravation from motion is common to asthma, and, therefore, does not enter as a factor in the choice. Amelioration from motion has been reported in a case cured by the late Dr. Ehrman of Cincinnati. The remedy was Lobelia. Another cure with this modality by *Rhus tox.* has also lately been reported.

## PROVING OF RUTA GRAVEOLENS.

B. FINCKE, M. D., BROOKLYN, N. Y.

Mrs. S., widow, some 40 years old, thick-set, blonde hair, blue eyes; 1865, Jan. 31,  $\mathcal{R}$  Ruta graveolens 12m (F) 3 drops on sugar.

She is in good humor, socially inclined; wants to visit her friends. (Compare Hahnemann's 261.)

1 p. m.—After dinner falls asleep in her chair and sleeps deeply. (223, 231.)

Dull pain in left side, near navel like a boil before breaking, distinctly to be felt like round ball as large as her fist; painful on touch, with a distension similar to when at childbirth the child is bearing upward. (93, 159.)

In the night restless sleep, with frequent awaking, but not to full consciousness. (233, 235.)

Feb. 1.—Ever since 3 a. m., burning as of an ulcer at the anterior part of left axilla, painful to touch, and a similar pain at the anterior phalanges of left index and middle fingers, which commences when the former ceases, coming and going. (159.)

Tension of whole left hand in grasping, as of rheumatism. (17.)

Feeling as if she must vomit, with pressure in middle of forehead, commencing before breakfast and not preventing eating. (76, 77.)

Restless night, with heat and chill and frequent awaking. (212, 233, 234.)

Feb. 2.—Toward morning a stitch from left short ribs upward in front as if a knife run through, then anxiety in pit of stomach and sensation as if the heart would burst. (129, 130, 131, 133.)

All day very angry and excited. (253, 260.)

Nausea, without losing appetite.

Very thirsty. (66, 67.)

Feb. 3.—Starting in sleep with fright. (231.)

Stitch in middle of forehead, as far as half of the brain, with vertigo; toward morning, several times repeated. (18, 19.)

Weak all day long. (222, 226.)

On eating feels a repugnance to it with slight nausea. (73.)

Feb. 4.—Weak in whole body. (222, 226.)

Anxiety, depression; wants to weep all the time. (26, 31.)

Burning in face. (59.)

Pains in abdomen as to stool. (102.)

Burning on left side of sacrum in any position, lasting from afternoon until after midnight. (18, 144.)

Internal chill. (244.)

Dryness of eyes. (40.)

Feb. 5.—In the night, toward morning, disgust and nausea rising up to throat as to vomit, with frequent waking and pain in left side, near navel, as described above. (232.)

Stitch in left hyperchonder, upward as before.

Very weak.

Feb. 6.—Perspiration in night, commencing before midnight.

Feb. 9.—Before rising and afterward sensation as of an ulcer in hepatic region, right under ribs; tender to touch; sometimes increased to a stitch going obliquely back and upward.

Since a few days, irascible and angry.

Comment.—The similarity of this little proving to Hahnemann's proving is apparent, especially in the mental condition, which shows an angry, morose, irascible disposition and a weeping mood. In Hahnemann's provings the symptom 261, "good-natured disposition," is marked, "after-action, healing action." In our proving this is the first action and, therefore, a true positive effect of *Ruta graveolens*. This shows also that Hahnemann's symptom is a positive effect of the remedy, and that the one confirms the correctness of the other. Our prover is acknowledged to be one of the highest sensitives, and the remedy she took was in a high potency. This may be the reason why that symptom appears in the first action, which in Hahnemann appeared as an after-action, which, no doubt, was produced by a low

potency, if not by the crude tincture. Here it is clearly shown that if the sensitivity of the prover makes the symptoms appear in opposition, it is not owing to the reaction of the life force against the action of the medicine, since it is the medium for both the first, or direct action, and the opposite, or after action, on account of increased sensitivity of the organism. This after action of good nature in this proving, occurring at the beginning of our proving and at the close of the others, has not the character of a healing action, and is a positive, pathopoetic action in both cases. In one case the proving begins with good nature and ends with the contrary in the other, which is the inverse action of the remedy.

The question now presents itself, what is such a symptom as good-natured mood good for, for healing? If a patient is of good humor, will you deprive him of it by giving the similar remedy and spoil his temper? By no means, for a good temper is the best requisite for a patient. There may, however, be cases where the good temper is in such a discord with the rest of the symptoms that it claims a positive value as a symptom, and has to be considered in the totality of the picture. At any rate, there it is, and if it has no other use, it has that of confirming the view that after-actions, if opposite to first-action, are actions of the medicine, in combination with the life-force, which, on account of the sensitivity of the subject, shows the inversion of symptoms.

There are analogues in other provings. In Hahnemann's provings of Aconite, we find in symptom 21, vivid memory; 479, quiet sleep for four or five hours; 534, steady, resolute mind, without cheerfulness.

Helmont's observation of transference of the mental activity from the brain to the solar plexus, showed great cheerfulness and clearness.

Dr. Boehme (*Oesterr. Zeitschrift*, vol. I, p. 30), after five drops of tincture of Aconite, observed some symptoms during the day and toward the evening; frequent stitches in the middle of the sternum, with especially cheerful mood. The sleep in the night was so slight and superficial that he thought in the morning not to have slept at all, yet he did not feel weak or tired at all.



Dr. Watzke (Ib. p. 83), after forty drops of the tenth decimal dilution of Aconite, taken in ten-drop doses four times during the day, felt the same day and the day after, under observation of the most careful diet, almost uncommonly well, which Dr. Gerstel considered to be a healing action, in view of the highly choleric temperament of the prover. Now, this is, no doubt, a first action, and the pretended healing action is a pathopoetic effect. Dr. Watzke retorts that the body well feeling has nothing to do with the temperament. Mark! What is behind the temperament and the body, reacting the medicine? The life force. What makes the life force take notice of the intruding medicine? Its sensitivity. In all the symptoms, before produced by the large doses of the tincture, no such pleasant symptoms appear; they were clearly pathopoetic. Now, if the well feeling is the symptom, we cannot properly call it pathopoetic, because it does not make sick, but well. Then, what is it? A paradox.

Dr. Weinke (Ib. p. 84), girl, 18 years, choleric. After twenty drops of the Aconite tincture: Very good humor.

Dr. Zlatarovich (Ib. p. 91). After large doses of Aconite tincture:

Unusual cheerfulness and uncommon lively activity.

Again: Cheerfulness, the mental functions occur with uncommon power and permanence.

A sensation of comfort over the whole body.

Under well-feeling toward noon frequent erections, with unusually excited stimulus in spite of connection in the morning.

Mind very bright and cheerful.

All afternoon cheerful disposition and bodily comfortableness.

After good sleep very cheerful and in the beneficent sensation of bodily health.

In spite of enormous doses, uninterruptedly sound sleep in the night.

1863, Oct. 13.—The writer took for weakness of the eyesight, with a half-inch nebulous spot before the right eye and redness of the conjunctiva after too much writing:

℞ *Ruta graveolens*, 15 c (F.).

The same day I observed a sensation of swelling and stiffness, from right thigh way down to foot, especially on the inner side, aggravated by walking. The sensation lasted several days and reminded me involuntarily of phlegmasia alba dolens. During this time the eyes improved without my being conscious of it.

A dose of *Ruta grav.* 15c (F.) was given to a lady for lachrymation of the right eye. It healed rapidly, but returned after three days. A second dose removed it again. During this time a large, ugly, broad wart in the left palm was very much inflamed and painful, but commenced to get smaller in all directions, but lachrymation returned again. After a third dose the eye was relieved in a few hours. The wart was gone, leaving only a flat base, showing numerous black spots, answering the tubule of the wart, smooth and even as if cut with a razor. With this wart, other warts disappeared from other parts of the hands. (Journal of Homeopathics, 1890, p. 60.)

## CURED SYMPTOMS.

ERASTUS E. CASE. M. D., HARTFORD, CONN.

ASTERIAS RUBENS CM (FINCKE).

Sensation of a husk in the throat.

Hawks up a cottony, white mucus from the throat.

Cracking in the left knee joint whenever it is bent.

Hair dry and falling off from the crown of the head.

Light-haired bookkeeper, aged 27 years.

BADIAGA 900 (FINCKE).

Acrid, thin coryza from left nostril; thick mucus from right nostril.

Eyes painfully sore, so that it hurts to turn or press upon them.

Hoarse voice.

Cough from irritation in larynx and trachea.

Thick, yellow masses of mucus fly from the mouth when coughing.

Suffocative respiration in paroxysms.

Head feels enlarged and dull.

Light-haired bookkeeper, aged 36 years.

BOVISTA 45M (FINCKE).

Wakeful from 2 to 4 a. m., sleepy all the rest of the time night and day.

Frightful dreams.

Lumbar spine sore, always relieved after passing stool or flatus.

Coccyx sore to pressure.

Sour-smelling fluid oozes from the ears.

Hearing dull, especially for conversation.

Itching in the outer ears.

Face pale, yellowish hue, at times red eruption under skin of cheeks.

Tongue feels as if it had been scalded.

Constipation, with ineffectual urging to stool, accompanied by nausea.

Tired and sleepy all of the time.

Inelastic skin.

Scalp itches, tender to touch.

Sensation as if hives full of bees were upon the back.

Axillary sweat has the odor of onions.

Light-haired singing teacher, aged 38 years.

BOVISTA CM (FINCKE).

Acrid, albuminous leucorrhœa, causing itching of the vulva and perineum.

Pressure throughout the head, worse in the evening.

Easily irritated.

Scalp itches, worse from warmth.

Lachrymation.

Fluent coryza, with obstruction of nares.

Burning dryness in the throat.

Constriction of the chest.

Cough, with enuresis.

Expectoration yellowish, viscid.

Heart beats reverberate in left ear when lying on left side.

Shivers from a draft of air.

Sweats (general) during morning sleep.

Burning, itching of the skin, worse from warmth.

Indentations of the skin remain a long time.

Cramps in the calves at 3 a. m., awakening from sleep.

Brown-haired married woman, aged 41 years.

FLUORIC ACID 45M (FINCKE).

Dull pain through the head from the occiput to forehead, daily, from 3 to 5 p. m. through the evening; worse when rising from a couch or chair, at the close of menstruation.

Teeth feel rough, as if encrusted.

Teeth very brittle.

Sleep heavy, dreamy, unrefreshing.

Vertigo when assuming an erect position.

Brown-haired schoolgirl, aged 22 years.

KOBALTUM IOM (FINCKE).

Tongue coated white, feels dry, cracked crosswise along the center.

Qualmishness, pretty constantly.

Soreness across the stomach, hurt by stretching or deep inspiration.

Dull aching in the bones of back and extremities, worse while resting.

Drowsy and yawning all day.

Brown-haired woman, aged 46 years.

MANCINELLA CM (FINCKE).

Early every morning a stool consisting of pale mucus, with lumps of feces.

Hemorrhoids protrude after stool, itching; no bleeding.

Lower cervical vertebræ stiff on awaking from sleep, painful when moved.

Nausea felt in the abdomen in the forenoon.

Abdomen full of flatus, rumbling audibly.

Sensation of blister on vermillion border of lower lip.

Tall, spare, flaxen-haired marketman; aged 69 years.

NASTURTIUM OFFICINALE.

Sensation of weight in the stomach, seeming to roll to the side lain on when turning in bed. This always and only occurred after eating watercress.

Light-haired teacher, aged 30 years.

OXALIC ACID IM (FINCKE).

Irritable, easily angered.

Mouth constantly full of cankers.

Acid eructations after every meal.

Sensation as if the bottom had fallen out of the stomach, temporary relief from food.

Pressure in the head and profuse sweat from any mental excitement.

Stitching pains in right spermatic cord, worse from mental anxiety.

Black-haired electrician, aged 33 years.

SENEGA CM (FINCKE).

Lame soreness throughout the right side of the chest.

Sensation as if the chest were too narrow, with inclination to throw back the shoulders and take a deep inspiration.

Frequent hawking of a small lump of tough mucus from the larynx.

Machinist, aged 52 years.

## LETTER FROM C. CARLETON SMITH, M. D.

Philadelphia, June 27, 1899.

My Dear Dr. James:—Will you kindly convey to each member of the I. H. A., now convened, my heartfelt congratulations? I am with them in spirit, and for their encouragement would say that the longer I live the stronger becomes my faith in the law of "Similia," as it was handed down to us by the immortal Hahnemann. And to this I would add, not in self-praise (God forbid!), but as an indorsement of that inspired book, the Organon, that in over thirty years of active practice, using in this period the high and the highest potencies, I never lost a parturient woman, nor a case of scarlet fever.

I never used, nor allowed, a douche of any kind in the lying-in chamber, not even pure water, all of which goes to prove beyond the shadow of a doubt that in our master's teachings he gave us the truth, the whole truth and nothing but the truth—yea, a God-given truth, the Supreme Being selecting Hahnemann as the medium to convey it to the world. May the spirit of all truth guide you one and all in your deliberations, is the prayer of one of your brethren.

C. CARLETON SMITH.

## CLINICAL CASES.

S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y.

Case I. August 16, 1886, during my first college year, a letter from Mrs. F., age about 70, described great suffering and invalidism, from a caruncle in the urethra. This had been twice removed by a surgeon from New York, without relieving the suffering.

The pain was excruciating, and as it was "before, during and after micturition," I sent *Canth.* 39m.

Report from that prescription was not altogether satisfactory. There was relief from some symptoms, but the remedy had done less than was demanded of it. A careful study of the second letter added the following symptom to the former: "Pronounced relief from lying on the back" and "pressing with the hand on the vulva." I sent *Lil. tig.* 200 (*Kent*), with the happy result of entire relief in a short time.

This case serves to show one of the difficulties encountered by the beginner, the inability to distinguish between true symptoms and pathological conditions.

The patient, a dear old lady, a cousin of my father's, whose sufferings had been told to me for many months, was ignorant of the kind of thing that it was necessary to tell. I was anxious that she should have help, as well as to convince her of the superiority of homeopathic methods.

My knowledge of homeopathic principles was most included in symptoms of set phrases, and a knowledge of what the application of those principles had accomplished in my own case. I had not yet appreciated the difference between natural pathological conditions, such as were mechanical, from individual characteristics, hence the first prescription. An immediate recognition of the peculiarity of this additional symptom, which peculiarity I had been taught to look for, guided me to an excellent result. Beginners have many such struggles, which, when not terminating so well, tend to cause scepticism in regard to means. I need not say that this scepticism disappears with increased knowledge of both sickness and the sphere of drugs.

Case II. June 3, 1898. Patient, young woman, tall, slight, dark, described a pain in right sciatic, extending from hip to knee, and from hip to right scapula. The pain began at night or as soon as she had lain down. It was agg. by turning in bed, by heavy lifting, by a cough, or by a laugh. She was forgetful; forgot quickly what had been difficult to learn, and described a sense of constriction in the stomach as if she could not take a long breath.

In the Repertory I found under the rubric of

Sciatica: Pains begin as soon as patient lies down—  
Tellur., Graph.

Sciatica: Pains radiate from sacrum to right thigh—  
Tellur.

Sciatica: Pains from coughing or laughing—Tellur.

Forgetful: When engaged in one thing, forgets or neglects others—Tellur.

Stomach: Constriction as if strapped—Tellur.

A dose of Tellur., 45 m., cured the sciatica at once.

Case III. Mrs. B., aged 40; having been treated four years previously for Bright's disease, came to me with symptoms of constant nausea and heaviness in the stomach. Her sufferings were great and she was desperate. At the time of application to me there was no albumen, and the patient reported that none had been found for a year.

The distress in the stomach was relieved for an hour or so, after eating—when she had appetite—and agg. as soon as the "stomach was empty." It was also sometimes relieved by drinking "lots of hot water" until she could vomit a green, bitter, sour emesis. There was considerable heartburn.

There was a history of heartburn during a pregnancy, twenty-one years before, and, following the labor, a history of vomiting, which had lasted months, and was only relieved, at last, by teaspoonful doses of stock-ale.

Symptoms then present:

Food: Sweet milk, even a mouthful, caused vomiting within half an hour.

Food: Sweets, alcohol in any form, agg.

Drink: Much cold water.



Stools: Regular, soft, black, offensive, pungent.

Menses: Regular, to the hour and day.

——— Naturally profuse, dark deep red, lasting a week.

——— The last flow had been pale, and had lasted but two or three days.

——— Flow acrid, chafing the parts.

——— Odor offensive.

——— During, forgetful.

Heart: Subjective; "seems to give a jump, turn over, which is followed by a sense of suffocation, and a few heavy beats."

——— Latter symptom, frequent, night or day.

——— Has been troubled this way for five or six years.

——— Objective; slightly irregular; no abnormal sounds.

The first study of this case led to a prescription of Nat. m., mm. (F.), and it greatly relieved the patient for twelve days. She then reported:

Bad news, which had agg. all complaints.

The following symptoms had been improved:

Appetite.

Nausea when stomach was empty.

Heartburn.

Vomiting.

Weakness of stomach.

Thirst for cold water.

The stool remained the same.

Menses: Since prescription; increased flow, though still less than normal; quite pale; one napkin bright green.

Menses: Query brought out the fact that a green napkin had frequently been found during the flow, especially when pale.

Urine: Frequent, scant; first call must be obeyed, or urine would escape.

Taste: Bitter.

Tongue: Coated.

Lac can., cm. (F. C.)

A few doses of the last remedy, a few weeks apart, served to make a new woman of the patient, and to exalt the physician in her estimation.

Case IV. Mrs. W. B., aged 38, applied to me for relief, saying she had had "liver trouble" all her life. The present condition had existed over two years.

History: She had been widowed seven and one-half years before, her husband having died of consumption. She had since married. She had never been a subject of acute diseases, and had had a light form of all children's diseases. No children.

She had been subject to what she described as "colic," a sudden pressing pain, which might be located under the right scapula, between scap., or in the right side. This "colic" was amel. by pressure, by the hot water bag, by the escape of gas, or by a dose of Acon. or Nux, which she administered to herself.

She had menstruated last at thirty-three, and had supposed this early climacteric (?) due to the nervous strain and care endured during her husband's sickness. In the latter part of the month in which her last menses occurred she had been taken with rheumatism of the knees; first the left and then the right one was affected, and necessitated her crawling upstairs and sliding down the banisters as the only alternative to remaining on one floor.

Since this sudden stoppage of the menstrual function she had suffered greatly from nervousness, though at the time of her visit to me the nerves were better. It was still difficult for her to listen to sermons, or to much talking, and at times she was agg. by a repetition of small noises.

Two years before I saw her she had had an attack of "liver," described as diarrhœa, with whitish, clay-colored stools, which had been relieved, to recur at irregular intervals afterward.

The diarrhœa was painless, exhausting, flatulent, offensive, bright yellow and a mixed watery and fecal deposit.

The stool, at other times, might be natural in the morning, and followed by a pouring diarrhœa after dinner, which took place at noon.

Other symptoms were as follows :

Flatulence: Great quantities passed per rectum.

Flatulence: Increased by eating.

Hunger: After eating always.

Diet: Light breakfast, hearty dinner, light supper.

Nausea: A frequent and common symptom for years.

Nausea: 9 p. m. (bedtime, first removal of clothing); had threatened to sleep in her corsets.

Nausea: First standing on feet in the morning.

Nausea: Short lasting.

No vertigo; no headaches.

Depressed.

Fears: When waking in the night; of some dreadful disease, or some painful happening.

Fears: This followed by a mental picture of the entire paraphernalia of her own funeral, etc.

Heart: Frequently gives a great jump, "turns over"—so described. This without apparent cause, in the middle of the night, or in the parlor of some friend; anywhere.

Right side: Region of her liver, for some time felt as if there was a hard, stone-like substance within.

Right side: At that time there was a sense of soreness and pressure.

Right side: At times a pricking sensation.

Right side: Sensations mostly at night, amel. by pressure, as of clothes.

Sleep: Awakened by uncomfortable feeling in the right side.

Sleep: Had, for a short time, felt unable to find a comfortable position.

Sensitivity of the entire cervical spine.

Rheumatism: Knees stiff on first stepping in the morning.

Rheumatism: Cracking knee-joint.

Urine: Deposit of uric acid.

Anamnesis of the remedies as follows:

Pouring stools: Aloe., Jatr., Lept., Podo., Thuj., Phos., Phos. ac.

Forcible expulsion of stool: Aloe., Jatr., Lept., Phos., Podo., Thuj.

Pressure amel. (peculiar): Phos. ac., Phos., Podo.

Painless stool: Phos. ac., Podo.

Irregular heart action: Podo.

General prostration: Podo., Phos.

Alternate, constipation and diarrhea: Podo.

Diarrhea, at noon: Podo.

Diarrhea, often painless and offensive: Podo.

Stiffness, soreness, muscles of nape, Podo.

Pain under right scapula: Podo.

Pain between scapula: Podo.

Depression, imagines going to die or be very ill. Podo. Podo., *Im.*, 4 powders, one night and morning.

Twenty days later this report was received:

Much stronger than in months.

No diarrhea since medicine.

Sleeping as well as could wish.

More urine, changed in character.

Color of stool unchanged.

— for a few days, soreness of side.

Craves food constantly.

One attack of nausea at bedtime.

Podo., *Im.*, 1 powder.

Briefly, the patient continued to improve, under an occasional dose of Podo, *Im.*, or *cm.*, for an increase of pain in the right side, or an attack of diarrhœa, until more than four months had passed.

The patient had gained in strength and flesh, there was little trouble in the side, and the husband said she was quite a new woman.

At that time there was a slight change in the symptoms complained of. She had not been as well for a week; had had a touch of nausea, with a backache in the upper sacral region, that thoroughly discouraged her.

Now, in a second prescription, we are taught to combine the new symptom of disturbance with such as are left of the old, in order that the sequence of remedies shall give the best possible result.

Taking the new phase presented—backache; with nausea—and the old symptoms—offensive stools, dirty skin—I concluded that Psorinum was the remedy, and gave one dose of the 42m. (F.)

A month later I saw the patient, and found a great change for the better.

After stating the variations of symptoms from the first report, and explaining the return of old symptoms, the patient asked if I supposed it possible that she would again menstruate, after five years' suppression (?). Her reasons for inquiry being, that she had experienced, of late, sensations such as once appeared when she was about to menstruate.

She suffered no longer from colic, bad taste, nausea, gas or diarrhoea. She slept beautifully, had only an occasional nervous day, and had experienced much less dread of cold than usual during the winter.

I am greatly interested as to the results of the symptoms experienced concerning the menstrual flow. A climaxis at that age is unusual, and in this case the suppression (?) was followed so immediately by rheumatism of the knees and nervous symptoms that a query remains as to its origin. Whether it was the perverted action of the vital force, or a natural result of temperament under peculiar and trying circumstances.

Case V. Mrs. C., patient, 61 years old, had been troubled with various symptoms, rheumatic and catarrhal, which had not yielded satisfactorily to the remedies given, although prescribed with care. The symptoms had improved, but not in the orderly manner a Homeopath has a right to expect.

On May 20, 1897, the report was as follows: Clears throat, coughs and strangles a half hour before can stop.

The hoarseness and suffocation, before complained of, better.

Palpitation ascending stairs and occasionally on waking.

Knees sore, stinging inner condyle, lameness and soreness, ankles easily startled.

Occasional sharp pain in right hypochondrium on dressing.

Diarrhea: Previous week, profuse, watery, mixed with fecal matter; dark, very offensive.

Diarrhea: With nausea and pain before and during stool.

Anus: Sensation as of a cold sore at; agg. from touch.

Reported the use of carbolic soap and cerate for more than a year; the former as most beneficial to her skin in the bath. (?)

Whether she had poisoned herself with Carb. ac. or needed Carb. ac., I will leave to be determined later.

The hint led to a study of Carb. ac., in which I found the following symptoms:

Frequent clearing throat: Carb. ac.

Whooping cough: Carb. ac.

Whitish expectoration: Carb. ac.

Blowing of blood from nose: Carb. ac.

Itching, raw, sense, at anus: Carb. ac.

Palpitation ascending stairs, or in night: Carb. ac.

Aching right ankle: Carb. ac.

Irritable: Carb. ac.

Easily startled: Carb. ac.

Diarrhea, watery, offensive; dark, with nausea: Carb-ac.

Sharp pain, right hypochondrium: Carb-ac.

I prescribed one dose Carb. ac., cm. (F.) This remedy relieved her until October, when she developed a cold, but it was certainly nearer a constitutional remedy than I had before found.

Case VI. Patient, may be 36, male; had suffered for two or three months from dysuria. The distress had been treated with varying success, and with various remedies, without cure. The pain had finally become unbearable, and the patient had resorted to morphine. I was asked to prescribe, if I knew of any remedy that would reach the case.

The symptoms were: A griping pain during micturition, that was followed by burning and tenesmus after the passage. The tenesmus was so severe as to cause involuntary stool. The urine was whitish, but presented no alarming symptoms after several tests. It was profuse, and at the

6 a. m. evacuation, upon the day of prescription, had been bloody. Heretofore the symptoms had ceased at night, but were now agg. at 4 p. m.; the burning was constant, and the whole condition was agg. by riding.

Knowing that two or three remedies had similar symptoms, I would not prescribe until I had differentiated them.

I found in the repertory, under the rubric, the following remedies:

During urination:	Stool, urging to:	Aloe.
_____	_____	Stool, first urine, then: Arg.n.
_____	_____	Stool, little and soft: Canth.
_____	_____	Stool, involuntary: Mur. ac.

Still further study showed the similarity of the deposit, whitish and profuse, with an agg. at 4 p. m.

The patient received one dose of Mur. ac., 3m. (F.), and was well in a day or two.

Case VII. In the midst of a case caused by a severe injury from a fall forty-two feet (affecting the spine of a boy of seventeen), the surgeon and myself seemed for a time to have reached the end of our resources. The greatest suffering had been, and continued to be, in the right leg, and at that time extended from the exit of the sciatic to the foot. For months the pain had been controlled by an occasional dose of Zinc., 6x. or 12x., prescribed by the surgeon. I am still unable to comprehend the indication for that prescription, but know that it controlled the pain, kept the lad comfortable and under improvement.

There came a time when Zinc. no longer served, and a new prescription was needed. There seemed to be no symptoms but the pain. The pain came on from over-exertion, which it was hard to teach a boy not to make. He could not then put the right heel to floor, although he had been able to almost accomplish it before this exacerbation. He had insisted upon exercise, fearing muscular loss, although he was always worse afterward.

The only symptoms at first perceived were: Some fears of being alone in the dark at night, and an increase of pain in the night. There was a slight curve of the lumbo-dorsal vertebræ, antero-posterior, but no pain in the back; some

soreness short distance from the vertebral column, either side, and a sensitive coccyx. The patient was restless, constantly moving about the bed. Straining at stool hurt the sciatic. Stool dark, difficult, not daily. Craved ice-cream. Feet cold and damp.

I finally noticed that he lay upon his back with his knees drawn up. Inquiry developed the fact that he often slept so, and, although he could sleep on the side, it was usually with his knees drawn up.

Hot applications to the back amel. the pain in the leg. I had at first supposed this position due to his making a table of his lap or knees, for his various occupations.

We decided upon a brace to keep the back at rest, and a study of the various features of the case, compared with the *Materia Medica* and repertories, developed the following similarity between his condition and Merc. cor.:

Lies on the back with knees drawn up, in Pott's disease: Merc. cor.

Anxiety, preventing sleep: Merc. cor.

Fear of being alone at night: Merc.

Desire for cold food: Merc. cor.

Stool, blackish: Merc. cor.

Erections, in sleep: Merc. cor.

Dorsal decubitus: Merc. cor.

Coldness, extreme: Merc. cor.

Universal uneasiness: Merc.

Wakes as if had been frightened: Merc.

Perspiration of single parts: Merc.

One dose Merc. cor. mm. (F. C.)

A month later he had improved wonderfully. Because of an increased tendency to draw the legs up in bed he received one powder of Merc. cor. dm. (F. C.)

Continued improvement. Received not more than two powders of Merc-cor. afterward, and those at intervals of a month or six weeks. I forbade his getting up until he had been six weeks without pain. He now does everything he desires, or that his brother, two years older, can do. We hope to have him in school again in the autumn. He has been absent two years.



## A CASE OF CHRONIC CEPHALGIA, WITH GASTRIC CATARRH.

W. P. WESSELHOEFT, M. D., BOSTON, MASS.

Three years ago a gentleman, aged 60, fair skin, blue eyes and quiet disposition, presented himself for treatment for sick headaches, which he had suffered from since his adolescent years.

November 1. During the last two years the headaches are much more frequent and intense in their character. They incapacitated him for business more than half of the time.

The pain begins at the base of the brain, going upward to vertex and finally settling in forehead, and over one or the other eye, but more frequently over left eye and in temple.

During the attacks, which last from thirty-six to forty-eight hours, he vomits, first, bitter, yellow bile; later, intensely acid, frothy fluid.

Dreads cold air and has always cold hands and feet.

Wants to sit near a fire during headache; wants dry external heat applied to head.

Before headache he feels especially well and energetic, with increased appetite and an unusual flow of urine, which symptoms he has recognized as precursors to an attack.

Is excessively sleepily during the headache, but always conscious of the intense pain, and generally worse after awakening.

Before the headache, flickering and blur before eyes, as if looking through heated air.

Generally worse during easterly winds and damp weather.

After the headache, intense depression, with despair and weeping.

Continual moisture from anus, which is very excoriating; must bathe frequently during the day to keep comfortable.

Redness and some swelling of the edges of the eyelids, suggesting slight ectropion.

After careful study and comparison, I came down to three remedies: Psorinum, Silica and Kreosote.

Psorinum was my first choice, especially on account of

the prodromal symptoms, and the deep mental depression, with hopelessness, after the attack. Psorinum, cm., one dose.

November 18. Has had only one slight headache, feels generally much better and encouraged, and has less moisture and less irritation of anus.

December 9. Reports a severe attack of coryza, frequent sneezing, profuse watery discharge from nose, blood-streaked. Intense soreness of nasal passages. Constant dull headache, but no sick headache. Nasal symptoms worse out of doors and when in contact with cold air.

Thinking this to be a probable development of the action of Psorinum, I gave him nothing.

December 15. No change in catarrh, which is very distressing, especially the soreness of nasal passages. Headache is dull, constant in left occipital protuberance.

As my original choice lay between Psorinum and Silica, I thought I was justified in giving a dose of the latter remedy, after having waited a week for this possible aggravation to pass off.

December 20. Catarrhal symptoms were soon relieved and internal soreness of nose very slight after the third day; now entirely gone.

Headaches, however, are worse, mostly in left vertex, and settle over left eye. Vomits sour food during headache, and is very sleepy.

But he does not require heat to his head, and has no inclination to sit before the fire. This is a marked change.

Thinking I might have interfered too soon with the action of Psorinum, I gave him another dose of the dm. potency.

January 7. No better. Very much discouraged. Headaches worse from 1 to 3 a. m., and again from 5 p. m. to bedtime. Dreads his nights and the sour vomiting. There is a marked remission during the forenoon. Now does not want to be near a fire or have his head covered.

Contrary to all expectations, Lycopodium now seemed to be the only remedy indicated. I had not thought of it in the remotest way during the first study of the case, but

the indications were so strong that he received a dose of the cm. potency on that day.

January 24. Much better mentally and physically; awakes now only occasionally with slight headache about midnight, with acid regurgitation, but no actual vomiting. There is still some aggravation after 5 o'clock until bedtime. Has much less dread of cold air.

June 22. The improvement was constant until June 22, during which time he received no medicine. On this date he reports no headache whatever, but occasional acid vomiting in the night. He is awakened by an acid rising in his throat and distress in stomach. After producing vomiting by putting his finger down his throat, he expels a mass of undigested food, which must have remained in his stomach since his noon meal. The vomitus is extremely acid. He then received another dose of *Lycopodium*, dm.

October 2. No headache during the past three months. Has been several times awakened with the sour regurgitation and vomiting of long-contained foods.

Several large psoriasis spots or patches with red base and scaly surface have appeared on arms and legs; itch intensely, especially after undressing at night. Feels very well and has not lost a day at his business during the last three months. Sac. lact.

December 5. After two months reports entire freedom from headaches, but is still occasionally awakened by acid regurgitation, and later by vomiting of masses of food, which seem to have been retained in stomach all day.

Gave him *Kreos.*, cm., one dose.

January 5. No nausea, vomiting or regurgitation. Has no headache for six months; Psoriasis spots nearly disappeared and no itching. Edges of eyelids very much improved. General appearance much improved.

#### COMMENTS.

A year later: This case was under treatment for fourteen months. It is now over a year since the patient has been free from the slightest return of headache, and over six months since he has vomitted or shown any gastric disturbance.

Three remedies were required to cure this man, and given at long intervals. The cure of such a case, of at least forty years' standing, ought to reflect additional glory on Hahne-mann's fame.

Psorinum (for which we should always be thankful to Constatine Hering) was selected on account of the symptoms: Feels especially well before an attack, and with increased appetite (sometimes bulimy); flickering and blur before eyes as headache is coming on. Aggravation from east winds and change of weather. Hopeless mental depression.

Silica, although strongly indicated, from another aspect of the case, acted promptly in relieving the symptoms of one of the most acute and painful coryzas which I had seen. But after its use the headaches returned in full force. A second dose of Psorinum in a higher preparation failed to relieve, but brought about most marked indications for Lycopodium, which had not existed before, among which the most marked was, no further desire for heat or wrapping up during headache.

Lycopodium really cured the patient, and he would have been perfectly satisfied with the relief attained. There were, however, still occasional gastric symptoms remaining, even after the appearance of the Psoriasis patches on limbs. I hoped that Lycopodium would do all the work after such an exhibition of peripheral and cutaneous action, but I was disappointed in this, and I knew that further doses of this remedy would be useless. After much hesitation I decided to give a dose of Kreosote. This selection was based upon the original head symptoms: Very sleepy during headache, and redness of edges of eyelids; mainly, however, upon the peculiar and persistent vomiting of very acid food, which had evidently been retained eight or ten hours after meals without digesting.

This last prescription proved a very happy one. It is now eighteen months since he has had a headache, and seven months since he has vomited.

He assures me that he has never had any skin disease except the acrid discharge from anus, which Psorinum en-

tirely cured, and the redness and tendency to ectropion of eyelids.

I might incidentally mention another circumstance connected with the case. He has been under all sorts of treatment during his early life, but for the last ten years under so-called Homeopathic treatment, which was carried on in a desultory manner, and usually applied during the headaches.

This kind of treatment never amounts to anything but palliations, and even the palliations are doubtful, but the presence of a doctor often helps the sufferer to bear the pains, even if his remedies do no good.

There was no change of diet ordered in this case, which was correct, as far as I know.

#### DISCUSSION.

Dr. H. C. Allen: I am very much pleased with the paper. It is an admirable cure. But I am also pleased with the fact that even Dr. Wesselhoeft occasionally has to work hard to differentiate remedies. I know some of the rest of us do, and I am delighted that he cannot make a flaring, off-hand shot that stands the test any better than the rest of us. I want to call attention to what I frequently did, or was in the habit of doing, and what I think a great many do, and which Hahnemann distinctly says we shouldn't do. When we compare our remedies, as Dr. Wesselhoeft did here and selected three—Psorinum, Silicea and Kreosote. After giving Psorinum, Hahnemann says you will rarely find either of the others to be covered by the totality of the second picture, taken after the action of the Psorinum, providing that remedy changes the symptoms of the case. This case bears out Hahnemann's conclusions, because, practically, after Psorinum had made a start, Lycopodium, which was not at first indicated in the case, did the work—that is, after Psorinum had done its work, neither Silicea nor Kreosote would have made any impression in that case.

Dr. Wesselhoeft: I had the greatest confidence that Silica was the simillimum on account of the symptoms of the

headache and the great sensitiveness to cold. But it cured in a wonderful way the coryza, but the headaches returned just as badly as they were before he got the first dose of Psorinum. That is the very marked feature in the case. However, the second dose of Psorinum changed the symptoms, so that it became a Lycopodium case, for which there was not the slightest indication at the beginning of the case.

Dr. H. C. Allen: After the first dose of Psorinum, and when you gave the Silica for the coryza, it evidently had been partially developed by the Psorinum, the sensitiveness to coldness still remaining. Would it not have been better to have given another dose in a different potency of Psorinum, or to have allowed your remedy to act?

Dr. Wesselhoeft: We can philosophize about that, but I think I was justified in not repeating the Psorinum or waiting any longer, and, as Dr. Allen says, the coryza was in all probability due to the secondary action of Psorinum. But I waited upon that long enough, as I felt that the patient was suffering too much. I saw the man during the time he was having this acute coryza nearly every morning for a week, and I peppered him with sugar and milk all the time and waited, but it is a good while to wait for fourteen days, seeing the patient every day, or every other day, and still not seeing the slightest improvement. I hesitated a long time before I gave that Silica. I was bound to let the action of Psorinum go on. It was a cure of a headache of a lifetime.

Dr. J. H. Allen: I have read somewhere in Hahnemann's writings where a new set of symptoms appeared that are quickly removed, especially coryza or skin symptoms; too rapidly removed by a new remedy, is a form suppression, but where it disappears gradually and regularly, then we know we have got the simillimum. I want to report a case to Dr. Wesselhoeft, partly for his benefit and partly for our consideration, where Psorinum was taken for three years—a lady I sent to Dr. Wesselhoeft, a case of lupus erythematosus. I have not seen any case cured on record, and Dr. Wesselhoeft decided I was right in giving Psorinum.

## SUCCUS FRUTI.

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

Believing that the articles of our daily food, like *Natrum muriaticum*, will, when properly known, make excellent remedies and relieve some of our most stubborn cases, some cases not otherwise reached, I offer to the profession *Succus Fruti*, with some little confidence, yet with reserve.

The writer has noticed in past years that the best ripe, uncooked fruit would cause an overwhelming condition of drowsiness, a sleepy feeling of body and mind, with inability to apply the mind in study or reading; dropping to sleep in spite of oneself, when reading or when idle; worse after dinner; siesta not always refreshing, but often weakness and depression follows; an almost parietic state of mind and body, unless aroused by congenial company or necessary physical work; mental apathy or indolence; wandering of mind when trying to read; hard to apply the mind; lapses into a half sleepy state, or else goes to sleep fully; throbbing ache in left temple; neuralgic pains in left side of head, shooting forward toward temple; chilliness, a sort of cold feeling over the surface of the body, worse on back and hips, ascending from buttocks; labored beating of heart, as if heart was enlarged; a feeling as though it was cold out of doors, and I had to prepare for it.

Noticing that some of the students of the Kansas State Normal complained of a condition similar to that caused by fresh fruit on myself, especially that of the sleepy, somnolent feeling, I decided to test the matter. A neighbor returning home from a visit sent us some apples, peaches, pears and plums, the choicest and best specimens I have seen in many years. I was in good health and feeling first rate. I reasoned that such fine fruit could not harm anyone, and hence indulged moderately, with above results. I then took the juice of the peach, pear, plum and apple, mixed with an equal amount of alcohol, macerated fourteen days and potentized by hand to the 200th centesimal potency. Afterward my friend,

Dr. W. D. Gorton, potentized the zooth up to the cm. potency.

The following cases will explain the results obtained from Succus Fruti, the name I have given the remedy. The keynote seems to be sleepy indigestion, or somnolent dyspepsia, a state of overwhelming drowsiness.

W. A. Y. After 30m. Heat and pressure, a kind of oppression, at lower part of chest, and a distinct sense of the lower part of right lung, without pain.

Tired through back across lower part of shoulders.

Arms feel tired and writing is laborious.

Mind and general feeling much brighter and clearer.

Subsequently I feel much better in every way, especially in the ability to digest my food, and know that Succus Fruti has done me very much good, that it has put new life into me.

When dull and mental work is a labor, the mind refusing to respond to the will, a dose will clear up matters and put new life into me.

Last year I did not eat strawberries, as they disagreed so markedly. I have been eating them for over a week, with no bad results so far. I have not eaten any other kind of fruit, but shall, as they come into the market, to test the results of this new remedy.

Rev. K., aet. 29, writes after Succus Fruti, 6m. (Gorton). Belching on lying down two and a half hours after eating; also burning in the stomach (most marked); burning in stomach at bedtime. Dull and listless after breakfast. Dullness, with aching on top of head, after siesta; felt cross; could not distinguish people 150 feet away; slightly dizzy all evening; burning of stomach after a nap. Libidinous dreams without loss of semen. After dinner (had roast beef) felt like a load on stomach, which seemed to be rising into throat at times. Flatulence and burning in stomach. Waked once in the night with pain in stomach. Occasional dizziness (unusual).

In a future letter he said that his digestion was much improved, that he could "even eat pork without bad results,



something very unusual." I find this to be true in several other cases, as well as my own. I have eaten more fresh pork the past winter than in many years, and have had no bad results as heretofore. When a boy it was always the custom to have apple sauce with fresh pork, as it was thought to digest the pork. The results of Succus Fruti gives a reason for this old custom and belief.

H. F., aet. 29. Normal student. Dull, apathetic condition of mind; sleepy at times during day when reading, but especially during the evening by lamplight. Mind torpid, inactive, can't think quickly; hard to remember. Bowels inactive, sluggish; may go four or five days without stool. Mouth dry at night; wakes up with mouth dry, tongue very dry; very little dryness during the day. Bad taste every morning. Apples disagree. Dullness of head at times. Dizziness.

Succus Fruti, 1m. (G.) After a month reported himself as being very much better; better able to study, much less drowsiness and bowels moving daily. Has needed no further medicine.

J. S. G., aet. 30. Minister. Headache the past week, sharp, fitful, above and back of eyes; at such times cannot read nor think; cannot study. Languid, lazy feeling for the past week, and great sleepiness; unable to study.

Reported ten days after Succus Fruti, 6m. (G.), that the medicine had done its work promptly, and that he was feeling much better generally and able to study.

Carrie K., aet. 20. Normal student.

Empty, gone feeling between 10 and 11 a. m.; better from eating.

Bloating while or after eating; when the stomach is had a few mouthfuls fill up.

Feels weak and fainty all over.

Can't think or apply mind; sleepy, especially after supper; a great heaviness; dull, apathetic condition.

Belching a good deal. Rumbling of wind in the bowels.

Heart palpitates, a fluttering; feels it more lying on left side in the afternoon after dinner, and not at night at usual bedtime.

Succus Fruti, 6m. (G.) Two doses, night and morning.

In four days reported as "feeling good." No sleepy condition at all. Empty feeling in stomach much better. Very little bloating. The belching is worse. Rumbling less. Heart is also better; less fluttering. Feels "a good deal better generally."

Six weeks after reports herself "feeling good." Some sleepy condition occasionally, "but nothing like it was before." Only once has she had the empty feeling. Bloating very much less. Less belching, less rumbling. Heart much better. Not so nervous; can now rest lying down after dinner. Menses have gone seven weeks, something never happening before; no pain nor sickness. Usually comes too soon. Bowels now regular. Mind much better and feels stronger. Face does not pucker or draw up as before remedy. No further report for five months. She promised to report if worse.

L. L., aet. 31. Very large, weighing over 200.

Has had stomach trouble for years, the main feature of which is burning, with acid eructations. Being a traveling man he has hotel fare most of the time. Nux vomica has helped him much, but not permanently. Arsenicum and Capsicum did no good. After Succus Fruti, 6m. (G.), he reports greater relief than from any other remedy and "can eat more food without trouble than in many years." He seldom has any burning. He "feels that he is a new man," feels younger and brighter.

I was led to give Succus Fruti in this case, as Rev. K.'s proving brought out this feature. L. L. remains very much improved in every way, with the promise of a permanent relief.

W. C. T., aet. 34. Barber.

Has been having what was termed catarrh of the bladder by his old school physician. With daily washings of bladder he failed to improve, but went steadily downward. I considered his trouble prostatic, and in the absence of indications for another remedy I gave him Sabal Ser. with amelioration. Afterward upon him complaining of burning in the

stomach several times as a marked feature, with belching, somnolence, and as his whole condition seemed worse when he had this burning of the stomach, I gave him Succus Fruti, 6m. (G.) On the fourth day after he reports an albuminous, acrid, gluey, sticky discharge from the urethra, which closes up the meatus. This discharge was the first indication of his long sickness and was suppressed by injections. He has had very slight returns of this discharge in the past, but never so much as since last remedy. He has always felt better when having even a slight discharge. He reports his stomach much better, and is generally feeling much stronger and brighter. Infrequent doses of Succus Fruti have made a new man of him, although not yet well.

R. A., aet. 22. Student.

Has a bladder trouble, heavy deposit of a whitish, cloudy sediment on standing; oily pellicle on surface; irritation of the urethra; moisture on the scrotum; strong odor of the urine. Great depression of the mind and spirits. Worries much over his disease. Family history of cancer, erysipelas, piles, catarrh, salt rheum, eye troubles, stomach troubles. A dose of Sulphur, 5 cm. (T.), did no good, and he then complained of a heavy feeling in the stomach; at times pain on changing position. Sleepy, somnolent condition, goes to sleep while studying. Urine very dark red; odor disagreeable as if decayed. Depressed and weak generally.

After Succus Fruti, 6m. (G.), he reports himself feeling better generally, especially in the sleepy condition, and in spirits; also some better in stomach. No more deposit in urine. Mind is much brighter. This mental change for the better continued, but upon the urine getting worse again he received Benzoic acid, which promises much.

Mrs. R. G., aet. 48.

Has had severe headaches for many years and very frequently of late, seldom without it; comes from shopping, too much exercise, overwork, always when tired; nausea; stomach always deranged; pain begins in lower neck, goes to the shoulders, then up into the head; a heavy aching.

Very sleepy during the day, especially after meals, she is overwhelmed with sleep; a stupor of body and mind. Sleepy during the headache—that is, she goes to sleep in the evening with the headache, sleeps all night and wakens with head still aching.

Nothing helps her but a good sleep. Feels weak in the morning. Weak and hungry after siesta.

Succus Fruti, 6m. (G.)

Reports in a month, not a sign of a headache. Has been working hard, going to convention and doing other things that would before have brought it on. No more sleepy condition. Not so nervous. "Husband says I act as if I were ten years younger," and she looks it.

No further report, though a month since last.

# THE MEDICAL ADVANCE.

R. H. VON KORSCH, M. D., Editor and Publisher, 3832-3834 Rhodes Avenue,  
CHICAGO, ILL.

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The Medical Advance is published monthly and is a journal devoted to the principles of true Homeopathy and Surgery.

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The Medical Advance extends a most cordial invitation to all its readers to contribute articles in connection with medicine or allied sciences.

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JULY 15, 1900.

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## EDITORIALS.

The Surgical Cure (?) of Cancer.—In the June issue of the Journal of Orificial Surgery, a contributor, in a well-written and carefully prepared paper, lays great stress on the early diagnosis by microscopic aid, and, as a sequence, an early operation for uterine cancer, and adds:

“What can we hope to accomplish by this labor? We can gradually increase not only the number of operable cases, but also the number of permanent cures of uterine cancers. The technique of hysterectomy, both abdominal and vaginal, has been brought to such a perfection that it would be difficult to improve upon it, and still the statistics of hysterectomy for cancer are lamentable as regards permanent cures.”

Hahnemann classes cancer among the diseases due to a dynamic cause—psora, sycosis, some constitutional infection—not a surgical disease at all; hence the surgical removal of its pathological results cannot effect the cause in the least degree. The dynamic, vital force, of the patient is still as much affected as before the operation, and the same psoric or sycotic miasm or poison continues to act in the same way, affecting surrounding tissues or other vital organs until the end. Removing the effects does not remove the cause, hence the “lamentable” results. Genuine uterine can-

cer, according to Hahnemann, cannot be a surgical disease, and cannot be cured by surgical measures, and the leading, most experienced surgeons of both continents and of all schools of practice verify Hahnemann's unassailable position.

Jacobs, of Brussels, one of the most skilful operators in Europe and a man of extensive experience, reported in 1896 seventy cases of uterine cancer in which he had removed the uterus, and three years after the operation only three were living, which does not prove much for surgery in dynamic diseases. Another similar report is made by Thorn of Madgeburg, where, after five years, only 24 per cent of the cases of uterine cancer where hysterectomy had been performed were living.

Dr. J. B. Murphy, one of the ablest diagnosticians of Chicago, in a recent lecture at Cook County Hospital, said that in his experience, and it had been somewhat extensive, he had never known a case of undoubted uterine cancer cured by the removal of the uterus. And, he added parenthetically, he had never seen a surgeon or gynecologist who had seen one cured. Similar reports of individual experience from eminent surgical and gynecological authorities could be given.

When the brightest lights of modern surgery and gynecology furnish such conclusive evidence of the truth of Hahnemann's theory of chronic diseases, that it is useless to attempt to remove a dynamic disease by surgical or mechanical means, what does it profit a homeopathic surgeon who attempts to follow the methods of other schools to the neglect of his own? Why not frankly admit that dynamic affections must be met by dynamic means, a rule laid down by Hahnemann nearly 100 years ago, and as true and as practical to-day as the day it was written? Why not stem instead of foster the spread of this popular craze for operations, which can only end in disappointment, if not disgrace?

§ 199. Organon, Hahnemann says: When the local symptoms were destroyed by a corrosive or desiccative external remedy or by the knife, then the case becomes much

more difficult on account of the two indefinite (uncharacteristic) and inconstant appearance of the remaining symptoms; for what might have contributed most to determine the selection of the most suitable remedy, and its internal employment until the disease should have become completely annihilated, viz.: the external principle symptom has been removed from our observation.

§ 200. Had it still been present to guide the internal treatment, the homeopathic remedy for the whole disease might have been discovered, and had that been found, the persistence of the local affection during its internal employment would have shown that the cure was not yet completed; but were it cured on its seat, this would be a convincing proof that the disease was completely eradicated, and the recovery from the entire disease fully accomplished—an inestimable, indispensable advantage.

A similar heresy, or as the late Dr. Lippe would have called it, "a fatal error," is advocated by the surgeon of a so-called "pure" homeopathic college in the April issue of its college journal where he writes on Benign Tumors of the Breast:

"Any nodule, not of inflammatory character, that appears in the breast of a woman, should be removed without the slightest delay or hesitation. To advise the postponement of the matter for a month is utterly unjustifiable."

Why not carry this logic to its legitimate conclusion? Why not remove the breast for fear a "nodule" may appear? Why not remove the appendix for fear of a future attack of appendicitis? Why not remove the uterus and thus prevent cancer or other malignancy? Shades of Hahnemann! what crimes are committed in thy name!

## THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The International Hahnemannian Association held its twenty-first annual session at Detroit, June 26, 27 and 28, and was one of the most successful in the history of the Association. There were only about twenty-five members present, but they were there evidently for business, not politics. There was neither log-rolling nor wire-pulling for personal or professional advantage. The papers were above the average and both papers and discussions elicited were instructive. Nine active and sixteen associate members were elected, and the first session of the third decade of the Association promises a bright future of usefulness in the cause of pure homeopathy and advanced therapeutics. The following officers were elected:

President—Erastus E. Case, Hartford.

Vice-President—D. C. McLaren, Ottawa.

Secretary—J. B. S. King, Chicago.

Corresponding Secretary—Milton Powel, New York.

Treasurer—Franklin Powel, Chester, Pa.

Chairman of Board of Censors—B. LeBaron Baylies, Brooklyn.

The next session will be held at Niagara Falls.

## THE AMERICAN INSTITUTE OF HOMEOPATHY.

The American Institute of Homeopathy dedicated the Hahnemann monument at Washington June 19. The attendance was large and the report of the proceedings in the Medical Century for July is one of the best efforts in medical journalism which has appeared in many years. The report is by Dr. Hawxhurst of Washington, D. C., and is a credit alike to editor, publisher and reporter.



EIGHTH ANNUAL CATALOGUE  
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*If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve only to be mentioned as a caricature in the history of medicine.—CONSTANTINE HERING.*

## CALENDAR.

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- 1899—September 11. Students' Reception at College Building,  
8:00 p. m.  
September 12. Lectures Commence.  
November 23. Thanksgiving Recess, beginning Wednes-  
day Evening.  
Dec. 20, 21, 22. Semester Examinations.  
December 22. Holiday Vacation begins at 5 p. m.
- 1900—January 2. Lectures resumed.  
February 12. Lincoln's Birthday.  
February 22. Washington's Birthday.  
March 29. Final Examinations Begin.  
April 10. Commencement and Hahnemann's Birth-  
day. Alumni Banquet in the Evening.

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## TEXT BOOKS.

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ANATOMY. — Gray, Morris, McClellan's Regional Anatomy; Shield's Surgical Anatomy; Weisse.

PHYSIOLOGY.—Foster, Flint or Kirke; Essentials of Histology, Schafer; Practical Microscopy, Smith.

PATHOLOGY.—Green's Pathology and Morbid Anatomy.

CHEMISTRY AND TOXICOLOGY. — Avery's or Fowne's Complete Chemistry; Simon's or Jaksch's Clinical Diagnosis; Purdy's Practical Urinalysis.

SURGERY. — Homeopathic Text-Book of Surgery; Wharton's Minor Surgery; Treve's Operative Surgery; American Text-Book of Surgery.

PRACTICE OF MEDICINE. — The Organon (Dudgeon's Translation); Raue's Special Pathology; Allen on Fevers; Loomis; Wood and Fitz' Practice; Da Costa on Physical Diagnosis.

OBSTETRICS.—Guernsey; Leavitt.

GYNECOLOGY.—Wood; Pozzi's or Kelly's Gynecology.

MEDICAL DISEASES OF WOMEN.—Guernsey; Minton; Eggert.

PEDIATRICS.—Fisher; Guernsey.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.—Norton's Ophthalmic Diseases and Therapeutics; Houghton's Clinical Otology; Ivins' Nose and Throat.

MEDICAL JURISPRUDENCE.—Ewell.

MATERIA MEDICA. — Allen's Characteristics; Hahnemann's Materia Medica Pura; Hering's Guiding Symptoms; Hering's Condensed; Dunham's Lectures; Nash's Leaders.

MENTAL AND NERVOUS DISEASES.—Martin's Compend.; Elliot; Mills; Ranney.

MEDICAL DICTIONARY.—Dunglison; Lippincott.

The text-books recommended are purely suggestive, but the student will be expected to possess at least one of the books mentioned under each department.

## COURSES OF STUDY.

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### FRESHMAN COURSE.

**Anatomy:** Osteology, Myology, Articulations, Vascular System and Dissections.

**Physiology.** Elements of Physiology.

**Histology.** Normal Structure.

**Chemistry.** Inorganic.

**Practical Microscopy and Bacteriology.**

**Materia Medica and the Organon.**

**Latin.**

**Pharmacology.**

### SOPHOMORE COURSE.

**Anatomy.** Regional, Nervous.

**Dissections.**

**Physiology.** Brain and Nervous System.

**Medical Chemistry.** Organic, including Toxicology.

**Histology.** Morbid and Pathological.

**Minor Surgery.** Bandaging and Clinics.

**Hygiene and Sanitary Science.**

**Materia Medica and the Organon.**

### JUNIOR COURSE.

**Anatomy** of Nervous System and Pathological Anatomy.

**Physical Diagnosis.**

**Practice of Medicine and Clinics.**

**Pediatrics.**

**Renal Diseases,** and Uro-analysis.

**Surgery.** The Principles of: Fractures and Dislocations.

**Obstetrics.** Didactic and Clinical.

**Medical Diseases of Women.**



**Medical Jurisprudence.**  
**Dental Surgery and Therapeutics.**  
**Materia Medica and Organon.**

SENIOR YEAR.

**Practice of Medicine and Clinics.**  
**Surgery, Operative and Clinical.**  
**Obstetrics. Operative.**  
**Gynecology. Medical and Surgical.**  
**Ophthalmology, Otology and Laryngology, with clinical work.**  
**Mental and Nervous Diseases.**  
**Materia Medica and the Organon.**  
**Hospital Practice.**  
**Clinical Prescriptions.**  
**Skin and Venereal Diseases.**

(The Faculty reserves the right to make such changes in this curriculum as experience may prove necessary.)



# Annual Announcement.

1899-1900.



Hering Medical College will open its eighth annual course of Instruction on Monday, September 11th, 1899, at 8 o'clock in the evening. The regular course of lectures will begin next morning at 9 A. M. and will continue seven months, closing with public commencement exercises on Hahnemann's birthday, April 10th 1900.

## REQUIREMENTS FOR MATRICULATION.

1. A creditable certificate of good moral character signed by two physicians of good standing in the state from which the applicant comes.
2. A diploma or certificate of graduation from High School; or
3. Evidence of having passed the matriculation examination of a recognized literary or scientific college; or
4. A certificate of successful examination by the faculty of any reputable university or college, by the State Superintendent of Public Instruction, or by the Principal of a High School in the following branches: English Grammar, Arithmetic, Elementary Physics, United States History, Geography, Latin.

Students who are unprepared with certificates in Latin will be given one year in which to qualify themselves, but such students must be provided with a certificate in this study from the designated authorities before he or she can be accepted as a second course student.

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## ADVANCED STANDING.

Graduates of reputable and regularly established Colleges of Dentistry, Colleges of Pharmacy and Colleges of Veterinary Medicine, which require as a condition of graduation, attendance on a course through two or more full years, may be allowed one year's advanced standing on a four year medical course, on condition that they comply with the entrance requirements of the Hering

college, and pass all the examinations and perform all the laboratory work embraced in the course of the Freshman year.

Graduates of medical colleges recognized by the Illinois State Board may be admitted to any class without examination. Students from said colleges who possess certificates of attendance and of successful examinations, can enter without examination the class immediately following that previously attended.

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## EQUIPMENT.

The new college building is a handsome and commodious structure, the plans for which were adopted after a careful study of the buildings of the leading medical colleges of the United States. It represents the very best in modern college architecture. It is a handsome brick building, wholly detached, receiving light and air from four sides. It is heated by steam and provided with all modern conveniences. It contains three large and one smaller lecture halls, a well-stocked medical library and reading room, a commodious chemical and microscopical laboratory, clinic and sub-clinic rooms, dispensary and thoroughly equipped dissecting rooms.

The Chicago Baptist Hospital is located at 3400-3420 Rhodes avenue, a few blocks from the college building, and is one of the largest and best hospitals in Chicago. There is thus opened to our students an immense mine of clinical material, comprising everything surgical as well as medical (non-contagious.)

Hering College is also connected with the practical work of the National Temperance Hospital, which arrangement insures additional hospital facilities. The W. C. T. U. Hospital is one, the management of which in all that pertains to nursing, hygiene, medicine and surgery, can challenge the world.

Our students have the same rights and privileges granted other medical students at Cook County Hospital, the largest in the United States.

The University of Chicago has recently built four of the greatest scientific laboratories in the world. Hull biological quadrangle, as it is called, is at the north of the campus and is surrounded by the four laboratories devoted to botany, zoology, anatomy and physiology. Access to these laboratories is one of the privileges of Hering College students.

Clinical material has ever been abundant—but no case is ever other than carefully treated. We have rapid electric car communication with the vast clinical district lying west of State street, which facilitates the approach of as much of general,

special, obstetrical, surgical and minor surgical clinical material as can be utilized.

The dispensary is in charge of competent instructors, as named below :

---

**DISPENSARY STAFF.**

**Physicians.**

H. C. ALLEN, M. D.	J. A. TOMHAGEN, M. D.
E. A. TAYLOR, M. D.	R. N. MORRIS, M. D.
J. H. ALLEN, M. D.	J. B. S. KING, M. D.

**Surgeons.**

J. J. THOMPSON, M. D.	W. W. STAFFORD, M. D.
FRANK C. TITZELL, M. D.	J. P. JONES, M. D.

**Gynecologists.**

J. J. THOMPSON, M. D.	J. E. TREMAINE, M. D.
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**Obstetricians.**

A. W. THOME, M. D.	H. F. SMILEY, M. D.
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**Eye, Ear, Nose, and Throat.**

L. A. L. DAY, M. D.

**Pedologist.**

T. G. ROBERTS, M. D.

**Assistant Clinicians.**

R. W. STARR, D. D. S., Dental Surgery.  
C. F. FRIEND, M. D., Obstetrics.  
ERNEST CADWELL, M. D., Pediatrics.  
BELLE GURNEY, M. D., Gynecology.  
PAUL POLLACH, M. D., Nervous Diseases.

## DISTINCTIVE FEATURES.

In announcing the opening of the eighth annual course of instruction for the winter of 1899-1900, Hering Medical College once more reaffirms its express and distinctive purpose of teaching the homeopathy of Samuel Hahnemann in its purity. Unless it distinctly and emphatically teaches this, there is not the shadow of an excuse for its existence. The world is well supplied with allopathic colleges, and there is more than enough of homeopathic colleges which do not teach homeopathy. Hering College claims to be something different from either of these, and bases its *raison d'être* upon that claim.

Early in the history of homeopathy, even during Hahnemann's life time, the ranks of our school were thickly sown with men who, while professing to be homeopaths, failed to grasp the essential idea of cure by the law of similars.

Such men and the mode of practice originating with them were always the subject of Hahnemann's severe criticism and animadversion. Their growth, however, was more rapid than that of Hahnemann's genuine followers.

This unequal growth may be accounted for partly from the fact that it is easier to go from the ranks of allopathy to a lax, half-hearted homeopathy than to the stern and uncompromising requirements of the pure doctrine; moreover, the natural tendency of the human mind to consider curative power as directly proportionate to quantity of drug, tends to the same thing.

In less than twenty-five years after the death of Hahnemann, homeopathy was in its dark ages. Alternation was well nigh universal, external applications of a suppressive character, and the use of drugs without reference to the law of similars were constantly advocated in our journals and medical societies and nothing better was taught in our colleges. The opponents of homeopathy have not been slow to point out these facts nor to argue therefrom that the school was practically non-existent.

But the time for reform came at last. A band of earnest men organized in 1880 the International Hahnemannian Association, a society that maintained the law of similars as a cardinal principle. Ten years later Hering College was started devoted to the same principle, and aiming to give to its students a broad comprehensive and scholarly education.

To this end the college will provide a course of lectures as thorough as any that can be offered by the leading colleges of any school of medicine. The entire field of a liberal medical education will be covered in all its departments. Anatomy, Physiology, Pathology, Histology, Chemistry, Microscopy, Diagnosis,

Sanitary Science, and all the fundamental branches will be taught in a manner fully up to the demands of the latest scientific discoveries. A complete course in Surgery, Gynecology, Obstetrics and the diseases of all the special organs and regions of the body will also be provided. Let the important addition be not forgotten that the student will receive a systematic and comprehensive training in the homeopathy of Hahnemann; the advantages of which are both immediate and far reaching. Once thoroughly drilled in the science of Homeopathy and how to select the remedy in an obscure or difficult case, the temptation to alternate remedies or to resort to palliatives foreign to our school is removed.

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## COURSE OF STUDY.

The instruction given in the Hering College course consists of (1) Recitations or Quizzes, (2) Lectures, (3) Laboratory Work, including dissections, and involves four years work.

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## OUTLINE OF STUDY IN THE DIFFERENT DEPARTMENTS.

### MATERIA MEDICA.

PROF. H. C. ALLEN, M. D.

PROF. J. A. TOMHAGEN, M. D.

PROF. E. A. TAYLOR, M. D.

LECTURER FLORA M. WATSON, M. D.

The students of this college will receive daily instruction in the Homeopathic Materia Medica and will be taught with great care and earnestness, the art of applying the remedy to the conditions met in the sick room.

Special attention will be paid to the teaching of drug effects, provings and symptomatology. The Organon of Hahnemann will also be taught, not in perfunctory talks, nor as a troublesome, distasteful duty, but for the purpose of bringing out the truths which enrich its pages, and to demonstrate to the student how to apply them for the cure of the sick. This college will faithfully, truthfully and persistently teach this book, not as a theme, but as the only basis yet revealed to man upon which to build a rational and scientific system of Therapeutics.

Hahnemann's conception of the "image of the drug" will receive special attention. Knowing what symptoms will combine to form this "image" they are able to use "characteristics" with safety. The genius or personality of a remedy is thus revealed to the student and to this drug picture he may easily add from time to time those lesser lines, which, though less constructive, are often quite as valuable.

## THEORY AND PRACTICE OF MEDICINE.

PROF. T. G. ROBERTS, M. D.      PROF. R. N. MORRIS, M. D.

PROF. J. H. ALLEN, M. D.      PROF. J. B. S. KING, M. D.

PROF. J. A. KIRKPATRICK, M. D.

LECTURER PAUL POLLACH, M. D.

LECTURER STAFFORD T. MITCHELL, M. D.

LECTURER ERNEST CADWELL, M. D.

This department is thoroughly equipped. Each branch is in the hands of a practical, experienced physician and teacher. The etiology, special pathology, diagnosis and treatment of the diseases of the brain, thorax, abdomen, and its viscera; skin; diseases of the nervous system; morbid growths; the organs of generation; fevers and diagnosis will be carefully taught.

The didactic instruction is illustrated by numerous clinics, and by practical work in the laboratories of the college.

**PEDIATRICS.**—The lectures in this department will be both didactic and clinical, teaching the etiology, pathology, symptomatology and differential diagnosis of the diseases peculiar to children. Special attention will be given to the methods of taking the case.

**PATHOLOGY.**—A course of didactic lectures will be given in General and Special Pathology, showing the relation thereof to Therapeutics.

Pathological anatomy and histology will be illustrated in the laboratory; post mortem examinations will also be conducted before the students.

## SURGERY.

PROF. J. J. THOMPSON, M. D.

PROF. WALTER W. STAFFORD, M. D.

PROF. C. E. SAYRE, M. D.

PROF. FRANK C. TITZELL, M. D., Associate Professor.

LECTURER J. P. JONES, M. D.

This subject will receive the attention that its importance demands. To the sophomores a course in minor surgery will be given. In the junior and senior years lectures will be delivered covering surgical anatomy, principles and practice of surgery, operative surgery, operative gynecology and surgical therapeutics. The favorable attention of students can be confidently invited to the advantages of the several courses in this department. The surgical clinic will be varied and conducted in the interests of the entire class when practicable. When possible the professors in this department will give the senior students opportunity to witness private operations and to take part in the actual work of the operating room. Instead of so much of amphitheatre surgery, which is seldom of practical value to the student, because of his distance from the patient and his inability to see through the operator and his assistants, the students are arranged in sub-classes of convenient size. Each sub-class will be required to conform to all the preliminaries relating to surgical asepsis; will serve as assistants during the operation; receive practical instruction and drill in the administration of anaesthetics; and be so grouped about the operating table as to be able to observe closely all the minutiae of operative technique illustrating the accompanying clinical lecture. It will be the endeavor to teach all the practices of modern surgery, and in order that the student may be well prepared for the duties of the surgeon in the general field, practical work upon the cadaver will be a part of the course.

## GYNECOLOGY AND OBSTETRICS.

PROF. J. EUGENE TREMAINE, M. D.

PROF. J. J. THOMPSON, M. D.

PROF. ARTHUR G. THOME, M. D.

PROF. HIRAM F. SMILEY, M. D.

C. F. FRIEND, M. D., Clinical Assistant.

BELLE GURNEY, M. D., Clinical Assistant.



**GYNECOLOGY.**—A complete course of lectures will be delivered on the medical diseases of women, illustrated by material drawn from the hospitals and the dispensary practice. Special attention will be given to the diagnosis and treatment of diseases common in every day practice.

The various operations coming under the head of surgical gynecology will be performed before the class from time to time. Preceptors are especially invited to send or bring their operative cases to the gynecological clinics for the benefit of the students, and whenever advisable the surgical and gynecological staff will give their services free of charge to worthy and indigent patients, who may be willing to enter the clinics; in every instance courteous and delicate treatment is assured patients of this class.

**OBSTETRICS.**—During the junior year the student will receive thorough instruction on the anatomy, physiology and embryology of obstetrics.

The juniors and seniors will be taught the theory and practice of obstetrics and obstetrical operations, the material of the Hospitals and out-clinics being utilized for practical illustrations. Special attention will be given to the homeopathic therapeutics of the gestative and lying-in periods.

It will be the endeavor of this chair to so instruct the student how to manage difficult and operative cases that he may be equal to the emergencies which arise in this department of practice. Obstetrics will be shorn of its terrors, in so far as possible, by such a course as will thoroughly acquaint the student with the subject of manual midwifery. "Knowledge is power"—and in no department of medical practice is knowledge—emergency knowledge—more necessary than in the department of Obstetrics. It has been the rule for members of the senior class to take charge of obstetric cases, and students securing such patients for the hospitals are given special opportunity to witness the various manual and operative steps pursued in parturition. The relations of Hering College to various charities of the city assure ample obstetrical material.

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## **OPHTHALMOLOGY, OTOLOGY and LARYNGOLOGY.**

PROF. L. A. L. DAY, M. D.

The didactic lectures will embrace the anatomy and physiology of the eye, ear, nose and throat, their most common diseases,

their etiology, diagnosis, prognosis, and treatment; also special attention will be given to accidents and injuries of these organs and their appendages, with subsequent treatment.

The clinical lectures will consist of three each week before the class, at which the object will be to instruct the student as thoroughly as possible in differential diagnosis, and especially in homeopathic therapeutics.

### ANATOMY.

PROF. FRANK C. TITZELL, M. D.  
PROF. MARY K. MACK, M. D., Associate Professor.  
LECTURER B. A. COTLOW, M. D.  
LECTURER J. H. KIRKPATRICK, M. D.  
LECTURER CHAS. F. BARSTOW, M. D.

#### DEMONSTRATORS.

J. H. KIRKPATRICK, M. D.  
ELIZABETH TRUMBULL, M. D.

ANATOMY.—In this college the study of anatomy is carried on in some form throughout the entire course. In the first year the student is given a thorough course in comparative and general anatomy, accompanied by dissections, charts, models, drawings and demonstrations. As the student progresses in his course of study, each study that involves in any way a knowledge of anatomy is carefully presented from that point of view. After he has satisfactorily dissected at least a lateral half of the body, and has passed the required tests in osteology and myology, he is given a very carefully arranged series of lectures from the several chairs of regional and surgical anatomy, the nervous system, physical diagnosis, surgery and the anatomy of surgical operations. It is the purpose of the college to magnify the fundamental branches of anatomy, physiology, chemistry, pathology and diagnosis, believing that these subjects lie at the basis of an intelligent knowledge of homeopathic medicine.

Dissections will be conducted as far as possible in the day time. Women students will appreciate the advantages of this plan, as they will also the entire absence from the dissecting room of those practices and habits offensive to a refined taste. Anatomical material is made free and abundant by the laws of Illinois.

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### PHYSIOLOGY.

PROF. SARA B. ARMSTRONG, M. D.  
PROF. E. E. SIMPSON, M. D., Associate Professor.  
LECTURER GEO. B. WARNE, M. D.  
LECTURER P. S. MITCHELL, M. D.

In the treatment of physiology the student will be trained to see that only by the clear understanding of the normal functions of life can he hope to comprehend the abnormal state. A knowledge of physiology thus lies at the foundation of pathology, diagnosis and symptomatology. In the first year the subject is presented so as to cover all the various topics except the nervous system, the special sense and reproduction. In the second year the study of the nervous system is pursued with special reference to structure, reflexes, inhibition, vaso-motor and sympathetic control, localization and function. Each topic is carried over into the field of the daily, practical life of the physician, with the idea of making the student an intelligent diagnostician. The relations and limitations of the subject of mental physiology will receive attention.

---

## CHEMISTRY AND TOXICOLOGY.

PROF. J. B. S. KING, M. D.

LECTURER C. E. SUTTON, PH. G.

In the chair of chemistry the student will be thoroughly drilled in chemical philosophy and in practical chemistry. Especial attention will be given to those elements and compounds that are used in our *Materia Medica* and in Surgery. Laboratory work will follow the lectures and opportunity will be given to students to make original investigations.

In Toxicology, the characteristics of the various poisons will be studied, so that as nearly as possible, each common poison will present a distinct picture in the student's mind.

The chemical action of antidotes will be illustrated, and especial attention will be given to emergency means of counteracting the effects of toxic substances.

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## RENAL DISEASES AND URO-ANALYSIS.

PROF. FRANK WIELAND, M. D.

On account of the ever-increasing interest in Renal Diseases, it has seemed wise to establish the chair of Renal Diseases and Uro-analysis.

Renal diseases will be considered in the junior year, after the course in uro-analysis has been completed.

Uro-analysis will be carried on by means of lectures, chemical analysis, and by the use of the microscope. Every student will examine for sugar, albumen and urea and make quantitative tests as well. He will also be made familiar with the appearance of the various crystals, pus, blood, and casts.

---

## HYGIENE AND SANITARY SCIENCE.

LECTURER C. B. PROUTY, M. D.

LECTURER P. S. MITCHELL, M. D.

In view of the vast strides that the last few years have witnessed in improved sanitation and in the measures of protection to health, including asepsis and antiseptics, special prominence is given to hygiene. The subjects of contagion, the nature and modes of infection, water supply, drainage and sewerage, pollution of streams and house sanitation will be discussed, and where possible will be made practical by means of illustrative scientific demonstrations. Infant hygiene will also be presented.

**BACTERIOLOGY.**—In this department, in addition to the didactic lectures, there will be a laboratory course to familiarize the student with cultures, the preparation, staining, mounting and preservation of specimens, as well as the identification and differentiation of the various forms of bacterial life, and the pathological properties of each.

---

## MEDICAL JURISPRUDENCE.

LECTURER S. W. M'CASLIN, ESQ.

The aim will be to make the lectures of special value from the practical point of view. They will cover all the medico-legal relations likely to arise in the physician's life.

---

## DENTAL SURGERY.

LECTURER R. W. STARR, D. D. S.

The general principles of Dental Surgery, and especially the application of the homeopathic remedy to diseased conditions of the mouth and teeth will be included in this course. The hygiene of the teeth will also receive careful attention.

## FINAL STANDING.

The standings of a student are made up from his record in the oral reviews, from his laboratory work, from the character of his written exercises or examinations during the term, from the evidences of his growth and aptness to learn, from his answers to the final examination questions, and from the impression he has made upon the faculty as to his promise of becoming a successful physician.

A student will not be admitted to the final examinations who has absented himself more than a fifth of the term, and any avoidable absence will seriously prejudice his chances of securing the required mark.



## REQUIREMENTS FOR GRADUATION.

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1. The candidate must be of good moral character.
2. He must be twenty-one years of age.
3. He must have attended four full courses of lectures, each course of not less than six months' duration, the last of which must be in this college.
4. He must have passed the examinations upon all branches in the course of study, or present certificates from accredited medical colleges.
5. No student or physician will be entered for the degree of Doctor of Medicine who does not pass in this college the studies of the senior year.
6. He must have passed the required tests in the general and special hospital and class clinics.
7. He must have paid all fees.

## FEES.

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For each collegiate year.....	\$100.00
Full course ticket.....	300.00
Chemical Laboratory ticket (for two years).....	5.00

### POST-GRADUATE FEES.

For graduates of other colleges.....	\$50.00
For Materia Medica and the Organon.....	50.00
For other single courses.....	25.00
For full clinical course.....	25.00
For special dissections.....	20.00

There are no other charges for lectures: no matriculation fee, no examination fee, no graduation fee. Dissecting material is free.

All fees are due and payable at the beginning of the term.

The Treasurer and Registrar will be at the College every day during the first ten days of the term to receive fees and issue tickets.

## BOARD AND GENERAL INFORMATION.

Hering Medical College is unusually favorably situated with reference to living expenses for its students. It is in a thoroughly respectable neighborhood, with numbers of good, private boarding houses in immediate proximity, while large apartment houses are close at hand. Good board and rooms can be obtained for from four dollars per week to as high a price as the student's purse will permit, while by clubbing or taking rooms for light housekeeping, living expenses may be considerably reduced.

The college is conveniently located at 3832-34 RHODES AVENUE, on the line of the Rhodes avenue street cars, one block north of the 39th street electric line, and three minutes walk from the Indiana avenue station of the South Side Elevated Railway. From down town take any of the following means of transit: Wabash avenue and Cottage Grove cable cars and transfer to Rhodes avenue car at 35th street; or take same line and transfer west on 39th street line to Rhodes avenue, then walk one block north; or, South Side Elevated Railroad, from Congress street or any place on the loop, to its Indiana avenue station; or, take State street cable or Wentworth avenue electric line from down town, transfer at 39th street on the electric line to Rhodes avenue and walk one block north.

## YOUNG MEN'S CHRISTIAN ASSOCIATION.

The Young Men's Christian Association of the college is a student's organization doing aggressive Christian work. Any male student of good moral character may become a member upon payment of a nominal membership fee. In addition to its religious meetings, Bible classes, and other religious work, it does the following other things in which the new student will be especially interested:

1. Information Bureau. During the opening days of school, a committee of old students will be at the college to meet all the new men and give them such information as will help them to get started on their year's work.

2. Employment Bureau. A committee has been appointed and is now at work canvassing the vicinity of the college to secure places for men desiring to defray part of their expenses while in school. A number of such situations have been secured already and we feel confident that many more will have been secured before the beginning of the term, and we hope and expect to supply all students desiring such positions. Please write early for information, stating what you are prepared and willing to do.

3. Boarding House Lists. Previous to opening the school, a committee will have canvassed the community and carefully compiled a list of suitable rooms and boarding places to which they can recommend students. This will greatly assist in getting comfortably settled.

4. Reception. Early in the new term will be held a general reception for new and old students and faculty. This will give new students an opportunity to become acquainted.

5. Handbooks and Maps. A leather-bound vest-pocket hand book of useful information about the college association and city will be given to every student on application. A special edition for mailing has been issued and will be sent free to all who send their names and addresses to the President of the Association.

For further information, write direct to

J. B. S. KING, M. D., Registrar,  
100 State street, Chicago, Ills.

Telephone Express 174.





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— THE —

# MEDICAL ADVANCE

A Monthly Homœopathic Magazine

Devoted to the Study and Advancement of the Homœopathic Materia Medica, by  
the Proving of New and Re-Proving of Old Remedies, and the Clinical  
and Pathogenetic Confirmation of Their Symptomatology.

**ITS LAW IS PROGRESS: A Point which Yesterday was Invisible is its  
Goal To-day, and will be the Starting Point To-morrow.**

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**R. H. VON KOTSCH, M. D., Editor and Publisher,  
3832 Rhodes Ave., CHICAGO, ILL.**

ALFRED HEATH & CO., Agents, 114 Ebury Street, S. W., London, England

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# The Thermo Ozone Generator.

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The above represents my invention for transfusing oxygen, ozone and medicine into diseased tissues. The force generated by the invention is not electricity, as it is generally understood; but a new force capable of decomposing water at its positive pole and sends eight-ninths of water-oxygen into the blood circulation. From curative results obtained by the use of the treatment during the past nine years, and from reports furnished by hundreds of physicians who have employed the discovery in their practice, I feel warranted in stating that it is the most valuable discovery ever made in medicine because it is the only agent capable of sending remedial means into parts diseased.

Medicine administered by the stomach is altered by the chemical action of the organ from different variety of foods so that when the drug leaves the stomach to enter the blood circulation, no one can determine its composition. The profession agree that nature is the mother of care and medical assistance merely assists the efforts of nature. If assistance is rendered, it must be similar to nature's means of cure which consist in increasing the rapidity of breathing and heart's action to take in and distribute more oxygen that is inspired in health. Nature has been prolific in furnishing means of cure, and not until these means are conveyed into diseased tissues, will medicine be anything more than a mere art.

To better understand the principle involved in the discovery and the philosophy of cure, send for our illustrated booklet. I have written a new handbook for the profession, "The New Therapeutics," the price \$1.00. I desire to introduce my discovery through the profession and physicians with the device for one-half retail price, to-wit, \$5.00.

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**S. R. BECKWITH, M. D., 170 Fifth Ave., New York.**

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**FRANKLIN H. MARTIN, M. D., Secretary.**

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**OF THE**  
**Homœopathic Materia Medica**  
**—BY—**  
**J. T. KENT, A. M., M. D.**

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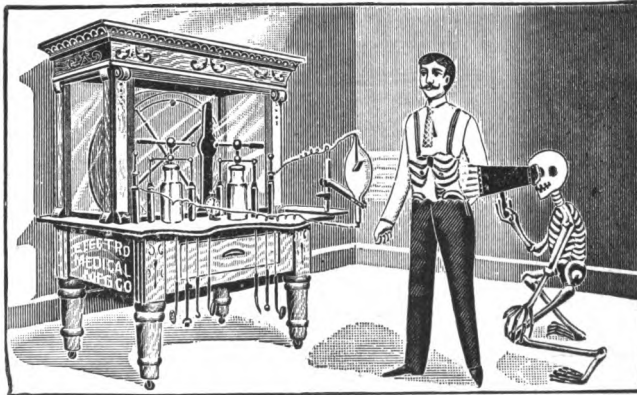
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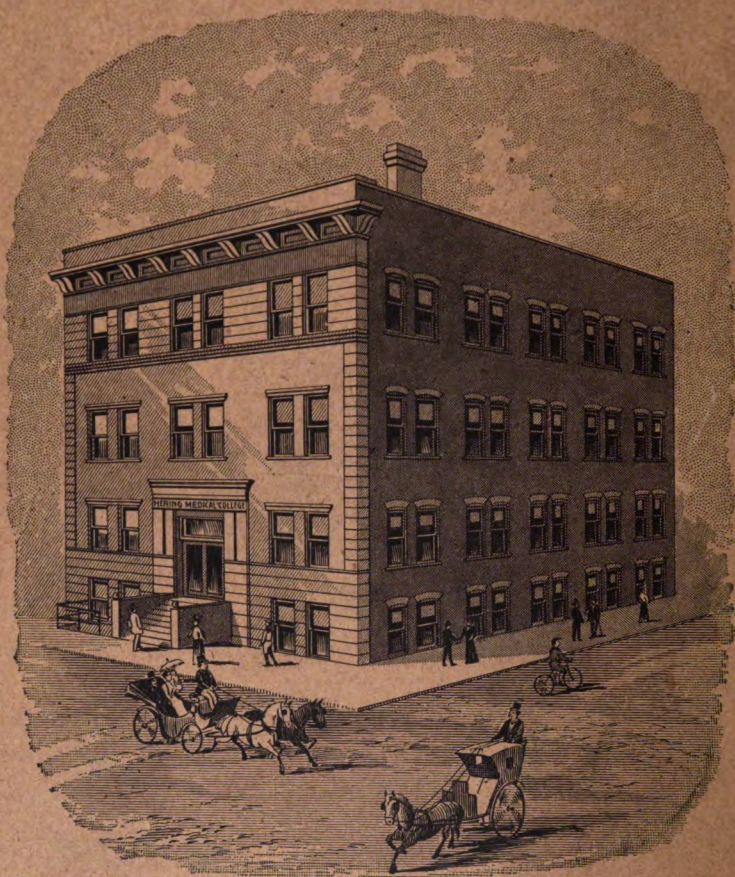
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