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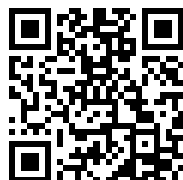
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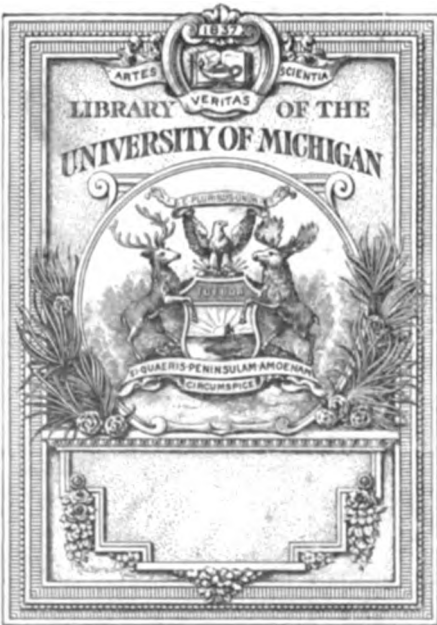
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The Medical advance



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THE MEDICAL ADVANCE.

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NUMBER 1.

TUBERCULINUM: ITS VALUE IN ERADICATING CONSTITUTIONAL DYSCRASIA.

BY H. C. ALLEN, M. D.

This remedy deserves better treatment at the hands of a grateful profession. By its wonderful clinical record it has earned a thorough proving with the potencies, for I venture the assertion that there is not an unproved remedy, the proving of which would yield a more bountiful harvest in the eradication of deep-seated constitutional diseases affecting every tissue and organ—the hydra-headed so-called tubercular affections—than the remedy under consideration. Thus far it has chiefly been prescribed on its clinical record, aided by such generalizations as experience has proved common to all the nosodes. Hering College students have made a partial proving; who will aid in its completion?

The following partial symptomatology has been my guide in its use:

Adapted to persons of light complexion; blue eyes, blonde in preference to brunette; tall, slim, flat, narrow chest; active and precocious mentally, weak physically; the tubercular diathesis.

When with a family history of tubercular affections *the best selected remedy fails to relieve or permanently improve*, without reference to name of disease.

Symptoms ever changing; ailments affecting one organ, then another—the lungs, brain, kidneys, liver, stomach, nervous system—beginning suddenly, ceasing suddenly.

Takes cold easily without knowing how or where; seems to take cold "every time he takes a breath of fresh air" (Hep.).

Emaciation rapid and pronounced; losing flesh while eating well (Abrot., Calc., Con., Iod., Nat.).

Melancholy, despondent; morose, irritable, fretful, peevish; taciturn, sulky; naturally of a sweet disposition, now on the borderland of insanity.

Everything in the room seemed strange, as though in a strange place.

Headache; chronic, tubercular; pain intense, sharp, cutting, from above r. eye to occiput; as of an iron hoop around head (Anac., Sulph.); when the best selected remedy only palliates.

School-girl's headache; < by study or even slight mental exertion; when using eyes in close work and glasses fail to >; with a tubercular history.

Acute cerebral or basilar meningitis, with threatened effusion; nocturnal hallucinations; wakes from sleep frightened, screams; when Apis, Hell., or Sulph., though well selected, fail to improve. In tubercular meningitis it has already made some brilliant cures and deserves a more careful study in cases apparently hopeless.

Crops of small boils, intensely painful, successively appear in the nose; *green, fetid pus* (Sec.).

Plica polonica; several bad cases permanently cured after Bor. and Psor. failed.

Diarrhœa; early morning, sudden, imperative (Sulph.); emaciating though eating well (Iod., Nat.); stool dark, brown, watery, offensive; discharged with great force; great weakness and profuse night sweats.

Menses; too early; too profuse; too long-lasting; tardy in starting; with frightful dysmenorrhœa; in patients with a tuberculous history.

Tubercular deposit begins in apex of lungs, usually the left (Phos., Sulph., Ther.).

Eczema: tubercular over entire body; itching intense; worse at night when undressing, from bathing; immense quantities of white bran-like scales; oozing behind the ears, in the hair, in folds of skin with rawness and soreness; fiery red skin. Ringworm.

Carbuncles, indolent on various parts of the body, when Lach-

esis, Anthracin, Tarentula, Silica or Arsenicum, apparently the best selected remedy, fails to cure.

Relations.—Complementary: Psor., Sulph.

When Psor., Sulph., or the best selected remedy fails to relieve or permanently improve.

Belladonna, for acute attacks, congestive or inflammatory, occurring in tubercular diseases.

Hydrastis to fatten patients cured with Tuberculinum.

CASE I.—Baby B——, nearly a year old, had suffered for months with an eczema which completely covered the face and at times much of the scalp. Several members of the family of both father and mother have died of tuberculosis, and two children at about the same age after suffering for months with eczema of scalp and face had died from tubercular affections of the brain, said to have been tubercular meningitis.

Was called in consultation with Dr. Waddell, Professor of Diseases of Children in Hering Medical College, and Dr. Woodward of the Chicago Homeopathic College to see the baby that for 48 hours had been thought to be dying.

The eruption was pale and had to a large extent disappeared, the scalp being nearly free.

Extremities were cold and at times bathed in cold perspiration.

Boring of the occiput into the pillow.

Head in almost constant motion.

Complete unconsciousness.

Eyes everted or staring and glassy.

Pupils contracted and insensible to light.

Face white, pale, distorted.

Constant twitching of the right arm and leg.

Dark, involuntary and offensive discharge from bowels.

Pulse thready, scarcely able to count it.

Brain symptoms appeared as eruption faded.

Marked symptoms of effusion.

This formed a very fair picture of diffuse tubercular meningitis. The prognosis was grave. The family history, and the death of two children from similar conditions at about the same

age, rendered the outlook very dark and the concensus of opinion was the child could scarcely recover.

The totality of the acute symptoms, after a careful comparison, was found to be covered by Zincum which was given in the cm potency, and within an hour the child was asleep and passed the best night for weeks. The reaction was prompt, but it did not continue. The following day the old symptoms began to return. On the second day Zincum was repeated in the same and in different potencies, but no improvement followed; in fact, the symptoms of effusion were more pronounced.

At my suggestion and as a dernier resort Tuberculinum m. (Fincke) was given dry on the tongue. Improvement began at once and continued for four days, when a return of the symptoms called for a repetition. This was followed by further improvement, and the same remedy in various potencies was repeated at intervals on return of the brain symptoms for four months. Then every three or four weeks when the mental irritability marked the onset of an attack it was repeated in the cm potency until complete recovery took place. The eruption returned on the face for a few weeks in a mild form with much itching and then permanently disappeared. The patient suffered at intervals from severe attacks of mental irritability for two or three years, when a dose of Tuberculinum promptly restored the equilibrium and the child is now the picture of a healthy boy.

CASE II.—Miss B——, aged 17, has for years been a victim of chronic headache, especially when in school. Her father died of pulmonary tuberculosis and the elder sister is very anæmic and of a strongly marked tubercular diathesis.

A number of oculists have diagnosed eye-strain as the cause of the headache, as the pain has been invariably brought on or aggravated by study ever since she first attended school, a school-girl's headache. The pain is very severe:

- A bursting, hammering, throbbing;
- < by moving head or eyes;
- < by mental exertion, reading or talking;
- > by warmth, by sitting or lying and in the open air.

It is generally semi-lateral at first, begins in forehead or over the eyes, preceded sometimes by blindness or lightning-like, zig-

zag flashes which are so dazzling as to compel cessation from study.

The attacks last from 24 to 48 hours and leave her greatly prostrated.

The light attacks are not confined to any particular locality, nor are they \leftarrow at any time or by anything, except using the eyes in study.

Natrum mur., Ruta, Carbolic acid, Iris and Psorinum, according to predominant symptoms at various times, completely failed to give more than temporary relief. Tuberculinum m. one dose, brought prompt relief for three weeks when she had a mild attack following a school examination.

Another dose in the cm potency relieved as promptly as at first, and for over a year, while still engaged in school work, she has had only "a suggestion" at times when a single dose gave relief. She does not wear glasses and uses her eyes at all kinds of work.

CASE III.—Dorothy R——, aged 6, dark hair and eyes. Mother died of pulmonary consumption before she was six months old.

Has always taken cold easily; could not tell how or where.

Profuse perspiration when she sleeps, especially of head, neck and shoulders.

Each cold begins with sneezing and coryza and ends with croup or croupy cough.

She no sooner gets rid of one cold before another begins; is housed up all winter.

Hepar, Kali bi., and other remedies would modify cough and shorten the attacks, but would not prevent a return.

Tuberculinum m and cm, a dose every two weeks in summer, so improved the patient that she had but two or three colds the following winter, and the repetition of the remedy at intervals of one or two months has effected a cure. Not a cold or cough last winter; can go anywhere or do anything that any healthy child ought to do.

CASE IV.—Tuberculous eczema. Patient about 50 years old, black hair, blue eyes and fair complexion. Had severe attack of hemorrhagic typhoid when a young man at college.

One brother died of pulmonary tuberculosis. Has had eczema

more or less severely for ten years. First began behind right ear, involved scalp and face completely, and extended over entire trunk, worse on right side.

Profuse oozing of a clear, viscid fluid, which on drying forms large quantities of white fish-like scales, with intense itching.

Compelled to bathe to > the dryness and itching; when oozing again begins.

Intolerable itching, followed by long lasting burning and smarting after scratching or rubbing.

Fiery, erysipelatous redness of skin, with ringworm-like border adjoining healthy skin.

"Handfuls of scales" from scalp and body when brushing hair or undressing.

The eruption is < in hot weather; cannot bear a warm, close room; must have open air. A warm, close room will produce itching, yet must have a warm room in cold weather.

The parts always > when covered, while exposure to open air produces itching.

Better: by warm bathing; lying down; sleeps well at night; wrapping up.

Worse: in a close room; when undressing; when skin is exposed to the air.

This patient had most careful prescribing, remedy selected by the repertory, for more than a year, with at most temporary relief for a week or two. Among the apparently indicated remedies were: Ars., Graph., Rhus rad., Clem., Lyc., Sulph., Psor., Mez., Phos., Petr., with no permanent relief, nothing like a cure.

Finally guided by the tubercular history and the characteristic for the nosode, "When the best selected remedy fails to relieve or permanently improve," I gave him Tuberculinum m, cm, and M., repeating the remedy and changing the potency when improvement ceased. He began first to improve in his general health, then the eczema disappeared in the inverse order of its onset, the scalp being the last to get well. It was a typical case and one of the most obstinate I ever attempted to cure.

HERING HOSPITAL SURGICAL CLINIC.

SERVICE OF PROF. W. HARRISON HIPPI, M. D. REPORTED BY A. W. SMITH, M. D.

DOUBLE INGUINAL HERNIA.—John B., age 36, was admitted to Hering Hospital on Monday, October 16, and referred to Dr. Hipp's clinic.

On a previous occasion this patient had been operated on successfully by Dr. Hipp for congenital inguinal hernia, and he now comes on account of an acquired inguinal hernia.

The patient is placed on the operating table and anæsthetized with chloroform. The parts are rendered aseptic by thorough scrubbing with soap and water, shaved and then scrubbed again, and washed with alcohol. Sterile towels are spread over the inguinal region, leaving an opening for the operation, and a laparotomy sheet applied.

The integument being raised with the fingers, an incision is made through it directly over, and in a line with, the inguinal canal. On dissecting down through the underlying tissues bleeding vessels are closed with pressure forceps.

The hernial sac is exposed, which is a pouch of the parietal peritoneum, and protrudes through the inguinal ring. Adhesions are broken up, and the hernial sac drawn well out. A ligature of heavy catgut being thrown round it, the sac is cut off. The stump is twisted and sewed into the inguinal ring so as to form a plug, a harnessmaker suture of catgut being employed.

The wound is closed with deep sutures, and the skin carefully approximated with superficial sutures of silkworm gut.

These sutures are to be removed in about eight days, or whenever they cease to support the parts.

A dry fluff dressing of sterile gauze is applied and a compress of absorbent cotton, so that there may be but little pressure over the wound, and this covered with sterile gauze and secured with a T bandage.

INGUINAL ADENITIS.—Child, female, age 8, is suffering from inflammation of one of the lower lymphatic glands in the inguinal region, which now contains pus.

The patient being anæsthetized with chloroform, the parts are prepared by scrubbing with soap and sterile water. The parts having been rendered aseptic, the integument, including the gland, is seized with the hand, and the tissues being made tense an incision is made down upon the gland, which readily slips out of its bed. As the gland shows signs of breaking down great care is taken in removing it not to contaminate the wound with pus. The wound is thoroughly curetted so as to remove all abnormal tissue, and irrigated freely with sterile water to wash away the debris.

Bleeding having subsided, the wound is closed with silkworm gut suture, except at the lower angle, where a strip of sterile gauze is introduced for drainage. A fluff dressing of gauze is applied and secured with a T bandage.

The dressing must be removed in twenty-four hours, the wound redressed and the dressing allowed to remain on for forty-eight hours, when the drainage gauze should be removed. An outer dressing may be continued as long as necessary. The stitches are removed about the sixth or tenth day, or when they cease to support the parts; or when they begin to cut, and not till this occurs. It is possible that had this case been seen in its early stage of inflammation the constitutional remedy would have prevented suppuration, and surgical interference would not have been necessary.

SILICEA: ITS POWER TO REMOVE FOREIGN BODIES FROM THE TISSUES.

H. C. ALLEN, M. D.

Nicholas Van Epp of Medina, Ohio, a member of the Tenth Ohio Volunteer Cavalry, a part of Sherman's army on its "march to the sea," was wounded near Fayetteville, N. C., March 11, 1865. The ball struck the belt plate, glanced upward, entering the chest between the short ribs about two inches to the right of the median line, and lodged near the apex of the right lung in front of upper border of the scapula. He was taken, as soon as he was able to be moved, to the Government Hospital near Newport, R. I., from which he was discharged June 19, 1865. He recovered rapidly,

but always had a cough, and at times had considerable expectoration.

In the autumn of 1878 had a great deal of pain in upper lobe of right lung, and on the advice of Dr. Webber of Cleveland spent the winter in Florida, without any benefit. The pain in the lung became more and more annoying, and in the winter of 1880, to add to his sufferings, a rectal disease, attended with much bleeding, first appeared. It was diagnosed "prolapsus and piles" and was treated for a year by Dr. Brinkerhoff, a well known rectal specialist, without any relief. By this time the hemorrhage had become serious and he came to Ann Arbor, Mich., for surgical treatment, when a mutual friend advised him to first try the homeopathic remedy before submitting to the knife.

There was much tumefaction, complete prolapse of rectum, with hemorrhage of dark blood with every stool, and long-lasting burning pain after stool. Hamamelis followed by Sulphur effected a complete cure, and he never had rectal trouble afterwards.

But the cough continued with greater or less severity, at times attended with much expectoration "as if from an abscess."

In the autumn of 1892 he went to Colorado, but the altitude of Denver and Colorado Springs compelled him to return. On his homeward journey he consulted several surgeons in Chicago, among them Dr. Senn, for the removal of the missile by operation. But he obtained little encouragement. In November he entered Hering Hospital, was examined by the surgical staff and kept under observation for a month. In his examination by Dr. Boynton before the senior class the bullet could be distinctly located, by placing the hands over the scapulæ while he counted slowly.

As the surgeons declined to operate, I proposed a trial of *Silicea*, from its well known effects to:

"Promote expulsion of foreign bodies from the tissues; fish bones, needles, bone splinters."

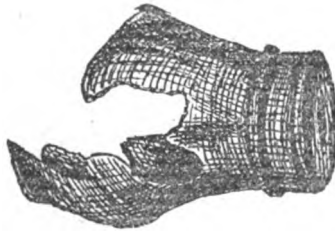
"Small foreign bodies under skin or in larynx; fish bones; needles in hands or elsewhere; to promote expulsion of bone splinters."

"Chest complaints of stone cutters with total loss of strength."

To the members of the senior class who had examined the case I stated that I had frequently seen needles, bone splinters,

etc., removed by the dynamic power of Silicea, and I knew no reason why this rebel bullet, which they could almost feel, should not also be dislodged from its resting place where, from the character of the tissues and the excessive irritation it caused for so many years, I did not think it had become firmly encysted.

Accordingly, on December 21 I gave him six powders of Silicea cm, one to be taken daily, followed by placebo for another week. The week after the Silicea was taken sharp pains were felt in the lung from base to apex along the course of the bullet, and the following week an abscess began to point over the liver at border of the ribs. This was accompanied by chills, hectic fever, loss of appetite, great weakness and drenching night sweats. On Thursday, January 17, the attending physician put in an exploring needle and found pus, which was evacuated. The following Saturday, when dressing it, the flow appeared obstructed; the probe when introduced came in contact with a solid body, and on enlarging the opening he removed a jagged bullet, evidently an ounce ball, weighing 404 grains, which the patient had carried nearly twenty-eight years. The cough and expectoration rapidly subsided, his appetite returned and he resumed business. But he lived only a year and a half after removal of the bullet.



THE REBEL BULLET.

IS URETHROTOMY EVER NECESSARY?*

J. J. THOMPSON, M. D., PROF. OF SURGERY IN HERING MEDICAL COLLEGE, CHICAGO.

It is not my purpose in presenting this paper to your society to answer it myself, either affirmatively or negatively; I wish only to state my own experience during the past ten years and allow you to draw your own conclusions. Experiences differ largely, not only of different individuals but of the same individual during different periods of time.

While I have been fortunate enough not to meet a case of urethral stricture that could not be overcome without the knife during the past ten years, nevertheless I would not be rash enough to state that there may not be a possibility of meeting not only one but perhaps many during the decade to follow.

At a meeting of the Chicago Homeopathic Medical Society some months ago I made the statement that I had never yet met a case of urethral stricture that I could not overcome successfully without the urethrotome; my statement was ridiculed by not less than two leading members of the society, who asserted that I could not have had many cases of stricture to treat during that time. When it is known that during most of the time in the last decade I have been connected with two public surgical clinics and have enjoyed what I consider a reasonable private and consultation practice, it will perhaps be admitted that my experience has been somewhat unique. It is true I have met some pretty bad cases of stricture. In fact some of them had produced a complete stoppage of the urinary flow, but even these bad cases, having yielded to dilatation, the question naturally arose in my own mind, are not all cases amenable to dilatation when properly, carefully and patiently applied? I am aware that internal urethrotomy is often much easier and quicker and is perhaps quite as successful. I will therefore not argue against it, and as stated before, I merely give you my experience. It is, however, a fact that the average patient objects to a cutting operation, and, rather than submit to one, will postpone treatment to the last possible moment.

*Written for the Missouri Institute of Homeopathy.

The first important case, which would have been treated with the urethrotome by many surgeons, was one referred to me by Dr. Dargets, then of Waukesha, Wis. In this case complete retention of urine had been present for twenty-four hours, due to a severe stricture of the pendulous urethra. The patient was put under an anæsthetic in my office, and after a systematic use of the filliform bougies for some thirty minutes I was able to introduce a small catheter into the bladder and draw off the urine, after which the urethra was dilated up to a sixteen sound; subsequently sounds were passed from time to time for a few weeks, resulting, so far as I know, in complete recovery.

Another case which was of special interest was referred to me by Dr. F. A. Karst of Chicago. This patient was a man of some fifty odd years of age, who claimed never to have had specific urethritis, but said that he was kicked in the scrotum while tending bar some years previously. In this case there was not merely a stricture in one place, but nearly the whole length of the pendulous urethra was contracted; the cicatricial formation extending even into the membranous portion of the urethra, the patient voiding urine only after severe and prolonged effort. At first it was impossible to pass the smallest filliform bougie more than one-third of the distance through the pendulous urethra. In this case it required nearly two hours of exhaustive labor to effect an entrance into the bladder sufficiently large to admit a catheter; the patient suffered slightly from traumatic urethritis for twenty-four hours, after which the symptoms subsided and he made a somewhat slow recovery.

A third case of note was one referred to me by Dr. F. O. Pierce of Chicago. The patient was a middle-aged man who had been suffering from stricture for some years until complete closure of the canal had taken place. Dr. Pierce warned me to come prepared to do a urethrotomy. I went with that expectation, but as the doctor informed me that every attempt he had made to dilate the urethra had been followed by profuse bleeding, I concluded that I had best not risk the urethrotome, but began with the smallest filliform bougie, and after considerable effort succeeded in dilating to a 16 sound. This was followed by some hemorrhage, the patient being a pronounced bleeder, but I suspect the hemor-

rhage was much more easily controlled than had the urethrotome been used.

It is not my purpose in this article to multiply cases. I have mentioned these four as being perhaps the worst possible, and I have treated many others nearly as bad; have operated in my office, at the homes of the patients and at the hospitals under various conditions of health and age of the patient, but have never yet had any serious trouble following this method of treatment, even when carried from the smallest filliform bougie to a 16 or 18 sound at one sitting. The operation is of course performed with the patient under complete anæsthesia. It is, however, preferable when the patient can give the time and can stand a reasonable amount of pain to do gradual dilatation, the patient coming to the physician's office, or better yet, the physician visiting him at his own home once or twice a week, each time using a little larger bougie than the time previous, until the urethra is dilated up to its normal calibre, after which the dilatation should occur once a month for perhaps a year, the patient being treated with the indicated remedy in the meantime.

I believe that in most cases, with the aid of the similar remedy, complete absorption of the cicatrix can be produced in this way and the urethra be made to return to a perfectly normal state.

To dilate a stricture of small calibre requires a great deal of patience, and, in my opinion, more care and skill than the use of the urethrotome. It is an easy matter to pass the point of the small filliform bougie through the diseased mucous membrane of a tortuous canal into the cellular tissue surrounding it, thereby setting up peri-urethral abscess. An impatient, jerky, nervous physician is almost certain to do damage with these finer bougies. The method of introducing is that detailed in most of the text-books on this subject. I will not therefore take your time to describe it here, my object in writing this paper being merely to emphasize the fact that nearly every case of urethral stricture will yield to dilatation.

TRANSACTIONS OF THE CENTRAL NEW YORK SOCIETY.

Rochester Club, Rochester, N. Y., Dec. 21, '99.

The meeting of the Central New York Homeopathic Medical Society was called to order by the President, Dr. W. F. Clapp, Fairport, N. Y., at 12 a. m.

Members present: Drs. Carr, Clapp, Graham, Grant, Johnson, Leggett, Ross, Sayles.

Minutes of the September meeting read and approved.

No report from the Censors.

Adjournment for lunch.

Meeting again called to order at 2:30 p. m.

Organon, Sections 272-4, were read and discussed by Dr. Carr.

Dr. Carr:—

In no case is it requisite to administer more than *one single, simple* medicinal substance at one time.

There is no doubt in that statement, it is quite positive. Hahnemann reached this conclusion by long, careful study and experiment. Before reaching it he positively proved what each remedy could do. He studied and fully understood the various phases of disease. He fitted himself to speak upon this part of the subject with certainty. He found that the usual method of combining several, often antagonistic remedies, was unnecessary, and caused a most deceptive appearance to sickness. Experience daily verifies the truth of this assertion.

In Section 273 he reasons upon these conclusions. He says:

"It is not conceivable how the slightest dubiety could exist as to whether it was more consistent with nature and more rational to prescribe a single, well-known medicine at one time in a disease, or a mixture of several differently acting drugs."

Section 274 is a logical and consistent development of the two sections preceding, and shows that the single remedy, properly selected, accomplishes all that is needed. Acting curatively, it demonstrates the correctness of its proving, which would be impossible if several remedies were combined; it impresses the prescriber with a clearer and more complete picture of the drug

used, causes increased satisfaction with the method employed, and simplifies the method. Acting partially, i. e., covering but part of the symptoms, it permits further insight into its own characteristics and those of the sickness to which it is applied. Causing new symptoms, it convinces of its inability to perform a perfect cure, permits an antidote or a complement to prevent an injury or complete a cure. Acting not at all, it leaves the physician in as good a position toward the sickness as before it was given.

Cures accomplished through the prescription of a combination of remedies gradually lose to the prescriber a clear impression of the sphere of any one drug. Efforts to continue cures, in like manner, increase the confusion of the drug pictures until Hahnemann's phrase, "accurately known," as applied to medicines, is a misnomer.

Discussion of procedure, after an ineffectual prescription, was followed by a case illustrating the use of the *single remedy*,—by Dr. Carr.

DIPHTHERIA.—Ethel O——, aged 12, report; Dec. 12, '99, 8 p. m. (Dr. Dake).

Throat, first felt sore evening of 11th;
 " no complaint morning of 12th;
 " pain when swallowing;
 " < right side;
 " deposit, yellowish white, on both tonsils;
 " first noticed on right;
 " breath, offensive;

Backache; skin hot; no vomiting or nausea.

Lyc. cm. two powders, one immediately, another at 8 a. m.

Dec. 13, 11:30 a. m., visit (Dr. Dake).

History: On 11th came from school, saying throat was sore. Slept poorly that night, nauseated after getting up, no vomiting. School again in the morning of 12th; felt very sick all over in the afternoon. About 4 p. m. the mother noticed a deposit in the throat. The throat was very red and swollen. During the evening the mother saw a small patch on the left tonsil.

Status presens: Temp. (mouth) 103°, pulse 128.

Swallowing: painful < by hot fluids which cause smarting;
 " pricking sensation.

- Neck: glands of neck and jaw swollen and sensitive.
 Throat: sensitive to touch;
 " examination; deposit both tonsils, pharyngeal
 wall and hard palate;
 " left tonsil seems the most swollen;
 " much tenacious mucus in vault of pharynx.
 Breath: very offensive.
 Tongue: coated yellowish white on sides, brownish in center and base.
 Sleep: rather restless.
 Tired: prostrated for some time previous.
 Abdomen: pain and soreness across.
 Hands: tingling and pricking.

Lyc. 200 two powders.

8 p. m., 8 a. m., with Sac. lac. solution every 2 hours.

8:20 p. m., visit (Dr. Carr).

Patient < after 4 p. m. to-day, until within an hour, had become more quiet.

Had hallucinations; thought that many persons were about the room, walking on the wall and threatening to throw pieces of iron at her.

Had a slight chill at 5:30 p. m.

Temp. 102 1-5°, pulse 128.

No medicine.

Dec. 14, 1:30 p. m., visit (Dr. Dake).

Temp. 99°, pulse 80.

Delirium: at times during the night until 2:45 a. m.; muttered the rest of the night.

No repetition of chill, seemingly comfortable, less soreness when swallowing, less soreness across abdomen, no headache, dizziness or nausea.

Throat: examination shows membrane disappearing, and less inflamed.

Tongue: much cleaner than previous morning. Placebo.

Dec. 15, 2:15 p. m., visit (Dr. Carr).

Temp. 99°, pulse 76.

Sleep: very good; talked some in.

Throat: about clear of deposit.

Dec. 16. Telephone report. Patient gaining strength; slept well; no pain on swallowing.

Dec. 20. Telephone. Patient about the house; digestion and throat natural; sleep good.

Culture taken 14th. Report: Kloeb's-Loeffler bacilli present. Dr. Dake.

Dr. Carr said that the culture was sent to the Health Board after the need for its examination was past, but that the name of the disease was a bugbear to the young practitioner, so he had permitted it to be sent. He believed that the *one dose* would have cured as effectually, and without the < which evidently followed the second dose of Lyc. cm.

Apropos to the usefulness of culture taking, Dr. Grant mentioned a case, in which Dr. Ross had been called with him in consultation. He said that it was most virulent and was reported to the Health Board. A culture was taken and examination was followed by a report of "no bacilli, not diphtheria." The child died. The officer of the Health Board, whose attention was called to the fact, suggested that the case might have been laryngeal and the deposit insufficient to obtain a good culture. Dr. Grant replied that, on the contrary, the deposit first appeared in the post-nasal, and, at the time that the culture was taken, had filled the entire pharyngeal cavity.

Dr. Carr believed that the administration of the indicated remedy at once rid the disease of contagion. He said that there had been no sign of infection from the case cited.

Dr. Graham doubted contagion in diphtheria, but believed in the possibility of infection.

Dr. Carr hardly agreed. He mentioned the case of the late Dr. D——, who had cared for a family, treated and nursed a child, from whom he had taken diphtheria, and died. He himself had had diphtheria deposits coughed into his face without infection.

Further evidence, *pro* and *con*, concerning contagion and infection in diphtheria closed the discussion.

A short paper was then read from Dr. Schumacher, who was unable to be present.

CONSTIPATION OF MORE THAN 21 DAYS IN A LYING-IN-WOMAN.

Upon April 25th, '99, Mrs. S——, aged 28, primipara, and, unfortunately, with *placenta previa*, was delivered of a large and still-born child. Recovery was slow because of the anæmic condition. She was of a good, kind nature.

About the twentieth day after delivery the uneasiness and desire for evacuation induced a prescription of several enemas of olive oil and water, with Alumina, internally.

On the twenty-first day after labor one little round, black ball was expelled. The pain and urging became more intolerable, and the patient claimed that the stool "wanted to push out then went back again," and that it caused her more severe pain and suffering than was felt during her entire labor.

In Kent's Repertory, under the rubric of Constipation, we read "stool slips back." Among the remedies mentioned we find that those having this symptom most prominently are: Op., Sil. [also *Sanicula*]. Both remedies produce the symptom: "stools protrude and recede."

Now the good nature of my patient, and the previously expelled "black ball," led to a prescription of Opium 200. The urging and pain of the rectum soon ceased, and on the next, the twenty-third day, she had a normal stool, and the stools continued regular from that time.

The constipation of Opium seems to be characterized by the small, round, black balls, and a more painful tenesmus than is found under Silica. In this case the temperament of the patient was in marked contrast to that of Silica, which is indifferent when not fretful.

Carl Schumacher.

The paper was presented for discussion.

Dr. Grant commended the paper highly. He said such reports not only proved the efficacy of the homeopathic remedy, but showed the difference of similars, the method of search for them, and was of great assistance to the profession. He thought it showed, emphatically, how much superior was the method of fitting a remedy to a case than vice versa.

He disapproved of the aptness with which remedies, known to have a peculiar symptom, were given before a search had been

made for the entire group. He told of a case in which he had been certain that he had to deal with a *Lyc.* headache. The headache had a 4 p. m. \angle , and the patient suffered from flatulence, but *Lyc.* did not benefit. Further search taught him that *Melilotus* had both, a 4 p. m. and a 4 a. m. \angle of headache; also that it had quite as much flatulence as *Lyc.* He cured the patient with *Melilotus*.

Dr. Ross, apropos to the subject, related a case of headache in which he was sure that *Nux vom.* was the remedy, but which brought no relief. The patient described the chief symptom as: waking with a bruised sensation, as if pounded "with an axe." He also complained of bitter vomiting and flatulence. *Chionanthus virg.* 30 cured him.

The following resolutions upon the death of Dr. R. C. Kaiser were accepted and ordered published:

RESOLUTIONS.—The Central New York Homeopathic Medical Society notes with regret the loss of a valued member, Dr. Rudolf C. Kaiser, who died in Rochester, N. Y., September 15, 1899.

Dr. Kaiser was born in Frankfurt-an-der-Oder, October 24, 1859. He received his literary education at the universities of Breslau and Jena, and studied medicine privately with an uncle in Berlin. At the age of twenty-five he came to America, and, a year later, entered the medical school of Boston University, from which he was graduated in the class of 1888.

Dr. Kaiser will be remembered as one whose zeal and love for his profession sustained and comforted him under the severest difficulties. During the years of his residence in this country he struggled first with poverty and the difficulties of a foreign language; later, when his practice became established and friends multiplied, he was debarred by the slow failure of health from the active exercise of his profession. But his accomplishment was sufficient to give proof of his racial gifts of accuracy, patience and logical faculty; of his individual frankness and sincerity; of his heroic courage in the endurance of both mental and physical suffering.

As a memorial therefore to its recently deceased member, this society has adopted the following resolutions:

RESOLVED: that in the death of Dr. Rudolf C. Kaiser, the Central New York Homeopathic Medical Society has lost the companionship and living example of a conscientious physician, a true friend and a courageous man who faced the worst with eyes unbandaged.

RESOLVED: that the deep sympathy of this Society be extended to the widow and children of Dr. Kaiser, and that a copy of these resolutions be forwarded to them.

RESOLVED: that these resolutions be placed upon the records of the Society, and published.

T. DWIGHT STOW,	}	Committee
S. L. GUILD-LEGGETT		on Resolutions.

A report was made of letter and reply from the Journal of Homeopathics concerning the Transactions of the Central New York Homeopathic Medical Society. Discussion followed. The Secretary was then desired to make a plain statement of the needs of the C. N. Y. to the Journal of Homeopathics and report in March.

The President then appointed the following members as essayists for the March meeting:

Organon 275-87, Dr. R. C. Grant.

Materia Medica, Dr. W. W. Johnson.

Temperaments, Dr. C. E. Alliaume.

Surgery, Dr. M. E. Graham.

S. L. Guild-Leggett, Secretary.

PEDIATRIC NOTES. XIII.

THOMAS G. ROBERTS, M. D., PROF. OF PEDOLOGY, HERING MEDICAL COLLEGE, CHICAGO.

CAMPHOR IN CHOLERA INFANTUM.—The attack is very sudden and the skin is as cold as marble, but the child will not remain covered. There may be neither vomiting nor purging, but coldness and great prostration.

The vomiting and purging may suddenly cease, and the child lie almost unconscious with icy coldness of the body, cold tongue, blue face and hands, and hoarse, weak voice.

Cold sweat on the forehead and face.

There may be coldness of the surface without change of color.
Blueness of nails.

Face pale, livid, eyes sunken and fixed.

Upper lip drawn up, exposing the teeth.

Icy cold feet, and nose cold and pointed.

Anterior fontanel much depressed.

The great coldness with aversion to heat is very characteristic of this drug; but it must not be forgotten that *Secale* has a similar aversion to heat and clothing. Its usefulness is usually in the beginning of attacks. Most of these symptoms, appearing later, often require *Veratrum*, *Cuprum* or other remedies. Says Carroll Dunham: "In *Camph.* collapse is most prominent; in *Verat.* the evacuations and vomiting; in *Cuprum* the cramps."

Camphor is more often indicated in Asiatic cholera than in cholera infantum.

VERATRUM ALB. IN CHOLERA INFANTUM.—When *Veratrum* is indicated there is a sudden onset of the disease, and there are large watery discharges from the bowels with copious vomiting.

Nausea is a marked feature, and is increased by the least movement.

Great prostration after vomiting.

Stool watery, colorless, or greenish, inodorous, sometimes containing flakes that look like spinach.

There is usually considerable pain in the bowels, and sometimes cramps in the limbs. Pain is so characteristic of the drug that it is rarely, if ever, indicated in painless cases.

The thirst is very great, especially for ice water, but drinking excites vomiting.

Cold sweat on the forehead.

Skin cold and blue, remaining in folds when pinched.

Wrinkling of the skin of hand and fingers.

Skin seems drawn tightly over the bones of the face.

Contracted pupils. Pulse weak and almost imperceptible.

Cold sweat on the forehead and copiousness of the discharges are characteristic of *Veratrum*.

Arsenicum has scanty discharges from the stomach and bow-

els, and the watery stool is very offensive, while in *Veratrum* it is comparatively inodorous.

Veratrum lacks the midnight aggravation of *Arsenicum*, but the restlessness of *Veratrum* is much less than that of *Arsenicum*.

In *Veratrum* the skin is more clammy than in *Arsenicum*. In *Arsenicum* motion does not increase nausea, as it does in *Veratrum*.

OPEN SAFETY-PIN SWALLOWED.—Dr. James K. Hawes, Columbus, Ind., reports, in *Pediatrics*, the case of a boy of seven months who swallowed an open safety-pin $1\frac{3}{8}$ inches long and 1 inch wide from point to shield. The pin passed into the oesophagus hinged-end first and reached the stomach in less than an hour. Five days later the pin passed the bowels with a large soft stool. After the pin reached the stomach there was no evidence of pain, fever, hemorrhage or disturbance of nutrition. There were also no after effects.

THE SWALLOWING OF COINS, ETC., IN OLDER CHILDREN.—In the case of older children who have swallowed coins, buttons, etc., the best course to pursue is to give these patients food in a solid form, like bread, so that the foreign body may become incorporated in the fecal mass and thus easily pass the intestinal canal. It is not well to give such cases much liquid food. Emetics and cathartics are contra-indicated.

ALCOHOLISM AMONG SCHOOL CHILDREN.—In Bonn, Germany, out of 237 pupils, seven to eight years of age, not one could be found who had not drunk wine, beer or whiskey. Whiskey was given every day to eight per cent of these children by the parents, who believed that it would make them strong. Sixteen out of a hundred would not drink milk because it had no savor. The children most accustomed to alcohol were the least intelligent. It will surprise some to learn that the girls who took whiskey with their breakfasts were more numerous than the boys. It seems to take a long time for the real nature of alcohol to be understood by the masses.

CHAMOMILLA AND SPASMS.—Chamomilla is exceedingly valuable when children have spasms in consequence of nursing milk that has been rendered poisonous by a fit of anger.

POLYPUS.—If a few drops of clear blood follow the stools repeatedly we should suspect the presence of a polypus or polypi, and, of course, a physical examination should be made.

HOMEOPATHY IN THE ARMY AND NAVY.

Mr. Curtis, the able and wide-awake Washington correspondent of the *Chicago Record*, gives the following explanation of why there are no homeopathic physicians in the medical corps of the army and navy:

“There are no homeopathic physicians in the medical corps of either the army or the navy, and the national organization of that school of medicine intends to bring the matter before congress at the next session. They contend that the control of the medical service is in the hands of allopathic physicians, who prohibit the appointment of homeopaths.

“There has recently been erected at the junction of Rhode Island and Massachusetts avenues in this city a striking monument to the memory of Dr. Hahnemann, the founder of the homeopathic school. The people who purchased this monument desired to have it erected in the grounds of the Smithsonian institution, which is the scientific center of the government, the location of the medical museum and the statue of Dr. Gross of Philadelphia, a famous allopath, and other scientific men. The board of regents, however, rejected the Hahnemann statue, and the donors were compelled to place it in the public streets. This created some resentment, but the alleged refusal of the medical board to admit homeopaths to the surgical corps of the army and navy is even a greater cause of offense, and Dr. Bailey of Lincoln, Neb., President of the American Institute of Homeopathy, recently brought the matter to the attention of President McKinley, inquiring whether there was any law, rule or regulation prohibiting the appointment of members of any particular school to the government service.”

Attorney-General Griggs, to whom the letter was referred, wrote Dr. Bailey that there was one law and one rule for all applicants for the medical corps of the naval and military service,

and that no school of medicine was recognized by either. When vacancies occur a graduate of proper age of any legalized medical college who presented satisfactory testimonials as to character and had at least one year's hospital experience could enter the examination. Vacancies are filled by appointment of those who pass the most satisfactory examinations, this being determined by the sum of the markings obtained under the following headings: Physical qualifications, surgery, chemistry and physics, the practice of medicine, anatomy, obstetrics and diseases of women and children, physiology and medical jurisprudence, therapeutics and materia medica, clinical and operative pathology, bacteriology and general aptitude, the latter meaning the personality of the applicant, his method of treating the questions asked him by the examiners, his penmanship, facility of expression, quickness of perception and other qualities that can be determined only by observation.

"Surgeon-General Sternberg, who prepared this letter for Attorney-General Griggs, declares that no prejudice is shown by the examining board, and that all candidates are treated impartially. Nor is there any question to disclose whether the applicant belongs to the old or new school of medicine, although an inference may be drawn from the title of the institution from which he brings a diploma.

"Gen. Sternberg insists, therefore, that homeopaths have just as good a chance for appointment in the medical service as the adherents of the other school, although as a rule they do not show up as well at examinations.

"'We have no pathy in the army,' continued Gen. Sternberg, 'any more than in geology. Medicine, like geology, is an exact science as far as it goes, and while geologists may differ as to the age of the earth and about other matters which nobody can ever ascertain definitely, they agree upon important principles and questions of facts. In that way the medical corps of the army adopts every feature of medical science that can be made useful, and many of the remedies prescribed by homeopaths are upon the supply tables of all our hospitals—like belladonna, nux vomica, aconite and so forth—which are administered according to the individual judgment of the surgeon in charge.'

“Surgeon-General Van Reyepen of the navy said that there are no homeopaths in his branch of the service, and the only way he could explain their absence was that they were unable to pass the necessary examinations. The last applicant who presented himself voluntarily retired before the examination was half over, explaining that it was too hard for him. Members of all medical schools stood on an equality, Admiral Van Reyepen declared, and when a vacancy occurred the man who passed the best examination got the appointment, without regard to his politics or his religion or the school of medicine to which he belonged. Gen. Van Reyepen would not express an opinion whether the education of homeopathic physicians was defective, but remarked that it was a matter of record that they could not survive examinations required for admission to the medical corps of the navy. No questions were asked candidates as to their theories of medicine any more than their theories concerning religion or any other field of thought and inquiry, although candidates were required in their applications to give the name of the medical institution at which they were educated.”

[Notwithstanding the plausible assertions of Surgeon-General Sternberg and Surgeon-General Van Reyepen, above the portals of the entrance to the medical corps of the army and navy is the unwritten law, NO HOMEOPATH NEED APPLY. If the applicant be a homeopath he cannot if he would, and he would not if he could, disown his alma mater; and once his college is known to the examiners, no matter what the character of his papers, “as a rule they do not show up well at examinations.” Or, as Surgeon Van Reyepen puts it, “they could not survive the examinations required.” What juggling with truth to say “we have no pathy in the army any more than in geology.” If cruel fate should reverse the positions of the schools and homeopathic surgeons prepared the questions and superintended the examinations, how would the surgeons-general, Sternberg and Van Reyepen, feel to have such language applied to them and their colleagues? Such bigotry and intolerance could not be found in the ranks of the homeopathic profession. These statements are not only unjust and untrue, but they are unfounded and contemptible, and wholly beneath the honorable men in any profession. It is to be presumed they are

congratulating themselves on the ease with which they satisfied the inquiries of President McKinley and Attorney-General Griggs. But we may assure them that this question will not down at their bidding. It will be heard from in such a way that the facts will be made public and the reasons why Homeopathy should be in the army and navy laid bare from a vital standpoint, the health and life of the soldiers and sailors of the United States.—ED.]

ANTIDOTAL TREATMENT by the potentized remedy is not new. Bonninghausen mentioned it in his Aphorisms many years ago, and it is strictly homeopathic when applied as every other remedy is, or should be, viz., according to the totality of the symptoms. Whether it be Iodine, Mercury, Rhus, Arsenic or any other remedy, that has produced drug effects by its long continued use or too frequent repetition, the symptoms of the patient are the sole guide to the selection of the antidotal remedy, and the potency of the antidote must be chosen as the potency of every remedy should be, according to the vital strength of the patient and the experience of the physician. The following letter is from the pen of an experienced homeopathist:

From Bonninghausen's Aphorismen des Hippocrates, Buch. VI; Aphorism, 42. Translated by A. McNeil, M. D.:

We have seen in such cases (poisoning by iodine) the best results, besides those obtained from hepar and arsenic, from the *highest potencies of the same drug* given in repeated but the smallest doses, dissolved in water. It is necessary that the vial containing the solution should receive several vigorous shakes, thereby increasing the dynamization somewhat, as otherwise *experience has shown* the long continued use of the drug is not well borne.

A NOTE FROM DRESDEN.—I take the opportunity to thank you for sending me the catalogue of Hering Medical College. It is such a comfort for a true homeopathist to know that somewhere Hahnemann's Homeopathy is taught to the students. Most of all teachers, at least with us in Germany, teach some allopathic treatment with homeopathic medicines, because they have not become freed of the old scientific errors. We make no progress in Ger-

many, though the public is anxiously asking for more homeopathic practitioners, because the larger part of the younger men are not truly homeopathic enough. I do not wish to criticise the practitioners of my generation, but I must confess that, except a few good men, I would not know whom to consult in grave cases.

I would like to introduce our young men into the practice of Hahnemannian Homeopathy, but the momentary overwhelming impression of the progress of surgery and antitoxic treatment appears to have hypnotized them and turned them from true therapeutics. So the only way is to treat homeopathically and to prove by the surprising cures that in this healing method is something more than suggestion and charlatanism.

I am so much pleased that the homeopathic colleges of the United States keep in the lead in the agitation for better instruction of the profession a higher medical education. We must be alive to every progress in our own work; we are the progressive and leading part of the medical students, and our symbol ought to be "borwards." Most truly yours, Alexander Villers.

PUERPERAL CONVULSIONS.

NOTES FROM A PRIVATE LETTER OF GEORGE HELMKAMP, M. D. (HERING, 1900).

One of my allopathic colleagues asked me to assist him in a confinement case, some miles from town on the prairie of Western Texas and it proved to be very interesting to both of us ere we finished. The patient had just completed her seventh month and was only seventeen years old. She had not been well during gestation; had now been in labor seven hours, and during that time had seven severe convulsions. She was unconscious when we arrived. The doctor at once placed her on a table and with forceps delivered her of two boys, both alive, but one died soon after birth. When he broke the second sac of water at least a gallon of fluid escaped. He said he had never seen anything like it during his ten years of practice.

After the doctor had delivered the woman he was very anxious

to get home, and requested me to stay and "face the music," because it was evident, as he expressed it, that "the worst was yet to come." He left me his morphine, calomel, bromide of potash and a large quantity of trash I knew nothing about, and told me to "use everything freely as I saw fit." Soon after his departure the patient had her eighth convulsion, a very severe one. I quieted her as best I could with chloroform, preventing her from biting her already lacerated tongue, and kept a close watch for objective symptoms, as I had some remedies in my pocket, and intended to give one as soon as I saw any indications, clear-cut or otherwise. Twenty minutes later she had another severe convulsion, and every one thought it would prove fatal. She gradually revived, however, without becoming conscious, and I was confident another would end the scene. I accordingly prescribed on the following symptoms, all I could obtain :

Convulsions, beginning on left side and drawing head to left side.

Pupils greatly contracted.

Lips crimson red.

Of psoric origin ; had not been well during pregnancy.

On this meager basis, all I could obtain, I gave one powder of Sulphur 8i m. dry on her tongue. She had no more convulsions. Within four hours she became conscious. The first symptom of which she complained after consciousness returned was an intense itching over entire body. She made a complete recovery ; and would not a few doses of Sulphur during pregnancy have prevented the catastrophe?

TWO CASES OF COLOCYNTH POISONING.

A. L. FISHER, M. D., ELKHART, IND.

Mrs. S——, being in good health, was prescribed for by a neighbor, who told her that the best medicine for everybody in the spring was "bitter apple." She should go to a drug store, buy a pint of brandy and have the druggist put into it ten cents' worth of bitter apple, broken into small pieces. Let it stand a week or two, then every day take a swallow of it.

The druggist's young clerk did as directed and put in full measure of ten cents' worth, and after the "best spring medicine" had stood on the mantel a week or two Mrs. S—— induced a young lady to join her in taking something, though neither was ill.

Mrs. S—— took a big swallow, the young lady a very small one, at bedtime.

I was called the next morning.

Mrs. S—— was in great agony, severe intermittent colic, with frequent bloody stools, mixed with shreds of mucous membrane and constant tenesmus; the worst I ever saw.

She received Merc. corr., 6x every hour.

Miss ——, having taken much less of the drug, was not so ill. Her colic was intermittent also, but came on suddenly and ceased just as suddenly. She had a few loose stools, without tenesmus. Gave her Belladonna, 200, every hour. In both cases relief was very rapid, the young lady resuming her duties as school teacher at noon and Mrs. S—— was well the next day.

A potentized drug may antidote the poisonous effects of large doses of another drug when the symptoms of the two are closely similar.

DR. CORY DEAD.

The death of Dr. Robert Cory at his home in London is announced. Thereby hangs a tale, for, as one lauding medical journal puts it, "he was a martyr to science, for his comparatively early decease was probably due to his self-sacrificing scientific experiments." If this were worded, "to his obstinacy in trying to prove that vaccination was safe as far as contracting syphilis was concerned," it would be more correct, for he is the man who, in 1881, in face of the warning reports and experiments of Ricord and Hutchinson, vaccinated himself with vaccine virus from a child known to have syphilis. Or, as this foreign medical journal puts it, "in the interest of science he made certain experiments upon himself which many of his professional brethren considered unjustifiable, but which have been of immense practical value. He developed syphilis in a virulent form, and materially damaged his

physical and mental health. The mental symptoms gradually subsided, but Dr. Cory was never afterward quite the man that he had been. The authorities of St. Thomas' Hospital, to his poignant disappointment, considered themselves bound to pass over his claims to the post of obstetric physician to their institution. They could not have done otherwise under the circumstances. They marked their desire to keep him upon their teaching staff by creating for him the appointment of lecturer upon vaccination and physician in charge of the vaccination department, but nevertheless he felt that hard measure had been meted out to him." To us at this late day the wonder is that after such a disastrous personal experience the doctor did not become an enemy to the practice called vaccination. And to put a known syphilitic in charge of the vaccinating department of a great hospital could hardly appear "scientific" on the part of its managers.

Dr. W. B. Clarke.

RUPTURED PERINEUM; HOW TO PREVENT.

R. B. JOHNSON, M. D., RAVENNA, OHIO.

When God created woman, one of the objects, if not the most important one, was the bearing of children for the perpetuation of the race. But I do not believe that in performing this most important function of her life she should have the perineum lacerated and go through life more or less of an invalid, unless it were remedied by the gynecological surgeon.

Yet, the perineii of a great many women are ruptured and being ruptured daily. Now if we as obstetricians can prevent much if not the greater part of this suffering, we will have accomplished a great work and earned the gratitude of woman. It has been thought that if the forceps were not so often used, the lacerations would not be so common. This I believe to be fallacious; and will endeavor to show how to prevent lacerations in normal labor.

A brief review of the anatomy of the pelvis and the parts through which the child passes may aid us. The normal axis of the pelvic outlet—the curve of Carus—has the pubic bone as the center of the circle. Now put the perineum on tension as it is in

labor and from the extreme edge of the distended perineum we have about a third of a complete circle. Extending this arc to complete the circle we find it comes up to the fundus of the uterus, and with the uterus completes the circle. Now when the child enters the superior strait it follows this circle out through the inferior strait and into the soft parts, where the force of gravity compels it to make a turn downwards or backwards (the patient lying upon her back). The expulsive force of the pains with the gravity of the child are all brought against the perineum, and this is just where the trouble lies and how the rupture takes place; here is where the obstetrician comes to the rescue and prevents this break in the circle by firm and steady pressure on the perineum pressing the head up over the pubes following the circle. Then when the head passes out grasp the child around the neck with one hand and use what traction is needed in the direction of the circle, and with the other hand support the perineum in the same direction during the passage of the shoulders and hips, and land the child where—not between the mother's limbs—but upon her abdomen, where it can be placed in a convenient position, the cord tied after pulsation ceases, cut, and child passed to the nurse.

When it becomes necessary to use the forceps, follow the same direction, making all traction in the line of the circle; and it can be done easier with the forceps than without, as with the hold on the head we can direct it better. Those who have not followed this primary rule of obstetrics will be surprised with what ease and nicety it works, and with the pressure taken from the perineum it is saved. The delivery can be made as well with the mother lying on the side, it being necessary only to keep the circle in mind and follow its direction. When all children are delivered in this manner, ruptured perineii, I believe, will be few.

Formerly I frequently had ruptures, but since I adopted the method of compelling the child to follow Carus curve I have not had a single rupture up to the present time. I do not expect that it will prevent every case, for some children are abnormally large or the parts too small.

THE MOSQUITO MALARIA.

We are indebted to Drs. Lewin and Thornet of London, who are studying Homeopathy in Hering Medical College, for the following clipping from the *London Times* of November 21, 1900:

HOMEOPATHY AND MALARIAL DISEASES.—Under the auspices of the African Trade Section of the Liverpool Chamber of Commerce, a large and representative gathering, including many ladies, assembled in the Exchange buildings on Monday to hear Dr. J. W. Hayward lecture on the new views on malarial fever and its cause, prevention and treatment. Mr. Alfred L. Jones, who presided, referred to what Liverpool merchants had already done in encouraging the investigation of the subject. In the past year they gave \$20,000 to the work, and there was no difficulty in getting that money. Dr. Hayward was one of the first to encourage and help them in that work on the West Coast. The expeditions of the Liverpool School had done remarkably good work. It must be a satisfaction to people on the West Coast that whatever could be done to improve the food, water and general life, had the careful consideration of employers at home. Dr. Hayward said that since he addressed a meeting in Liverpool in 1896 it had been ascertained that the germs which gave rise to malarial fever were not bacteria, but parasites introduced into the human body by a mosquito. The settlement of the question of origin simplified matters immensely and brought this fever into the category of preventable diseases and also pointed out, defined and limited the place of quinine in its treatment and fixed the proper time for administering it. The parasites were not conveyed from individual to individual by contact, nor did they escape from the patient into the air to be breathed. He indicated various methods of guarding against mosquito bites, including the use of substances repulsive to those insects, such as camphor, eucalyptus, garlic, lavender, etc. Those could be sprinkled in bed or stockings and taken internally. Quinine should not be used to ward off malarial fever, but at the outset of the real attack. After referring to homeopathic remedies he said the mortality in "blackwater fever" was appalling under allopathic medication. It would be extremely rare if treated homeopathically at the outset and if patients were carefully protected from the mosquito. He wished the Liverpool Chamber of Commerce, or the Colonial Office, or both together, would offer an appointment on the West Coast in the most malarious districts to a homeopathic practitioner; it would be an incalculable boon to residents, prevent much illness and save many valuable lives. So convinced was he of this that if he were not an old man he would go out himself and at his own cost.

The chairman said if Dr. Hayward would bring up a qualified homeopathic doctor he would be very glad to get him an appointment on the

African Coast. The one man they were indebted to for the study of the disease was Mr. Chamberlain, who really started the study.

Dr. Hayward is a veteran homeopath and evidently knows whereof he speaks, especially as to the use of quinine "to ward off the fever." If the malarial fevers of the West Coast of Africa are due to "parasites introduced into the human body by a mosquito" and the body can be protected against the insect, would that insure a white man against an attack of fever? Are the natives immune from fevers because not susceptible to the attack of the mosquito? Why is quinine not a specific for the malaria from the parasite of the mosquito?

A PECULIAR CASE.

FLORA M. WATSON, M. D., 3946 DREXEL BOULEVARD, CHICAGO.

PULSATILLA: MENSTRUAL OPHTHALMIA.—July 13, 1900. Mrs. C., aged 30, came into the office on business not connected with medicine. Her eyes were very much injected and seemed sensitive to light and I asked what was the matter: "Oh! this is nothing except the precursor of my menses."

How long does it last?

"It disappears at the end of menstruation."

How long have you had it?

"Ever since the birth of my little girl, eight years ago."

Why do you not have something done for it?

"No one can do anything for it; many have tried but with no success."

Who is your family physician?

"We have had no family doctor since we came to Chicago. If we need a doctor we send out and get the nearest."

Have you ever tried Homeopathy?

"No."

Then let me try.

"All right, I shall be glad to let any one try it; but I doubt if you can help me."

"Well, I can not do less than the others." I obtained the following: Menses always delayed; extremely difficult.

Suffered so at birth of child that would kill herself rather than bear another.

She is five feet four inches, dark hair and eyes.

Very gentle and affable.

Likes to talk and *be told* what to do. Lives within her means, no matter what the means may be.

Sleeps well after midnight.

Eats vegetables and likes pickles. Does not care for meat. Can not eat fat. No thirst.

Ophthalmia before and during menses.

< by warmth.

< in the wind

> out of doors

< by light.

Pulsatilla m., one dose, placebo.

October 15—Reported there had been no ophthalmia since taking medicine, but menses were as painful as ever, but nearer to right time.

November 15—Came in to report. Menses normal as to time; no pain; no ophthalmia; first time in eight years.

PHOSPHORUS: CROUP, ENURESIS.—November 15 — E. D., aged three years.

Croup last two nights coming on at three or four a. m. Hoarse cough: Hepar cm.

November 16—No croup.

November 17—Croup again same time; hence it was evident Hepar was not the remedy. Therefore took the case as I should have done at first:

Pear-shaped face.

Brown hair.

Large, brown liquid eyes.

Very expressive face.

Popular with everybody.

Does not like any one to dislike him.

Obstinate.

Affectionate.

Destructive; throws things down when not angry just to see them break.

Enuresis nocturnal and diurnal since birth.

At night it is always about four a. m. that he loses control of sphincter.

Croup, three or four a. m.

Cough metallic. Phos. cm., one dose.

December 10—No more croup; no more nocturnal enuresis.

Diurnal enuresis only twice since giving medicine.

PROFESSIONAL PROTECTION.—The *Dominion Medical Monthly* in its current issue gives a hint that the doctors of Toronto are preparing to form a combination to better their position. It says:

Medical organization throughout the United States is rapidly becoming a matter of practical importance. In Detroit and elsewhere protective associations have been formed for the avowed purpose of bettering the lot and welfare of the physician. In Detroit over four hundred members of the profession have signed the roll of the organization, which is stated to be working satisfactorily and harmoniously. Shorn of trade unionism and boycotts, it will prove a powerful factor for good in the profession, and result in the correction of evils and disabilities in that city which will make life worth living. Although nothing definite has been done towards a similar end in the City of Toronto, or in any of the other cities or towns in the Dominion that we are aware of, there is some quiet talk going on amongst the profession in Toronto, which will soon result in definite steps being taken in the direction of the organization of such an association, designed for the purpose of correcting the abuses which exist here, as well as in Detroit and elsewhere, and it may be to a more alarming and disconcerting extent than in our neighboring city to the west. It must be apparent and manifest to all that the profession of medicine is drifting, woefully, and that it is high time that we were up and doing if we are going to hang together as a substantial section of the community. In no other walk of life are the abuses and burdens more flagrant and depressing than those of which the profession of medicine is the victim. We have

even descended to the degrading position of having our charges fixed by our patients, in many instances—a procedure which is fast gaining ground, and a procedure to which even the humblest tradesman is not subjected. A great mass of the public have become seized of the idea that it is not necessary to pay for a doctor, and that the law will uphold them in the contention. If an association were formed on broad professional and ethical lines, on the broad lines of probity and honor, much good could be accomplished, both financially and professionally. Let us at once get to work and do something for ourselves, else we will be crowded out and left in the race after an ordinary livelihood. Let us organize and live up to the tenets of our organization. Let us become more “business” and less “professional.”

ORIFICIAL SURGERY.—Those alone who have treated hemorrhoids with the homeopathic remedy—and being a dynamic disturbance of the vital force should never be treated in any other way—know the superiority of true therapeutics in this affection. Hemorrhoids treated in this way are generally cured permanently. The late Dr. Swan had many practical ideas and here is his treatment of hemorrhoids. It may be novel to many, but it is eminently practical and rarely fails. It is for very bad cases, those generally pronounced incurable without surgery.

“I do not believe in orificial surgery. My treatment of piles—the worst cases—is this: Take glycerine soap, make a rich thick lather and apply it thoroughly over the perineum and hemorrhoidal tumors. You can then handle them with impunity without causing the least pain. I then insert my finger, covered with the lather, into the anus, gather the piles together and gently press them into the rectum above the sphincter ani. Then let the patient be washed and instruct him to do just as I did the next time the piles come down. I then give one dose of the indicated remedy—generally *Nux vomica*—and that is the last I hear of the piles. Try it yourself and you will not again think of orificial surgery, which is unscientific and eminently hurtful. Elderly men operated on for piles die inside of two years.”

One of the chief elements of success in treating hemorrhoids

in this way is the selection of "the indicated remedy," giving one dose of sufficient strength—potency—to cure the patient. In this Dr. Swan was often a brilliant success for he was a close student of the *Materia Medica* as well as a careful observer. It is often harmful to operate for hemorrhoids during the climacteric as well as on "elderly men."

CORRESPONDENCE.

EDITOR ADVANCE:

What Fever is This?—Four times within the past few months I have met a fever that I cannot classify. It would begin with symptoms of those resembling "grip." The temperature would run at about 102 in the morning, and increase a degree in the afternoon, during the first week. There would be aching in the limbs and back, slight chills frequently repeated, but no headache, no thirst and no bowel complications. By the end of the first week the temperature had reached in two instances 105, but the pulse had never reached 100. Blood analyses did not give the Widal reaction; there was no abdominal tenderness; no rose spot, no diarrhœa.

The microscope did not give evidence of the plasmodium malariae; and again the chills that marked the first week did not occur in the second; there was never a sweat, and at no time a marked remission of fever.

The excessively high temperature would continue to about the fifteenth day; it would then drop nearly two degrees daily until it reached 99, and remain there for three days, and become normal at the end of the third week.

Despite the intense fever the strength held out remarkably in every instance, and convalescence was rapid.

I know that few fevers fit a type; but the one I mention seems to encroach upon all of those usually described and conform to none. Gelsemium has been the remedy most often indicated, with Bryonia and Rhus close seconds.

F. W.

[In the *Organon*, § 73, Hahnemann describes these forms of

nondescript fevers as among the acute diseases which are isolated—sporadic, acute miasms. “For the most part they depend upon the occasional aggravation or explosion of a latent psoric affection, which returns to its former sleep when the acute affection is not too violent, or when it has been cured in a prompt manner.” These patients are generally deeply psoric or tubercular, and many of the severe attacks of acute fever are tubercular explosions due to unusual exposure to atmospheric or telluric influences especially in the autumn or spring, when at the change of seasons the resisting power is least, or, what is equivalent, the susceptibility is greatest.—Ed.]

NEW PUBLICATIONS.

A TREATISE ON DISEASES OF THE NOSE AND THROAT.

By Ernest L. Shurley, M. D., Vice-President and Professor of Laryngology and Clinical Medicine, Detroit College of Medicine, etc., etc. Illustrated. Pp. 744. New York: D. Appleton & Co., 1900.

In the introduction the author says: “This volume has been prepared for the general practitioner and medical student rather than for the specialist,” and as a result we have a practical work which even the specialist may consult with profit. The illustrations are clear and practical, especially the anatomy of the organs and the operations of laryngeal intubation, so clear in fact that it seems the novice might readily become an operator. The differential diagnosis of ulceration of the larynx—syphilis, carcinoma, tuberculosis and lupus—will be found extremely useful by the student and general practitioner for ready reference in obscure and obstinate cases. The chapter on diphtheria is complete and up to date on etiology, pathology, diagnosis and history of the disease, but even with antitoxine the therapeutics is unsatisfactory and far from reassuring. In fact, there is nothing new to offer, but the claim is made, and made perhaps correctly, that by the administration of anti-diphtheritic serum “the disease has been robbed of half its virulence.”

Hay fever—idiosyncratic coryza—is classed among the neu-

roses, and heredity assigned as the chief predisposing cause, "since only certain individuals are susceptible." This is on the line of Hahnemann's psoric origin of hay fever, asthma and tubercular diseases, the inheritance of a susceptibility being handed down from parent to child. The author apparently recognizes that the lines of separation between general medicine and the specialties are becoming less clearly defined—the sooner they are obliterated the better—and he has prepared this work in a way that makes it interesting and helpful to the general practitioner, without lessening its value to the specialist. Taken all in all Dr. Shurley has given us a very good work on his specialty, diseases of the nose and throat, for which we are under many obligations, and the publishers have left little to be desired in the typography and illustrations.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA; THIRTY-FIFTH SESSION, 1899.

This splendid volume of 476 pages is the largest, if not one of the best, ever issued by this progressive society. The papers in every bureau are well and carefully prepared and the entire volume reflects credit upon its members. The two papers: "The Demonstration of Micro-organism of Malaria," showing the *Plasmodium Malariae* in its various stages of development, and "Can Homeopathy Cure Malaria," are alone worth the cost of time and labor expended to every member of the society. Why can not every State have such a working society?

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. A new and complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry and the kindred branches, with their pronunciation, derivation and definitions. By W. A. Newman Dorland, A. M., M. D., assistant obstetrician to the University of Pennsylvania Hospital, etc., etc. Flexible cover. Pp. 770: Net \$4.50. W. B. Saunders & Co.: Philadelphia and London, 1900.

The first glance on opening this work attracts the student. The type is clear and its bold face invites inspection, and when the illustrations are examined the wonder is why some one has never before thought of illustrating a medical dictionary.

There are twenty-four colored plates and the illustrations of

bacilli, arteries, bandaging, bacteria, cells, leucocytes, embryo, ear, eye, muscles, diplococci, micrococci, streptococci, ptomains, etc.; tables of arteries, muscles, nerves, veins, diseases, poisons; gynecological postures; foetal and obstetrical diagrams, surgical sutures, etc., etc., all apparently selected for their practical value in aiding the text, to show what at least could be only imperfectly described by words. The definitions are concise and yet sufficiently complete for practical reference, while accent has been given very careful attention and the system adopted appears to give the exact pronunciation. The book is not and does not claim to be an encyclopedia; it is simply a practical dictionary, a convenient office word-book, occupying the middle ground between the unwieldy lexicon and the abridged pocket dictionary, just such a work as both student and physician have long felt the need of and for which they will thank both author and publisher.

A DICTIONARY OF PRACTICAL MATERIA MEDICA. By John H. Clarke, M. D. Editor of the Homeopathic World, etc., etc. In two volumes. Vol. I now ready for delivery. Price, Cloth, \$10.50. London: The Homeopathic Publishing Co., 12 Warwick Lane, E. C.

Dr. Clarke's new book on Materia Medica bids fair to be a practical work of reference for the office table, and we predict for it a hearty reception from the profession on this side of the Atlantic. The following sample page will give an idea of the character of the work:

ANHALONIUM LEWINII.

Mescal buttons. *N. O.* Cactaceæ. Tincture, extract, or infusion.

Havelock Ellis says: "I first cut up the buttons into small fragments and poured on boiling water twice; a single infusion is inactive."

CLINICAL.—Brain-fag. Delirium. Headache. Hallucinations. Megrim. Mental weakness. Neurasthenia. Paraplegia. Senses, disordered. Vision, disorders of; coloured.

CHARACTERISTICS.—The plant from which the mescal buttons are obtained grows in barren and rocky soil in the valley of the Rio Grande. It is used by some Indian tribes in their religious

ceremonies. It has been recently tested scientifically, a notable proving having been made by Dr. Wier Mitchell. Dr. E. M. Hale has collected the facts about the drug in an article published in the *Hahnemannian Monthly*. The chief feature of the drug's action is the production of coloured visions of most over-powering brilliancy, associated with moving shapes of fantastic design, the motion being regulated somewhat in time by music. In the Indian ceremonies the constant beating of tom-toms is an essential feature. Other symptoms are loss of conception of time, occipital headache, tired feeling in head, nausea. Tremor of muscles, increased knee-jerk, and loss of power of co-ordination. One prover, Havelock Ellis, noted distinct slowing of the pulse, slight faintness and shallow breathing; but there were none of the terrible heart symptoms of the other Cacti. The most prominent condition is \leftarrow on closing eyes. The nausea and faintness were \leftarrow on movement. There is great disinclination to move. \rightarrow Lying down.

RELATIONS.—*Compare*: Can. ind. (time sense disordered; fantastic visions); Gelsem. (paralysis of accommodation); Bell., Stram., Op., Pic. ac., Piper methyst., Coffea, Coca; Plat. (objects seem small and distant); Pso. (\rightarrow lying down).

SYMPTOMS.

1. MIND.—REVERIE.—Time seems long; intervals between words and sentences seem inordinately long.—Cannot find the right word, with difficulty of enunciation.—Seems to have a double personality.—Distrust and resentment; thinks companions are laughing at him; wants to do them violence.—Consciousness of unusual energy and intellectual power (which, when tested, was found not to actually exist).—Sense of superiority and well-being.—Sense of depression and inferiority.

2. HEAD.—Frontal (l.) headache with visual zigzags.—Occipital headache, with disturbed vision.—Persistent ache and tired feeling in occipital region (lasting several days and making work impossible.)—(It rapidly removed headache in one prover.)

3. EYES.—Visions in all colours, moving, fantastic, of surpassing brilliance, in designs (sometimes grotesque), moving scenes, dances; affected by beating time; dissipated or modified

by opening the eyes; partly under control by an effort of thought.—Natural objects seem more brilliant, shadows deepened, flickering of lights greatly exaggerated.—Pupils dilated.—Accommodation impaired.—Ptosis.

4. EARS.—Impressions of sound and visions heightened by any marked stimulation of skin.—Exaggerated reverberation of ordinary sounds.

5. NOSE.—The air seemed filled with vague perfume. — Smell blunted; could not tell whether or not tincture of *asafoetida* was a perfume.

6. FACE.—Disinclined to make the slightest movement; eyelids droop; they scarcely move the lips and jaws in articulating.

8. MOUTH.—Great difficulty in talking, partly from paralysis of the tongue, partly from slowness of thought.

11. STOMACH.—Nausea; < on movement; entirely < on lying down.

19. HEART AND PULSE.—Pulse slowed. — Respiration shallow.—Faintness.

23. LOWER LIMBS.—A fine tremor in lower extremities.

24. GENERALITIES.—Motor incoördination.—Extreme muscular depression; don't want to stir; whole body feels relaxed.—Lazy contentment; "a land where it is always afternoon."—Fine tremor in lower extremities precluding the visions; unable to walk without assistance; can with difficulty sit up.

26. SLEEP.—Drowsiness; followed by consciousness of unusual energy.

INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT.

By S. Baudry, M. D., Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia. Revised and edited by Charles A. Oliver, A. M., M. D., Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital. With an adaptation of the Medico-Legal Chapter to the Courts of the United States, by Charles Sinkler, Esq., Member of the Philadelphia Bar. Pages, x-161. Extra Cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914 Cherry St., Philadelphia, Pa., 1900.

The book is divided into three parts:

First, Traumatic lesions of the ocular adnexa.

Second, Traumatic lesions of the eyeballs.

Third, Simulated or exaggerated affections of the eye.

To these are added medico-legal testimony by Mr. Charles Sinkler of the Philadelphia Bar, and it is this latter part that is of especial value to every specialist. The value of expert testimony as laid down in American practice is here pretty thoroughly investigated and the results are given in such a condensed form that every practitioner, whether general or special, should be conversant with it.

PRACTICAL LESSONS IN NURSING. By J. C. Wilson, M. D. Philadelphia: J. B. Lippincott Co. Pp. 241. Cloth, \$1.00.

This work is intended for professional nurses and as a text-book for nurses in training, and embodies a course of lectures on fever nursing, delivered before the nurse class at the Philadelphia Hospital. There are many valuable charts illustrating the course of acute diseases and methods of recording daily changes in pulse, temperature, etc. In fact, from a study of this hand-book, a person of ordinary intelligence may become fairly expert in the art of nursing.

DIET FOR THE SICK. By Miss Hibbard and Mrs. Drant, matrons at two large hospitals in Detroit. 103 pages; postpaid, 25 cents. The Illustrated Medical Journal Co., Detroit, Mich, publishers.

This is the *Third Edition* of this handy and popular little bedside book. The recipes for sick dishes have all been tried, and are those largely used by the Detroit hospitals where the two contributors of them served as matrons. Added to these are various Diet Tables, for: Anæmia, Bright's Disease, Calculus, Cancer, Consumption, Diabetes, Dyspepsia, Fevers, Gout, Obesity, Rheumatism, Uterine Fibroids, etc., as given by the highest authorities. The booklet is intended to be given to the family by the physician, and for such purposes one-half dozen will be sent, prepaid, on receipt of \$1.00.

CHRISTIAN SCIENTISTS.—Mrs. Nichols and Mrs. Arries were convicted in Milwaukee of violating the Wisconsin Medical Act, in practicing medicine without a license or proper qualifications.

Judge Neelen, in his decision, after quoting the State statutes and reviewing the case which led to the suit so far as Christian Scientists constitute a religious body, they were entitled to be

treated with perfect toleration, but when they profess to be able to heal physical ailments they become amenable to the law. After reviewing the right of the State to act in matters of public health, Judge Neelen said:

“Under existing laws, to heal the sick, or, to use equivalent words, practice medicine, is not construed by the courts as applying exclusively to the administration of drugs and the use of instruments, but may be properly construed to mean the treatment in any manner of one who is ill, as a Christian Science healer or practitioner for a fee, and Christian Scientists so undertaking the cure of the sick without license to practice medicine become thereby subject to the penalties of the law. This in no way interferes with the religious belief of anybody.”

In conclusion the court cited the Mormon case decision to show that even in matters of religious belief the laws of society designed to secure its health might not be interfered with. “However free,” he said, “the exercise of religion may be, it must be subordinate to the laws of the land.”

THE MICROBE CRAZE.—Prof. Norton says: There is great danger of the bacteriological craze landing its devotees in a quagmire, from which extrication will be difficult if not impossible without loss of prestige. The earnest investigators are prone, in their enthusiasm, to take too much for granted (the wish being father to the thought), and it will not be at all surprising to find that many steps will have to be retraced; many ingenious and promising theories abandoned. It should be borne in mind that microscopic life is in the main, beneficent to humanity; that the varieties associated with disease are comparatively few, by comparison with the others, and, that in the case of the bacteria that have been definitely identified with specific diseases, it has never been satisfactorily demonstrated that they are the cause, and not the product, in such cases. Although some facts are positively known in bacteriology, yet the conclusions drawn from them are mainly conjectural, and in this, as in other fields, it is not at all unlikely that the next generation will see the present teachings thrown out, and a general recasting of theories.—*Popular Science News*.

HERING MEDICAL COLLEGE now boasts of a bran new hospital in connection with the college building. It was opened in October under very auspicious circumstances and has been running since, nearly to its fullest capacity.

This is one thing the college was sorely in need of and it will no doubt materially add to the many and abundant clinical advantages of the school.

It has not yet passed the day when donations would be acceptable, and the Alumni of the college who desire to remember their Alma Mater in a substantial way can do so by sending a subscription, whether great or small, to the chairman of the Hospital Committee for the maintenance and use of the hospital. They are also urgently requested to remember Hering Medical College Hospital by sending their cases to that institution when in need of hospital treatment.

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Avenue, who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

THE HAHNEMANN MONUMENT, of which the homeopathic profession is justly proud and for which it contributed so liberally, has been subject to some criticism because of its location. The committee, it seems, desired to have it erected in the grounds of the Smithsonian Institute, which is the scientific center of the government, the location of the medical museum and the statue of Dr. Gross and other eminent scientists and where perhaps the Rush monument will be erected if it is ever completed. But the board of regents in their wisdom, guided no doubt by allopathic prejudice and bigotry, rejected the Hahnemann monument, and the committee were "compelled to place it in the public streets," in good company, however, near the monument of General Scott, at the Junction of Rhode Island and Massachusetts avenues.

The editor of the *Medical Century* was evidently in a critical mood when he saw it, and thus voices his disappointment :

The statue is a work of merit, but it seems a pity Hahnemann should have been depicted as an old man in his dotage. It is lacking in form and vigor. The stone wall behind it, looking either down or up N street, reminds the visitor of a street obstruction. It might have looked well if set upon an elevation, as originally intended, on a picturesque site on the capitol grounds, with a heavy growth of laurel behind it and a sloping sward in front of it ; but the effect is destroyed by having placed it on a plot altogether too small for it, and so flat as to fail completely to bring it out in pleasant relief. The accomplishment is a grand one, and the old school is green with envy. But an altogether different work should have been devised for that location, or an altogether different location should have been devised for that monument. It is not too late yet to sell the granite for building purposes and those hideous entablatures for old bronze. The statue alone would be better on that site.

There may be a modicum of truth in this and other criticisms, but to one living in the equable temperature of Chicago and unaccustomed to the tropical heat of Cuba, it seems not only uncalled for but severely unkind. As editor of the *Havana Daily Post* it may be necessary to criticise both Cuban and Spanish art, but as we understand it the committee to locate the monument did the best it could, though perhaps not the best it would have done if it could have had the selection. It should not be forgotten that the previous year it could not secure any site either inside or outside the grounds of the Smithsonian Institute. The monument is paid for and erected on the capitol grounds and in the future it may be our good fortune "to be on deck" and then we can transfer it to its appropriate place.

THE POINT OF VIEW.—One of the great advantages which accrue to the sincere believer in and practitioner of Homeopathy is the large and comprehensive view which it gives him of diseased states in general. Its essence is a principle of universal application ; it views the sick man as sick in every part, a sick unit, and thus escapes the limitations, the absurd perspective, and the distorted ideas of those who view the sick, as sick in this, that or the other organ.

Considered in itself, apart from those closely allied sciences

that are generally confounded with it, it deals only with pure symptoms and their removal. It does not concern itself as to whether a pain, for instance, is inflammatory, neuralgic, indicative of suppuration or of pressure, but it does concern itself most interestedly with the character, direction, modalities and time of the pain.

Such questions as, for instance, what is the cause of this morbid state? How may it be avoided in the future? What is the best diet for this chronic case? Does this vomited matter point to gastric ulcer, carcinoma, or dilatation? are answered by sciences which make a very important and indispensable part of the physician's knowledge, and should be the subjects of every homeopathic physician's study, but they are not Homeopathy.

Such a distinction is important; it improves the point of view and enhances clearness of thought to keep them separate.

In short, Homeopathy relates to therapeutics alone and diagnosis, prognosis, hygiene, pathological chemistry, etc., are not Homeopathy, though frequently mixed up or confounded with it. Homeopathy occupies a loftier perch than any of these, and looks down upon them, not slightly, nor scornfully, but comprehensively by virtue of its point of view. This comprehensive point of view saves, or should save, its votaries from many distorted appearances, false perspective and half-views of things.

Does not the rectal specialist, viewing everything from the back door of humanity, acquire a most false view of the human economy as a whole, and a most absurd perspective that makes the rectum and its reflexes dominate the whole body, not to say soul of man?

This is owing to the *partial view* of things, from which Homeopathy saves a man.

The vermiform appendix and its troubles are certainly occupying an undue prominence in modern medicine owing to the point of view of those who see this part too near and too large to get a correct perspective.

No fair-minded reader of his major work will deny that Dr. Haig is an industrious worker, indefatigable and persevering in his pursuit of truth, or that his investigations and experimentation are of enormous value, and have thrown floods of light upon

the physiology and pathology of excretion, but surely uric acid occupies so large a place in his mind, so dominates his thought, that all true perspective of values is lost.

A medical man of another age than ours, Sir Thomas Browne, once set to work, in an essay, to discover and prove that the quincunx was a most important figure not only in geometry, but also in gardens, kitchens, buildings, body of man, and arrangement of the universe. As Coleridge says, he discovered "quincunxes in the heavens above, quincunxes in the earth beneath, quincunxes in the mind of man, quincunxes in musical tones, in optic nerves, in roots of trees, in leaves, in everything."

And so Dr. Haig looks over the field of pathology and lo! uric acid is writ large, all across and through and over it.

How else can be explained the blindness that sees no difference, to speak of, between Coffee, and Opium and the Iodide of Mercury, because from his point of view they all do one thing, i. e., clear the blood of uric acid: or that classes Belladonna with alkalies because they increase the uric acid in the blood. Do Coffee and Opium and Mercuric Iodide clear the blood of uric acid? Well and good, Homeopathy is glad to learn it and to add it to her vast stores of knowledge about drugs; but Homeopathy from her point of view sees a vast deal more in these remedies than their power over uric acid. A quantitative analysis of the urine for uric acid with argentic nitrate, an asbestos filter and a mercury pump is good as far as it goes, but it does not go far enough when it confounds two drugs so unlike as Coffee and Opium: the point of view must be a poor one, the view itself obscured.

Homeopathy uses an instrument for her experimentation, more sensitive than one-tenth cubic centimeter cures; an instrument more delicately alive to extraneous drug influences, and showing them in a way that no dead apparatus can equal, i. e., the healthy human organism.

The point of view makes the difference; the one looks at man as a whole, the other as a special apparatus for getting sick and well according to the quantities of uric acid in its fluids.

With Homeopathy—the genuine article and not the name

merely—come large views, the true relation of things, the correct perspective and the power to cure.

With the specialists come half views, distorted relations, false perspective, and the power to variously modify excretions and other functions of the human body and to build plausible theories upon the data so gained.

The homeopathist, then, need have no fear of new advances in science, nor be disturbed by the announcement of some new discovery that overthrows his law of cure. Every advance that is real, every advance that is true, Homeopathy welcomes, for such strengthen, rather than weaken, her rock-rooted foundation. The plausible theories based on half-views of theory which are frequently stirring the medical world she may regard with equanimity, from her broad, comprehensive point of view.

King.

THE CHICAGO DIPLOMA MILL, at last, has been closed. The struggle with the State Board of Health extended over many years, and although beaten in every encounter and the charter annulled by the Supreme Court, it was only to open its doors again under a new charter with a new and more enticing name. First it was the Illinois Health University, then the Independent Medical College, then the Metropolitan Medical College, and on the recent trial it was brought out by the prosecution that the proprietors held nine charters granted by the Secretary of State, in order to be prepared for any emergency.

The evidence produced at the trial showed that the "college" was turning out "diplomas" at the rate of about three per day, or more than 1,000 a year; that one-tenth of the student "graduates" never personally attended the institution or received any instruction whatever. Victims of the fraudulent methods practiced testified that they had received advertisements stating that the holders of "diplomas" of the "college" would be entitled to practice in certain States. Money was the principal qualification for "graduation," and, according to the testimony, the price was fixed to suit the convenience and financial ability of the candidates. It was shown that while in general terms the officials of the institution made representations that they conducted a rep-

utable medical college, the actual thing they did amounted only to the selling of "diplomas" for cash; that medical knowledge was not at all essential to acquire "diplomas."

"Dr." James Armstrong, president, "Dr. Tom" Armstrong treasurer and "Dr." John Randall secretary, were indicted in June for fraudulent use of the mails. Randall pleaded guilty and the Armstrongs were convicted on trial. December 15 Judge Kohisaat sentenced "Dr." James Armstrong to one year's imprisonment in Du Page County jail and to pay a fine of \$500; the sentence of the two other defendants was deferred until the next term of court. The maximum sentence under the law is sixteen months' imprisonment and \$1,500 fine.

The books of the college show, among other things, that the price graduates paid for diplomas varied. Here are some of the "purchasers" and the price paid by each:

Adelfo de Clairmont, Toledo, \$75; W. S. Worley, Cleburne, Tex., \$25; J. C. Riesdon, San Francisco, \$40; S. H. Matthews, New York, \$5; J. B. Du Boise, Sandy Point, Tex., \$10; H. O. Hofstad, New York, \$10; R. C. McCreery, East Prairie, Mo., \$25; A. J. Rimbers, Elbow Lake, Minn., \$20; Leo Berson, Mexico, \$20; F. W. Derrick, San Francisco, \$38; R. J. Balch, Seneca, Mo., \$10; J. P. S. Canno, Texas, \$100; Joseph S. Van Nort, Baltimore, \$50; J. T. Carroll, Pryor creek, I. T., \$30; H. G. Roth, San Antonio, Tex., \$25.

DR. J. B. GREGG CUSTIS, of Washington, is Chairman of the *Materia Medica* Bureau of the American Institute for the coming year. His plan is unique and original and bids fair to be both interesting and instructive. It is to have a discussion made up in part by members of the faculties of the several colleges, in part by other members, the basis of the work to be a series of letters written him by recent graduates, in answer to the following questions:

First—What difficulties did you encounter in the study of the homeopathic *Materia Medica*?

Second—If you dreaded examination in that branch more than in others, give me your reasons.

Third—Why you, as an applicant for a license from an Examining Board, would especially dread examination in that subject.

PERSONAL AND NEWS ITEMS.

SPRINGFIELD, MO., is said to be a fine location for a lady physician who is a thorough homeopath and a good prescriber.

DR. G. M. THOMPSON (Hering, '98) passed the New York State examinations and received his license, November 6, 1900. Congratulations.

COCAINE ANAESTHESIA has been successfully used in several operations in Chicago recently, especially where chloroform or ether were considered unsafe.

S. L. GUILD-LEGGETT, M. D., has removed to 207 Furman St., Syracuse, N. Y. The doctor is Secretary of the Central New York Homeopathic Society.

HARRIETT S. TAYLOR, M. D., (Hering, '97) removes from Springfield, Ill., to Chardon, Ohio, where she succeeds to a practice established many years.

DR. ALFRED P. HANCHETT, surgeon, has opened a consulting office in room 320 Bee Building, Omaha. Office hours from 1:30 to 3:00 p. m. The doctor is a successful operator.

DR. H. F. BIGGAR'S illustrated paper, read at the International Homeopathic Congress at Paris, is published in the North American Journal for November. It is a valuable contribution to brain surgery.

THE INDIAN HOMEOPATHICIAN is the third homeopathic journal in India with which we are acquainted. It is published at Lucknow, edited by C. C. Ghosh and will be welcomed to our list of exchanges as an evidence of the progress of Homeopathy in India.

JUSTINIA L. FORD, M. D. (Hering, '99) has been appointed physician of the Agricultural and Mechanical College, Normal, Ala., and passed the State Board examination in October. She was commended for "passing one of the best examinations that had been passed in the State," and a member of the board congratulated the President and the College on the selection of the physician. There are now ten homeopathic physicians in Alabama.

DR. CHAS. E. JOHNSON, of Sherman, Texas, recently had a case of malignant diphtheria which failed to respond to the best-selected remedy. In his extremity he telegraphed Boericke & Tafel for a strong potency of Diphtherinum, which was sent so promptly that in forty-eight hours from the time he left the message in the office he administered the remedy to the patient with prompt and permanent relief. Quick work and a good cure of a desperately sick patient.

THE NEW HOMEOPATHIC HOSPITAL of the University of Michigan was opened with appropriate ceremonies on December 6, 7 and 8. Addresses were made by President Angell, Hon. H. S. Dean of the Board of Regents and Drs. Walton, Sinclair, Gatchell, Olin, Copeland and Dean Hinsdale.

SIMILIA SIMIBUS CURANTUR, not Curentur, is the way it was engraved on a gold medal found on the body of Hahnemann when it was reinterred in Paris last summer. And Hahnemann and his colleagues, it must be admitted, were as able linguists and as well versed in Latin as Dr. Dudgeon or the members of the committee who had charge of the engraving of the monument at Washington. But this splitting straws over Latin phrases will not help cure the sick.

DIED—Allen B. Carr, M. D., at his home in Rochester, N. Y., on Tuesday, Jan. 8, 1901. The cause was a serious liver complication which baffled the best directed efforts of his medical attendants. He was ill about four weeks, and in his death the homeopathic profession of Western New York loses one of its ablest men, and Homeopathy one of its staunchest supporters. In consequence of his death the celebration of the C. N. Y. Society will be postponed.

THE POST-GRADUATE
COURSE OF
Hering Medical College

will begin APRIL 2nd, 1901, and continue four weeks.

The chief feature will be the Philosophy of Homeopathy as expounded by Hahnemann; how to use the remedy after you have found it. Daily lectures on Materia Medica; the Therapeutics of Surgery, Obstetrics, Eye and Ear, Diseases of Women and Children, of the Nervous System, of Fevers especially of Typhoid, etc., etc., will be illustrated in the clinic and the hospital. Special instruction will be given in the "taking of the case," the anamnesis. In this important and almost forgotten art in the science of therapeutics great stress will be laid, for few graduates in the last twenty-five years know little of it. Hahnemann says: "The case well taken, the most difficult part is accomplished." Almost anyone can then select the remedy, while no one can do it successfully if the case be imperfectly taken, no matter how well versed in Materia Medica. Many a case, both acute and chronic, has been rendered incurable by improper use of the similar remedy. It will be worth all the time and money expended to learn a better way of treating typhoid fever, and how to find the remedy in a difficult and complicated case.

THE HOMEOPATHY OF HAHNEMANN IS

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PERFECTION LIQUID FOOD CO.
FRANKFORD, PHILADELPHIA.

PHILADELPHIA, January 12th, 1901.

DEAR DOCTOR:

Your's of 7th received and in reply would say that you may obtain it through the Mr. Jones referred to but I would advise you to send to Boericke & Tafel, of 44 E. Madison St., as they are the regular agents for your city.

As to your enquiry about its comparative nutritive value I would say that I do not propose to condemn other foods, many of them are very good, but no better peptones can be produced than are in this and the malt is about four hundred per cent stronger than the average Malt Extract. Yes, these *are* combined and therein it is different from all others: besides it is absolutely pure.

I should be glad to hear further from you in the matter.

Fraternally,

WM. JEFFERSON GUERNSEY.

JAMES H. JACKSON, Physician-in-Chief of the Jackson Sanatorium, Dansville, N. Y.

"I have used the PERFECTION LIQUID FOOD for several months in connection with my patients, and have found it most serviceable in the way of supplying a dissimulative nourishment.

It seems to suit the most delicate cases, and refresh the patient while it does not cloy; in fact, it has served me in very many cases of innutrition with delicate appetites, and great loss of assimilative power, most admirably.

I heartily commend it to all who need something in the way of an adjuvant; it is a most excellent preparation."

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...CHICAGO, ILL.

THE PENNOYER SANITARIUM IS A MODEL RESORT.

As seen by Postmaster Keeler of Belvidere, Ill.

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.

THE MEDICAL ADVANCE

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The Treatment of Diphtheria.*

BY F. D. BREWSTER, M. D., SCRANTON, PA.

I shall not attempt to add anything to the knowledge of the pathology of diphtheria, but will confine myself entirely in this paper to the treatment of the disease.

The diagnosis of diphtheria may be a difficult matter in some instances, but in the presence of well-marked and virulent epidemics, there are few mistakes that need be made. Under diphtheria I include membranous or true croup, which I believe to be in every case diphtheria of the larynx or the air passages. During the last four or five years I have treated successfully 279 cases of diphtheria, without a single death. About four years ago I had under my care a bright, only child afflicted with diphtheria of the larynx, who came very near to death's door in spite of all the measures that my colleague, Dr. Sureth and myself could apply for its relief. As a last resort we administered antitoxin. The patient responded promptly and recovered. During the same week I saw another case to which was administered the same dose and recovery promptly followed. Since that time I have administered antitoxin in every case of diphtheria or membranous croup as early as diagnosis could be made.

In cases of simple faucial or tonsillar diphtheria, I have been able to say to the patient, "You will be well in three days," and seldom has this prediction been unverified—and "well" will mean completely well, without a symptom or a complication left.

*Paper read before the Homeopathic Medical Society of the State of Pennsylvania, Scranton, September, 1900. Stenographic Report.

The dose of antitoxin must be left to the opinion and experience of the physician. In simple cases treated early, 1,000 units will often suffice, and the dose will not require repetition. If seen late, or in bad cases, the initial dose had better be 2,000 units; and in laryngeal cases do not temporize with less than 3,000 units; and the physician should ever stand ready to repeat the dose in case it should be necessary.

I use an all-metal syringe with an ordinary fine hypodermic needle attached, which can be changed frequently in order to secure its being bright and clean, and with this the injections are not painful. The child has even been injected during sleep without its awakening.

The care of the syringe is important. The syringe should be thoroughly sterilized by boiling and allowed to cool before using, and the package of antitoxin once opened should be used at once or not at all.

Strict isolation of the patient and room disinfection have been practiced in every case where practicable. In cases where there are other children in the family who have been exposed, it is my practice invariably to give them the immunizing dose of 500 units where the consent of their parents can be obtained. Without this consent, in a case where the patient is already ill, I would resign the case. I never have seen a person contract diphtheria within three months who has received the immunizing dose, no matter how great the exposure, and I have seen children playing with the same patient day after day.

As regards the ill-effects of the serum when given to well persons, I never have seen any; and these persons have been watched very carefully, not only by their physician, but by anxious and doubtful parents and friends; and if any ill effects had been present they undoubtedly would have been observed. It has been customary to use the indicated homeopathic remedies in conjunction with antitoxin. This, to my mind, need not prove that the remedies cure and the antitoxin does not, because I have seen patients die of diphtheria in spite of the best selected remedy which I could prescribe. No local medication has been applied to the throat; no gargles or applications. The membrane will shed and come off in twenty-four or forty-eight hours if the

proper dose has been used early. In cases which have been seen late and saved—as from fire—the usual heart weakness, muscular paralysis and albuminuria may develop. This I believe to be due to the legitimate effects of the diphtheria rather than of the antitoxin.

Antitoxin I believe to be the best method of treating diphtheria which has yet been devised; and if this is so, is it not our duty as progressive physicians to use it in every case and to use it properly? No doubt a certain percentage of cases would be cured under homoeopathic medication alone; but if some cases should die which might have been saved by antitoxin, are we not criminally responsible if we fail to use it?

Another and perhaps minor argument in favor of its use is the great saving to the patient in suffering, time and expense. With antitoxin I believe the period of duration of disease and convalescence can be reduced to one-quarter of the time required for curing diphtheria by any other method. This necessarily reduces the suffering and expense to the patient in the same proportion. If any medical man should consider lessened fees as a motive for not using antitoxin he is not deserving of the name of a physician.

*** The Present Status of Diphtheria Antitoxin.**

BY L. EMMETT HOLT, M. D., NEW YORK.

It is now five years since this remedy was brought before the profession. The prevalence of diphtheria has made possible its trial all over the civilized world on a scale which has never been equalled with any other method of treatment. The evidence is surely now sufficient for the final verdict to be pronounced. Nothing is so convincing as personal experience, and by this argument the great majority of the opponents of antitoxin have been won over; but there are still some who refuse to apply the test of experience, and others who continue to wage war against antitoxin in our medical journals.

The evidence in favor of antitoxin may be most clearly shown by a consideration of the following points:

*Address delivered before the Cleveland Medical Society, October 26 1900.

1. The relative mortality under the same conditions before and since antitoxin.
2. The percentage of cases in these two periods requiring operation for laryngeal stenosis.
3. The results in cases of laryngeal diphtheria both with and without operation.
4. The actual death-rate from diphtheria.

Percentage of Recoveries in Private Practice.—In 1896, the American Pediatric Society's report upon antitoxin brought together 5,794 cases. The tables of these reports I prepared myself and every case returned was included even though the reporter stated that the patient was moribund at the time of the injection of the remedy. This report included a large proportion of cases treated late, many with sufficient doses, many with very weak serum, and yet the testimony of the 615 physicians who returned their cases was overwhelming in favor of the remedy. Fully ninety per cent declared that never by any other treatment had they seen such results in diphtheria. The general mortality of 12.3 per cent was reduced in those treated during the first three days to 7.3 per cent.

In Hospital Practice.—During the present year, Siegert has tabulated the diphtheria statistics of the continental hospitals for children in France, Germany, Switzerland and Austria. The statistics are divided by his report into three groups.

1. For the four years preceding the serum.
2. For the year of introduction.
3. The four years since its use.

I will give simply the figures before and since, omitting the introductory year.

Before the serum there were treated in 23 hospitals, 16,585 cases of diphtheria with a mortality of 41.3% ; since the serum in the same hospitals, 20,181 cases with a mortality of 16.4%.

The Proportion of Cases Requiring Operation.—In the first report of the American Pediatric Society, there were 1,256 laryngeal cases treated with serum, of which 44% recovered without operation. In the society's second report upon 1,704 laryngeal cases, 50% recovered without operation. In preantitoxin days, a conservative writer of wide experience placed the average number

of recoveries in laryngeal cases without operation at 10%. The figures just given show more than double the percentage of recoveries ever published by any other method.

It is interesting to compare these results obtained from private practice in America with Siegert's tables of European hospitals. Of 16,042 cases of diphtheria treated in four years (1890 to 1893) in 21 hospitals, operation for laryngeal stenosis was required in 47.2%. In the four years (1895-1898) with antitoxin there were treated in the same hospitals 18,896 cases, of which 27.5% required operation. These figures certainly sustain the claim that the use of diphtheria antitoxin in adequate doses does in the great majority of cases prevent the descent of the diphtheritic membrane into the larynx and trachea, and further, that when administered early such a result is almost invariable.

No class of cases has been more carefully studied and more fully recorded than operations for laryngeal stenosis in diphtheria both by tracheotomy and intubation, so that there are no cases which furnish so crucial a test as to the effect of the serum.

Intubation.—In America McNaughton and Maddren's collection of 5,346 intubations without serum showed a mortality of 69.4%. In the two reports of the Pediatric Society there are included 1,170 operations with the serum, with a mortality of 26%.

In the European hospitals referred to, there were 2,830 intubations without serum, with a mortality of 57.5%. In the same hospitals 5,004 operations with serum, with a mortality of 32.4%.

Tracheotomy.—The statistics of 57 European hospitals for four years before the serum showed 10,815 operations with a mortality of 59.5%. During four years with the serum, the same hospitals showed 6,942 operations with 32.5% mortality. The grand total for all operations for laryngeal stenosis in 69 hospitals for the four years before and the four years since, embracing over 31,000 cases is as follows: without serum 17,673 operations, mortality 60.5%, with serum 13,524 operations, mortality 35.7%.

After such a showing, including as it does the report for almost every children's hospital on the continent of Europe, it would seem that further collection of evidence was a work of

supererogation. However, let us look at one more group of figures. If the serum is worth what it claims to be, it ought to make some impression in municipal statistics upon the actual number of deaths from diphtheria. I have before me the figures showing the mortality from diphtheria and croup from the three largest European cities, from 266 towns in Germany, and from seven of the largest cities in this country, together with the reports from the States of New York and Massachusetts. The following table is a condensed presentation of these facts:

TABLE SHOWING DEATHS FROM DIPHTHERIA AND CROUP.

City	Before Antitoxin.		Since Antitoxin.	
	Period.	Average annual deaths.	Period	Average annual deaths.
Berlin	1887-1893	1,354	1895-1898	659
Paris	1887-1893	1,527	1895-1899	348
London	1887-1894	2,130	1896-1899	2,251
New York	1887-1894	2,398	1896-1899	1,289
Chicago	1887-1894	1,356	1896-1899	833
Denver	1887-1894	127	1896-1899	32
Philadelphia	1891-1894	1,439	1896-1899	1,216
New York State	1887-1894	5,932	1896-1899	3,538
Germany (266 towns)	1887-1893	12,050	1896-1899	6,050

Great pains have been taken to secure accuracy in these statistics and in many instances the data have been obtained directly from the Health Department. A glance at these figures shows that the number of deaths from diphtheria (including membranous croup) have diminished greatly in the cities and countries where antitoxin has been used, and as a rule just in proportion to the degree to which it has been used. In the city of Berlin the average deaths annually from diphtheria and croup for seven years preceding the use of antitoxin was 1,354; the average for four years since that time is 659; a reduction of 51%, representing a saving of 675 lives a year. Very nearly this same reduction holds throughout Germany. Of 266 towns of over 15,000 population, the average yearly deaths for seven years preceding antitoxin was 12,050, the average for four years since then, 6,050, a saving

thus in Germany alone of 6,000 lives a year, and a reduction in the mortality of 50%.

Probably nowhere in Europe has the serum been so generally used as in Paris. For the seven years before its introduction the average number of deaths from diphtheria and croup each year was 1,527; for the five years since then the average is 384, a saving in this one city of an average of 1,179 lives each year, and a reduction in the mortality of 78%.

In London, on the contrary, where the use of antitoxin was at first vigorously opposed, where it has never been pushed, and very slowly taken up by the profession, the figures show an increase in the diphtheria mortality. For the seven years preceding the antitoxin period the average number of deaths was 2,130; for five years since its introduction, 2,251, an increase thus of 119 deaths a year.

It may be said by many that Germany and Paris are far away, and that the tendency of foreign enthusiasts in new remedies is to exaggerate their results. Let us come a little nearer home and see what has been accomplished in this country. In the old city of New York, (present boroughs of Manhattan and Bronx), the average number of deaths from diphtheria and croup for eight years preceding antitoxin was 2,398; for the four years since it has been 1,289. This shows a saving of 1,100 lives a year and a reduction from the previous mortality of 47%. In the entire State of New York the average number of deaths for eight years before antitoxin was 5,932; for the four years since it has been 3,538, a saving of 2,394 lives a year.

In the city of Chicago the average number of deaths yearly for eight years preceding antitoxin was 1,356; for four years since it has been 933, a saving of 500 lives a year. In the city of Denver the average number of deaths from croup and diphtheria for eight years preceding antitoxin was 127; for the four years since the average is 32. In none of the above instances has the increase in population been considered; only the actual deaths from diphtheria and croup have been compared.

It is seen from these figures that the mortality from diphtheria and croup, in American cities at least, has been reduced directly in proportion as the Health Department has believed in antitoxin

and has encouraged its use by furnishing it free to the poor and sending its own inspectors to administer it. In our cities diphtheria is largely a disease of the tenement districts, and it is only through the Health Department that any great impression can be made upon the city mortality.

In contrast with the figures above cited let us look at those of Philadelphia, where the health authorities were for a time openly opposed to antitoxin and have always been lukewarm. For four years preceding antitoxin the average number of deaths was 1,439; for four years since it has been 1,216, a slight reduction but nothing in comparison with what has been effected elsewhere.

To summarize briefly the foregoing array of facts: the percentage mortality of diphtheria and croup has been reduced by antitoxin by more than one-half both in hospitals and private practice. The proportion of laryngeal cases requiring operation has been reduced one-half. Intubation which formerly saved 30% now saves 70%. Tracheotomy which formerly saved 40% now saves 67%. The actual number of deaths from diphtheria and membranous croup in Berlin and Germany has been reduced one-half; in the State of New York to 60% of the former mortality; and in Chicago to 61% of the former figures. In the city of Philadelphia only a slight reduction has been effected and in London none at all. With these facts before us, and they might be multiplied indefinitely, showing that in the cities and countries where the remedy has been applied the same result has been seen, what shall we say of those who still refuse to believe and continue to cite individual cases in which antitoxin did no good? In my own opinion any physician at the present time who refuses to use antitoxin in a severe case of diphtheria is guilty of criminal negligence to as great if not a greater degree than a surgeon who would attempt a laparotomy without washing his hands or sterilizing his instruments or dressings.

The value of antitoxin as an immunizing agent was very early brought strongly to my mind by our experience in the New York Infant Asylum and Nursery and Child's Hospital where three institution epidemics of diphtheria of a severe character were promptly and permanently checked by the general immunization of all the inmates. It is, I think, the imperative duty of the

physician to immunize every child in the home, school, hospital or other institution who has been exposed to diphtheria. Where this has been done we have seen a very great lessening of the number of cases of diphtheria, nowhere more than in the New York Foundling Hospital. Up to the advent of antitoxin diphtheria regularly prevailed in this institution with each epidemic of measles. The proportion of cases in which this complication was seen was from 5 to 15%. For the past two years it has been our custom during epidemics of measles to give an immunizing dose of antitoxin to every patient who came down with the disease, with the following results: In the fall of 1899 in an epidemic of 60 cases of measles no diphtheria developed, although diphtheria existed elsewhere in the institution. In an epidemic at the country branch at the same time, no immunization was practiced in the first eighteen children, of whom eight developed diphtheria. After this time immunization was practiced in every instance and in the remaining 54 cases there was only one which developed diphtheria. In an epidemic occurring in the spring of the present year there were 250 cases of measles, only 7 of which developed diphtheria. It should be stated that diphtheria was present at this time also elsewhere in the institution than in the measles wards, further, that in several cases diphtheria and measles developed almost simultaneously, and also that the early immunizing dose was only 250 units. After a few cases had occurred the immunizing dose was doubled, with the effect of practically arresting this complication, excepting when the two diseases developed simultaneously.

This is the institution it will be remembered where Dr. O'Dwyer did his immortal work in intubation. Before antitoxin the number of patients requiring intubation each year was from 20 to 40. During the last three years there have been but 18 operations altogether, and in the last two years but 8.

Scarlet fever is even more likely to be complicated by diphtheria than is measles. No matter how carefully and how frequently throat cultures are made it is practically impossible to separate with certainty all cases in which diphtheritic infection is present; the only safe rule I believe to be to administer an immunizing dose of antitoxin to every patient admitted to a scarlet-

fever hospital, or to every patient in an institution epidemic; in private practice to every scarlet-fever patient with any exudate upon the tonsils unless cultures have definitely shown the absence of diphtheritic infection. So often have I seen valuable time wasted, and I believe lives unnecessarily sacrificed by failure in this respect, that I cannot too strongly emphasize this point. Convinced as I am of the harmlessness of the antitoxin when obtained from a reliable manufacturer and carefully administered, I believe we fail in our duty not to make use of its protective power much more frequently and more thoroughly than we have been in the habit of doing.

As to dosage, the tendency all over the world has been toward the steady increase in antitoxin dosage, for nearly everyone is convinced that those first used were much too small. Once 1,000 units was considered a full dose. For severe cases including all laryngeal diphtheria I think that not less than 3,000 units should be the initial dose, to be repeated after six or eight hours if no improvement is seen; for cases of great severity seen late in the disease not less than 5,000 units for the first dose, to be repeated as above. In the Boston City Hospital very much larger doses than these have been used; as high as 60,000 units have been given to a single patient, it is claimed, with good results; however, I am not yet convinced that these massive doses offer any advantage.

Our doses for immunizing also have been too small. For a child over five years old 500 to 700 units should be given; to infants under a year from 250 to 350 units.

The administration of antitoxin by the mouth and rectum has been a disappointment; the effects have been so unreliable that this method of administration has been practically abandoned. From the best tests available it would appear that not more than 5% is absorbed.

All efforts to remove the deleterious substances from the serum have thus far proved futile. We shall therefore still have to bear the annoyance of antitoxin rashes sometimes so troublesome, and occasionally a swollen joint. It is however rather surprising that these symptoms are seen quite as often with small as with large doses. They appear to depend upon the idiosyncrasy

of the child or sometimes upon the horse from which the serum is drawn.—*Cleveland Journal of Medicine.*

COMMENTS.—The paper of Dr. Brewster may be garbled, for it is said to have been “taken stenographically,” and has been made to do service for Mulford’s antitoxin in a leaflet generously distributed. In due time the original will be published in the Pa. Transactions. Be that as it may, it is both unjust and unfair to claim credit for the “successful treatment of 279 cases of diphtheria without a single death,” when in another paragraph the author states that “it has been customary to use the indicated homeopathic remedies in conjunction with antitoxin.” Which did the cure—work? Who can tell what antitoxin had to do with it? When just as rapid, just as effective, if not better cures, are made with the indicated remedies alone, it seems preposterous to claim such results for antitoxin when used “in conjunction with indicated homeopathic remedies.” Does the use of antitoxin by our allopathic colleagues remove it from the realm of Isopathy? On a strictly scientific application under the law of similars, by which its cures are made, antitoxin can only cure antitoxin cases, just as Apis, Lachesis, Lac caninum, Lycopodium, Mercury, Phytolacca or any other indicated remedy. It cannot cure an Apis case or vice versa, and it should not be used to cure diphtheria per se, thus overlooking the individuality of the patient, any more than Apis or Mercury. Each patient should be treated with *one single remedy at a time*, and then and not till then can due credit be given the therapeutic agent.

The consensus of opinion and statistics of allopathic authorities demonstrate the antitoxin treatment to be a vast improvement upon the best measures hitherto employed, reducing the mortality 50 per cent, for which every lover of his kind should be duly grateful.

But even then the mortality is at least 50 per cent higher than good homeopathic treatment and furnishes no excuse whatever for a homeopath to abandon his law of cure for the empirical methods of allopathy. If antitoxin is indicated, use it, but use it in the homeopathic preparations, where it is always safe and always effective. The indications for its use, chiefly clinical, are given below:

DIPHThERINUM; INDICATIONS FOR HOMEOPATHIC ANTITOXIN.

Especially adapted to the strumous diathesis; scrofulous, psoric or tuberculous persons, prone to catarrhal affections of throat and respiratory mucous membranes.

Patients with weak or exhausted vitality hence are extremely susceptible to the diphtheritic virus, when the attack from the onset tends to malignancy (Lac c., Mer. cy.).

Painless diphtheria; symptoms almost or entirely objective; patient too weak, apathetic or too prostrated to complain; sopor or stupor, but easily aroused when spoken to (Bap. Sulph.).

Dark red swelling of tonsils and palatine arches, parotid and cervical glands greatly swollen, breath and discharges from throat, nose and mouth very offensive; tongue swollen, very red, little coating.

Diphtheritic membrane, thick, dark gray, or brownish black; temperature low or subnormal, pulse weak and rapid; extremities cold and marked debility; patient lies in a semi-stupid condition; eyes dull, besotted (Apis, Bap.).

Epitaxis or profound prostration from very onset of attack (Ail., Apis, Carb. ac.); collapse almost at very beginning (Crot., Mer. cy.); pulse weak, rapid and vital reaction very low.

Swallows without pain, but fluids are vomited or returned by the nose; breath horribly offensive.

Laryngeal diphtheria, after Chlor., kali bi, or Lac c. fail.

When the patient from the first seems doomed, and *the most carefully selected remedies fail to relieve or permanently improve.*

The above are cured symptoms, verifications which the author has found guiding and reliable for twenty-five years.

The remedy is prepared, like all nosodes and animal poisons, according to the Homeopathic Pharmacopœia, and like all homeopathic remedies entirely safe when given the sick.

Like all the nosodes it is practically worthless in potencies below the 30th; its curative value also increases with increase of potency from the 200th to the m and cm. IT NEED NOT AND SHOULD NOT BE REPEATED TOO FREQUENTLY, not more frequently than the crude antitoxin. It will cure in every case that crude antitoxin will, and

is not only easy to administer, but safe and entirely free from dangerous sequeltæ. Besides, it is homeopathic.

The author has used it for twenty-five years as a prophylactic—when it corresponds to case or epidemic—and has never known a second case of diphtheria to occur in a family after it had been administered.

After Surgery Had Done Its Best.

TIMOTHY FIELD ALLEN, M. D.

In the case of the lady, who is a Spanish lady of good birth, owning large estates in Cuba, a lady whose means are abundant, who could command the best medical and surgical skill in the world, and who did command it, in whom the diagnosis was to my mind clearly and accurately made, who consulted no less a personage than Professor ———, of a great University in the City of New York, a distinguished author and professor, and on account of whose diagnosis the various operations were performed. His opinion was given unhesitatingly, after most careful examination; the operations were performed by the most distinguished surgeons, were performed in the most expert manner, and, in spite of these operations, the disease repeatedly returned, exactly as prophesied by the distinguished expert who had been consulted. An ex-surgeon of the United States army had pronounced the case hopeless, had pronounced further surgical interference utterly out of the question, and I myself was asked to give advice. My son, Dr. Paul Allen, repeatedly saw the case at her house and later at my office. She was suffering, as has been stated, with cerebral symptoms, threatening disorganization of the brain, probably hæmorrhage, and it was recognized that the disorder was, in all probability, the result of a malignant disease, and no other opinion could be given except to concur in the opinion of the distinguished specialist in histology, *that*, as has been feared, *it was the return of the malignant sarcoma.*

Indeed, the last recurrence of the disease (on the arm) was even then apparent. The flesh of the forearm was swollen, infiltrated, the lymphatics angry and inflamed, and the glands of

the axilla inflamed and painful, and, taken with the previous history of the case, left no doubt in my mind, or that of the preceding surgeon, of the malignant character of the growth, which had, for the third time, attacked and threatened her life. There only remained the advice which was given, and which so far as I knew, or could at that time know, *could have no essential bearing upon the sarcoma*. My opinion was based upon the necessity of prescribing for the cerebral symptoms, and for the symptoms of the fever which had recurred. The symptoms were essentially these, that about 10 or 11 o'clock in the forenoon, the fever would begin to rise, the distress in her head would increase (the temperature increasing to about 104°), associated with vertigo, loss of co-ordinated movements, increase of stupor, heat of the head, and entire absence of thirst, to be followed about 12 to 1 o'clock by slow subsidence of the fever, so that by afternoon or evening she became greatly relieved, the fever would almost entirely disappear, and before nightfall she would be able to lie down in bed and sleep; but the attack would recur on the following day at about 10 or 11 o'clock. This recurrence had taken place so regularly that the only remedy necessary to prescribe with any hope of success was Gelsemium, which it was advised to administer in the sixth dilution in half a glass of water; so, accordingly, a powder was prepared, containing a few pellets medicated with the sixth centesimal dilution, and this powder was directed to be dissolved in a half glass of water and a teaspoonful taken every hour until the fever disappeared. Then to discontinue the remedy until the temperature should begin to rise next morning; then to resume the remedy and continue it throughout the next period. It was said at the time that though there was no hope held out, it seemed to be the only possible way of checking the periodical rise of temperature. The effect was marvelous and unlooked for as could well be imagined. The next day the temperature did not rise above 101° , and on the third day the rise of temperature disappeared entirely and the patient felt well, and, indeed, within a week she seemed to be entirely cured. Within two weeks after that time the lady herself came to my office and showed me the malignant growth on her arm, which was very much less angry, and which finally dried up and dropped off,

leaving a smooth surface, which was the end of that. The lymphatic glands became less and less inflamed, the tenderness disappeared, dresses could be worn with comfort, and that was the end of those symptoms. The vertigo in the head disappeared with the fever, she lost her stupid look and actions, her appetite returned, and these symptoms entirely disappeared. Within a few weeks the lady was out driving, and after three years there has been no return of any of these symptoms and she seems to have recovered so far that she feels perfectly safe in spending the winter on her estates in Cuba.

All the medicine that was given her was half a dozen powders of Gelsemium in sixth dilution, as mentioned. No other medicine has during the space of three years been administered for any purpose whatever, nor does any medicine seem to be required.

This, I think, is by far the most brilliant and most wonderful result of pure, straight, unmitigated Homœopathy that it has been my lot to witness. Instead of producing the slightest impression upon the mind of the celebrated Professor of Histology, I have been told that when the cure was brought home to him, and he was asked why the operations had been advised and what he thought of the result, his simple reply was that he thought, after all, he had made a mistake in diagnosis.

So, in reply to the various inquiries which have been made as to what I consider the diagnosis, I can only say in the words of the distinguished expert, *written and treasured by the lady and her family*, that it was a case of malignant recurring sarcoma. I can make no other diagnosis. It does not matter, really, what the diagnosis was, something was the matter with her that, in the best judgment of the surgeons, required very extensive and very careful excision or extirpation of the lymphatics of the arm and both legs, and the disease continuing to recur and attacking the brain compelled an unfavorable prognosis. The cure was simply a homœopathic cure; it was based upon pure symptomatology, Gensemium was the only possible remedy to prescribe, it was the only possible chance of life the lady had; no other system of treatment could have been possible. No other system of therapeutics would have cured the lady, and I myself am quite satisfied with the results of Homœopathy.

Second Case—Cancer of the Tongue.

In the second case, that of a distinguished lawyer of this city, who was attacked by carcinoma, or possibly by epithelioma of the tongue, I wish to say that the gentleman referred to was a prominent lawyer, engaged to be married, and had been condemned either to death (or what to him was worse than death, mutilation and the loss of his tongue) by several of the most distinguished surgeons in this city. The case is not an obscure one; by his own distinguished position (made later even more distinguished by his political course in life), the surgeons equally distinguished, necessarily cautious and hesitatingly urging the operation—removal of his tongue—as the only possible means of saving his life.

I may say that his case excited the widest and most pronounced interest among a large circle of acquaintances in this city, and when my advice was sought it was very hesitatingly given, namely, *not to submit to the operation*, for possibly I considered there might be a chance of arresting the progress of the epithelioma of the tongue by medicine and I hesitated because the weight of distinguished authority was against me. However, my advice was taken and even then, as may be imagined, I took charge of his case with great hesitation, feeling that if I did not succeed the man's life was at stake, but recognizing that if I could succeed, as I hoped to, his future happiness and success in life would be assured.

When first I saw the man and examined his tongue it seemed as though through the centre of the swollen tongue a hole had been bored with elevated and indurated margins. At first I thought the case was syphilitic, possibly, but after the most rigorous investigation I came to the conclusion that there was no syphilitic taint in the man, as the events proved, and my prescription of Phosphorus was based partly on the fact that, associated with the most marked pharyngeal local indications, which it is unnecessary to detail here, but which can be found in any *Materia Medica*, he was suffering from a pronounced depression of mind, which, perhaps, was not unexpected in the case of a

young man who had every prospect, not only of a brilliant partnership in business, but in life, but at the same time the symptoms of Phosphorus were very well marked, both from the physical and mental aspect. Phosphorus was prescribed in the sixth centesimal dilution in liquid. A few pellets were moistened with this solution, and the patient was instructed to take a pellet every four hours. Of course, I saw the man frequently—sometimes two or three times a day, but I never changed his remedy. It acted kindly from the very first day. The malignant look of the tumor slowly decreased, his general health and spirits and mental poise improved to such an extent that within a year he was able to get married, as he had proposed to do in case he improved, and has since entirely recovered.

This case also was entirely cured by virtue of Homœopathy; by virtue of a single remedy carefully and accurately prescribed, according to the symptoms local, mental and physical, which presented themselves. I may be pardoned in adding a word to the cases above recited.

First: That the homœopathic cure based upon symptomatology, based upon the diagnostic talents of the highest order (for this man had the most expert consultants to be had in New York city) ought to carry some weight with it. I may be pardoned in referring to a case which attracted the attention of Prof. James C. Wood, of Cleveland, and was referred to in his address to the American Institute of Homœopathy two years ago. That of the cure of a lady suffering from *progressive muscular atrophy*; a case well vouched for from a diagnostic point of view, a case fully detailed by him, the method of treatment carefully illumined and the method of selection of a remedy also carefully given. The case and the cure of it required an equally thorough investigation and careful prescription, and which, it seems to me, should be fully as convincing as either of these cases which I have detailed to you.

Now, the ability to make such cures rests entirely upon the law of Homœopathy.

Personally, I ask for nothing more. There is no system of medicine in the world that can make such cures. The history of medicine, so far as I can read it, offers no approach to Homœ-

opathy in the method of cure. There is, to my mind, nothing beyond, certainly nothing since the days of Hippocrates, and as I study Therapeutics my whole life comes to be more and more bent upon the investigation and the results offered to us by the *Materia Medica* which has been left to us to be perfected by Hahnemann.

It has been said that the Homœopathic School has been paying but little attention to the perfection of instruments of precision, to the investigation of pathology or to chemistry. The method of Hahnemann has done, at least, one thing which has not been accomplished by any body of men since the world began. It has investigated, and it has added to a *Materia Medica* such as the world has never seen, which is itself the crowning glory, and in comparison with which the rest of the investigations of all the physicians of all the schools of learning and of all the scientific men in the world sink into insignificance. I would rather have one line of Hahnemann's *Materia Medica* than all the volumes that have been written on Histology; than all the investigations that have been made in Pathology, in comparison with which they are all insignificant.—*Homoeopathic Recorder*.

The Curability of Cancer.

D. C. M'LAREN, M. D., OTTAWA, CANADA.

Tumors, under which generic term I include all abnormal growths, malignant and non-malignant, must be regarded from our Hahnemannian standpoint according to their origin as psoric, sycotic and syphilitic. For the purpose of the faithful homœopathic physician whose only object is to cure the patient, the ordinary classification of benign and malignant should be put aside, or else in ascertaining what is curable about a case, if we accept the ordinary pathological dictum we shall prognose that tumors of a certain type are malignant and therefore incurable, and furthermore are fit subjects for palliative rather than curative treatment, or for the knife rather than a remedy no matter how well indicated.

This, the usual allopathic method, is to the correct homœ-

opathist, an utter absurdity, for true Homœopathy regards the tumor as but one of many symptoms which nature furnishes as guides for treatment. In other words, the Hahnemannian must always treat the patient and not the tumor, and must therefore form a prognosis from the symptoms of the patient rather than the character of the growth. Nothing could well be more foreign to the spirit and purpose of Homœopathy than the following statement recently issued under cover of professed Homœopathy of the purest kind: "Any nodule, not of inflammatory character, that appears in the breast of a woman should be removed without the slightest delay or hesitation."

Such a practice, I maintain, is utterly unhomœopathic and always results unfavorable to the patient; for when the lump is really malignant, removal is but a temporary palliative, always followed in time by a fatal result, and when benign, followed for years and often for life by a train of troublesome and well-nigh incurable symptoms.

The removal of a tumor at any stage of its growth is but a suppression of one symptom, which hinders nature's expression of the true condition and not only mutilates the patient, but what is worse, mars the picture of the case upon which the homœopathist depends as the basis for treatment. The most serious result, however, from the standpoint of our distinctive pathology, is the cruel knock-out blow which the vitality suffers when a tumor is removed; for unlike some other forms of suppression, nature usually cannot re-establish the equilibrium by restoring the tumor, or when she succeeds in so doing it occurs in a different location and is usually much less responsive to treatment.

The question of malignancy, or rather the curability of any tumor, depends upon the vitality of the patient; if this be in a crisp, elastic condition, any tumor, no matter how malignant, is curable; but if on the contrary, the vitality has been lowered by care, worry, overwork, or prolonged sickness, and especially by partial or complete suppression of the tumor by ointments, caustic plasters or the knife, the prognosis is unfavorable for the patient no matter how harmless the growth itself may appear to be. True, the mere existence of a tumor at all is to some extent evidence of enfeebled vitality, or rather of such a serious hamp-

ering of the vital processes by one of the miasms that nature is unable to dispose of the internal trouble by any less dangerous method; and to my mind no procedure can be more harmful than the removal of nature's relief effort.

CASE I. Mrs. A., farmer's wife; large, strong, well developed woman. Was in perfect health when she suddenly discovered one breast completely solid, but without any pain or soreness; the discovery was quite accidental and she had no idea how long it had been growing. As usual in such cases, panic seized her and a removal was promptly effected. Her health remained fairly good for a year, when she declined rapidly, the principal feature of the case being agonizing pains across and through both shoulders, which caused unconsciousness for hours and even days, her life being several times despaired of.

She came under my care about two and a half years after the operation, and I first saw her in one of these alarming attacks. A dose of *Medorrhinum* cm brought about a favorable reaction with the ebullition of a rash; this lasted for a time, but the disease continued to progress until she died about four years after the operation of fibroid phthisis, which led me to believe that the original tumor had been also of that character.

Cases are presented to one's notice almost daily showing the harmful results of the removal of small benign tumors.

CASE II. Very similar to the foregoing, but in marked contrast, showing the curative action of the homœopathic remedy. A large, stout, hearty Irish woman about 40 years of age, had a cancer of the left breast of very recent growth. She had been condemned by the allopaths and came to the city for removal of the tumor, but some friends brought her to me. The whole breast was absolutely hard, almost a rocky hardness, and the nipple was strongly inverted; she ascribed it to a hurt from carrying a large armful of wood on the left arm, pressing heavily against the breast. I gave her one dose of *Conium* cm and a supply of placebo; she returned in one month entirely cured, the breast being as soft and natural as the other.

CASE III. Last winter a lady whose sister had died of cancer two years before, consulted me about a lump in her breast about

the size of a goose egg. After studying the case a dose of Sulphur was given and a cure resulted in six weeks.

CASE IV. A seamstress had a large bluish red tumor on the right thumb which an allopath was about to remove by excision when she consulted me. The symptoms all pointed to Natrum mur, one dose of which effected a cure in a few weeks.

CASE V. Reported by my confrere, Dr. Quackenbush: A woman 37 years of age had been under old school treatment for three years with abundance of quinine, etc. She was suffering with Bright's disease and had a tumor in the left breast 5 inches in diameter. She presented all the characteristic features of a Sepia case and one dose of the remedy entirely cured her in three months, and she remains a well woman to this day.

Fungus *Bæmatodes* Removed by *Silicea*.

DR. W. E. LEDYARD, SAN FRANCISCO.

April 14th, 1889, Mrs. H. H., about 60 years of age, presented herself for treatment. She had on the palmar surface of the metacarpal phalanx of the left middle finger—a small, *purplish venous tumor*, occasionally *discharging black blood*, which kept welling up, saturating the bandage which she wrapped around the finger. *Pressure* produced a *pricking* sensation.

There was *falling out of the hair*, after pneumonia. Scalp *sore to the touch*; weak feeling with aching and *drawing* in left groin when walking.

Finger-nails, thin, brittle furrowed; occasional sharp pain through left chest; brick-dust, adherent sediment in urine.

April 15th. Weary, constant *cold*, chilly, uncomfortable feeling across chest; tumor has not bled since yesterday but is more sore.

June 3rd. Has had several doses of *Silicea* 200, since the 15th of April, and the *fungus tumor has not bled for over a week*.

Under the rubric: *Nails furrowed*; we have: *Ars.*, *Fl. ac.*, *Saba.*, and *Sil.*, the last occupying first rank.

Under: *Nails brittle*; *Sil.* takes second rank, with *Sulph.* and

Graph., and takes precedence of seven other brittle-nail makers and unmakers.

Under the heading: Fungus hæmatodes, we find Silicea taking the lead, with Ars., Carboan., and Phos.; while fifteen more remedies assert their power *ceteris paribus*, to remove a bleeding fungus tumor.

June 4th. Silicea 500, one dose, dry.

July 4th. Our patient went East on a visit and reported as follows: (Letter from Lexington, Mass., dated June 27th). Fungus hæmatodes *bright red, as though it would bleed if uncovered*; no soreness; no crawling. Slight pain in left chest while traveling. Silicea 40m. one dose, dry, sent by mail.

July 14th, Boston. The tumor has not bled since, but is *much swollen and very red*; obliged to keep a bandage on the finger; have had some pain in the left chest; weather very warm.

July 25th. Sent another dose of Silicea 40m, which we learned later she did not take on account of other symptoms.

July 30th, Newbury, Vermont. Fungus hæmatodes *not so swollen*; now there are three purplish swellings; hasn't bled since leaving home, complains of painful diarrhœa, stiffness in small of back, etc.

August 3rd, Newbury, Vermont. Tumor decidedly smaller.

August 11th, Newbury, Vermont. *Now there is only one bright red spot*. Late in the autumn of the same year our patient returned to California, but long before her arrival at home she states, the bloody fungus tumor had completely disappeared.

Thus there were taken several doses of the above remedy, Silicea, in the 200th potency; one in the 500th, and one or two (I never heard whether she took the second dose) of the 40m.

Many years ago, our patient tells us, she had a *similar tumor* on the thumb, *which was cut out*, leaving a *contraction* and an *unsightly scar*. Which treatment do you prefer? Which is the scientific treatment?

Experience in Mexico.

EMMA L. WARNE, M. D.

Case I. March 1st. Woman 30 years old, Mexican, eight

months pregnant. Worst case of aphthæ I ever saw. Whole buccal cavity, tongue and lips, covered with patches; so painful she could hardly eat. Patient had been under allopathic treatment for four months, and as she expressed it, "had taken enough strong medicine to kill her," without relief. Symptoms as follows:

Heat and pressure in top of head.

Burning soles of feet.

Cannot keep them covered at night.

Cannot bear to wash even face.

Hungry in forenoon about eleven o'clock. Sulph. cm. one dose.

In ten days mouth nearly well; all symptoms relieved.

Case II. April 3rd. Same woman in labor.

I was called at 8 a. m. Patient restless and ugly.

Surface of body cold.

Pains slow and faint.

Finding little progress at 2 p. m. I gave *Secale cm.* two powders fifteen minutes apart.

At 4:30 a baby girl was born dead; lower part of face showed decay; navel decomposed; fourth child.

Mother made uneventful recovery. Used *Arsenicum cm.* one dose for suppressed urine after delivery.

Case III. In December, 1899, Mrs. J——, 64 years, consulted me for relief from insomnia.

Under a good deal of mental strain.

Wide awake nights.

Drinks strong coffee.

Face flushes easily.

Lymphatic; suffering from proclivencia.

Gave three powders of *Coffea cm.* to be taken one each night.

One week later was called to prescribe for erysipelas of right side of face; eye swollen shut; face purple and a good deal of heat.

I instructed the nurse to keep cloths wrung out of hot water on the face and in three days all trace of inflammation had disappeared. Patient remained in bed ten days; at end of sickness

uterus remained in place after three local treatments with cotton tampon.

Trouble has never returned. I used only Sac. lac. after Coffea, until complete recovery.

Clinical Verifications.

ROBT. N. MORRIS, M. D.

CASE I. NUX VOMICA. Mr. B——, age 40, of the brunette type, weight about 130 pounds, dark hair and eyes, muscles of dense strong fibre. Occupation, machinist, in a cloak factory, where his duties consist of keeping in order some 200 fine sewing machines and other fine machinery, all of which was directly under his care, and he was held responsible for its safe keeping.

Came to me for relief of his mental symptoms, which he described as follows :

Cannot hold his temper, was in a chronic state of irritability ; was afraid that he would break some of the machines, from sheer inability to fix them properly on the instant.

Could scarcely force himself to attend to the details necessary in order to do his work properly.

Was in an aggravated condition at the girls who worked the machines, because they let them get out of order ; had no patience with any one that did not understand the business as well as himself.

Was cross with his wife and children, when at home, and dreamed of irritating things at night.

Constipated, with hard, small stool.

Sleep restless, in the latter part of the night.

Felt much worse in the morning.

Prescribed Nux vom. 1 m. every night at bed time for one week, and to call at the expiration of that time.

First report, better in every way, and I repeat the remedy, at longer intervals.

Second week. Constant improvement, which has continued uninterruptedly.

No change was made in his remedy, and there has been no call to change the remedy. Six months since beginning the treatment he reports that he is perfectly well.

The above case was of several years' standing.

CASE II. Mrs. S——, aged 32. Has a family of three children; the youngest is one year old.

Sanguine, bilious temperament; has a good family history; resides in Elgin, Ill.; was called in consultation with an allopathic physician.

About nine weeks previously had had a miscarriage, induced by taking some black pills. The hemorrhage had been very severe, lasting about three weeks. Since that time had been troubled with a profuse, offensive, greenish-yellow discharge, which had an odor of decaying fish.

Now has a constant cough, with a profuse expectoration of pus-like substance, which sinks in water.

Great soreness in the region of the attachment of the diaphragm to the chest wall, on both sides.

Constant rise of temperature, ranging from 99 at 6 o'clock a. m. to 103 at 8 p. m. Night sweats at about 4 o'clock every morning, which left her in a very exhausted condition.

Abundant mucous rales in the upper portion of both lungs. Soreness on percussion. Rapid losing of flesh, with good appetite.

Cervix soft and standing open, allowing the examining finger to enter to the second joint easily. Body of the womb about one-third larger than normal.

All the symptoms, especially the cough, were in the open air and in a warm room.

Very despondant; thinks that she has consumption and will soon die. Cannot tell her symptoms for weeping.

Prescribed Puls. M. one dose, with a placebo four times a day.

One week made a wonderful change for the better in this case and no change was made in the prescription. During the second week the patient had a bad domestic experience, which excited her very much, and I was sent for again. I found the

pulse very rapid, the temperature was 104, and the cough hard and constant.

No change was made in the remedy, but the patient was removed from the liability of a repetition of the former excitement.

In another week I had the pleasure of seeing the most marked improvement in the condition of this patient. Cough much better. Night sweats stopped. Soreness in the sides nearly gone. Temperature normal. At the end of the second week I prescribed Tuberculinum 200. A powder at bed time every second night.

Now, four weeks after the case came into my hands, the patient is in a fair way to make a good recovery.

No other remedy has been given, and probably no other will be required.

This was a case of retained secundines, and the patient would have developed phthisis if the proper remedy had not come to her rescue.

CASE III. NUX VOMICA. Mr. P—, aged 32, unmarried, a native of Norway, brown hair, blue eyes. Has been confined in the asylum for the insane at Dunning for two years. Was discharged, cured, about three years ago. Now seeks relief from "funny feelings" in his head. The "attacks" are of frequent occurrence. Come on at all hours of the day and night. Describes them as a kind of dizziness which seems like noises in the head. Cannot sleep on account of the voices that he hears.

Both ears discharging a thin viscid pus, that has the odor of decaying flesh.

Will not look any one in the eye.

Has a marked aversion to company, but is afraid to stay alone.

Denies that he has ever practiced masturbation.

Appetite poor and capricious.

Bowels constipated. Stool hard, brown, dry and passed with much effort.

Is much afraid that he will again be sent to Dunning.

Feels that he is going crazy. Is profoundly religious.

Is always praying and talking along religious lines.

Family history shows a degenerative tendency. One brother died of consumption, and one sister is insane. Mother is insane, and father died in a drunken debauch.

Patient is well developed, and has a normal sexual desire.

My first prescription was Conium mac. 1 m. In one week showed no improvement.

Second week gave Calcarea 1 m.

No marked effect.

Third week he had Nux vom 2 x three times a day immediately after meals. This seemed to make a very decided impression on the case. He reported that he was feeling better than he had for several weeks.

I repeated the remedy, only had the medicine taken twice daily instead of three times.

The reports continued favorable and I kept up the Nux, only giving it at longer intervals for three months.

At the present time he is taking it once in two days; and the results have been uniformly good.

Will he get well?

Corrosive Sublimate: Accidental Poisoning.

BY ROBERT N. MORRIS, M. D. PROFESSOR DISEASES OF THE CHEST,
HERING MEDICAL COLLEGE, CHICAGO, ILL.

On the 18th of November, 1900, at 3 o'clock p. m., I was called hurriedly to see a man who was very sick, and had been vomiting since 1 o'clock that afternoon.

He was an unmarried man, aged about 36 years; sanguine temperament, blue eyes and light brown hair.

I found him trying to vomit, each effort being attended with the raising of a small amount of bright red blood, mixed with mucus.

Pulse was weak and rapid; extremities cold; face anxious; nose pinched; legs flexed. By his bed side there was an ordinary chamber vessel, about half full of blood and mucus, which I was informed he had vomited since being sick.

On repeated inquiry as to the cause of so sudden and severe an attack, he informed me that at 1 o'clock he had taken a swallow out of a bottle he had found in the basement of his sister's house, where he lived, and had immediately commenced vomiting. The

bottle was labeled alcohol. The suspected bottle was produced. It contained about 8 ounces of a clear colorless liquid, of a pungent odor, and a corrosive, acrid taste. I took a sample for analysis.

Before my arrival he had been to the closet two or three times, and had passed stool containing blood. The bowels moved while I was present, and the passage seemed to be clear blood.

I prescribed hot, strong tea, also raw eggs and milk, to be given internally, and to keep the stomach always full of some liquid, either tea or coffee or milk, in order to overcome the hemorrhage if possible, and to leave something to vomit, in case the retching continued.

By the various tests I found that the substance taken was an alcoholic solution of Corrosive Sublimate.

The second day developed a general hemorrhagic condition; blood coming from the eyes, ears, nose and bladder, in addition to the hematemesis and rectal hemorrhage before mentioned. Salivation extreme, gums blue, swollen, spongy and retracted. Teeth loose and sensitive. Breath terribly offensive. Saliva and blood constantly oozing out of the mouth. Urine scanty.

During the third day hemorrhoids appeared about the anal margin. These soon ruptured and bled profusely, leaving a sloughing sore.

Ptyalism, more marked, with sloughing of the gums.

Three or four well defined ulcers appeared upon the mucous surface of the prepuce, and on the glans penis, which had a very close resemblance to the true hard chancre, of syphilis. Phimosis, making the proper dressing of these ulcers very difficult. General retraction of the testes, penis and scrotum caused me surprise, the testicles disappearing, and the site of the penis being marked only by a bunch of wrinkled and puckered prepuce.

The urine was entirely suppressed for three days and nights, finally returning scantily, as a clear straw-colored fluid, with hair-like particles floating in it. These were probably tube-casts from the kidney. Did not examine microscopically.

The marked symptoms noticed are about as follows:

MIND: Fear of being touched, not that touch would be painful, but a desire to be left alone.

Said he "thought the touch would be very disagreeable."

Did not wish to be left in the room alone.

EYES: Injected, with oozing of blood from the corners.

EARS: Tendency to pick at the ears. Blood from the ear.

Hardness of hearing.

NOSE: Sore, cracked, bleeding, painful.

MOUTH: Cadaverous odor of the breath. Soreness of the mucous membrane of the buccal cavity; spongy, bleeding, gangrenous condition of the gums.

Later the mouth became dry; tongue cracked and sore.

CHEST: The principal pain complained of was a crushing pain in the chest, as if a weight or tight bandage prevented respiration.

STOMACH: Hiccough was a constant symptom. Vomiting of blood and mucus. Could retain nothing in the stomach.

KIDNEYS: Urine bloody, suppressed. Clear, containing tubercasts.

SEXUAL ORGANS: Marked retraction of the testicles and penis.

Ulcers on the glans penis and prepuce.

RECTUM AND STOOL: Profuse bloody stool. Hemorrhoids, protruding, ulcerated, bleeding.

UPPER EXTREMITIES: Soreness of the finger ends. Marked tremor.

LOWER EXTREMITIES: Legs cold, flexed and trembling.

SLEEP: No sleep during the nights, fitful naps during the day.

Nights were much dreaded. All symptoms much aggravated at night.

This patient had been sick some years ago and had had an operation on his back for a glandular trouble. Was of a scrofulous nature.

Death occurred on the twelfth day from exhaustion.

No fever was noticed at any time during his sickness.

Had it been possible to save this man's life, a complete history of his case would have made a valuable addition to literature of the drug.

Inflammatory Rheumatism: Lachesis.

Mrs. L., aged 20. Was called at 6 a. m. January 3d. Suffer-

ing intensely with rheumatism of left arm and leg. Joints swollen and very sensitive to touch.

Foot drawn in, arm drawn to side and fingers clinched.

Least movement, or touch.

From anything tight around body or neck. Said she never could wear a collar like other girls and thought it very strange my asking if her collar troubled her.

After sleep, she said: "Doctor if I could keep awake all the time I could endure the pain, but the pain after sleep is more than I can bear."

Sick stomach; could not retain anything. Temperature 103, pulse 120.

She had other symptoms, but these are enough to make the prescription certain.

She had been under old school treatment for three weeks and growing worse, and had gotten so morphine did not relieve the pain.

Lach. 30, promptly reduced the fever, and it never returned; also relieved the stomach, and she felt better generally. That night rested better than she had for three weeks. I was very anxious to get her up and imagined I saw Guaiac; then Caust, on the second day, but without any result. I again gave her Lach. 30, then 6x, and no response worth speaking of.

Lach. 3 cm. (Finke), several doses so improved her condition that she was up on the fourth day, and the tenth day went to Dallas and is now in Austin, and well, except the middle finger is so contracted it is impossible to extend it. The tendon seems to have shortened. Will some good doctor write me how to get that finger to its normal condition?

G. F. THORNHILL, M. D.,
Paris, Texas.

Melancholia: Arsenicum.

HARRIET S. TAYLOR, M. D., SPRINGFIELD, ILL.

Mr. A—, aged 27. Subject to melancholia for more than two years; was running down rapidly, becoming hollow chested;

morose, suffered from night sweats. Went to mountains to get health, but failed to find it; in fact, felt worse there.

I was called about 2 o'clock in the morning to see him and found the patient had not been asleep and had reached a stage where he could not endure his condition any longer.

Intense restlessness, profuse and debilitating night sweats and intense anxiety about sounds heard in forest around him.

Pulse and tongue normal, but mental symptoms prominent.

I took out my case and prepared a powder of Arsenicum 1 m. and was about to give it to him. He covered his face with his arm and I said: "Are you afraid to take this medicine?" "Yes doctor," he said, "I have not taken a dose of medicine for two years, that I did not think was poison."

After some persuasion on my part he took the powder and I went home.

In the morning I saw my patient. He had gone to sleep quickly after the dose and arose at 11 a. m. the next day.

His night sweats left him; he became more cheerful each day; began to gain in flesh, and found courage to go on the water, which he had lacked up to this time.

For three weeks he improved and had no medicine; not even placebo.

Then after a tramp of some miles in the mountains he had another night sweat, brought on by too great exertion, I think. One more dose of Arsenicum 1 m. *cured* him.

He now weighs thirty pounds more than he did last summer, and is cheerful and *well*.

No one could have failed to see Arsenicum in this case. The result was rapid and perfect.

Every Day Cures.

DR. FRANK WIELAND, CHICAGO.

CASE I. ORCHITIS: PULSATILLA 200. Late one night I was called to the hospital on whose staff I am to see a man assigned to my care. He was suffering with metastatic orchitis. His tem-

perature was 104°, his left testicle enormously swollen and sensitive to touch.

I directed the nurse to keep hot applications on the testicle during the night and to give Puls. 200, a dose every two hours until I returned. In the morning the temperature was 101 and the swelling reduced. The next morning 99 1-5° and the recovery, in every particular, pronounced.

Pulsatilla or Gelsemium have usually controlled these cases.

CASE II. GASTRIC FEVER: BRYONIA. The patient was a boy of ten, and an only son. He had been ill with what two allopaths called gastric fever, for two weeks, and was quite low.

As he did not seem to give any evidence of improvement the old school physicians were dismissed and I was called.

It was a typical Bryonia case. The aggravation from motion being pronounced. As I remember now, he had no remedy but Bryonia and was dismissed as cured in eight days. The case secured me the family and Homœopathy some firm friends.

CASE III. NERVOUS PROSTRATION: PULSATILLA 1 m. Miss X— had never been under homœopathic treatment while at college; she had over-studied and on account of nervous conditions she was obliged to give up her work and come home to Chicago. Her case was almost symptomless. She was a tall blonde girl, with pink cheeks and the picture of health; but for no apparent reason she would be taken with crying spells, for which she could give no reason.

The least exertion would tire her, and be followed with the inevitable tears.

For a year she was under old school treatment, taking strychnia every day; but she grew no better. She was directed to me by one of my friends. Her case seemed to call for Pulsatilla. I made my first prescription five weeks ago. She has had no crying spell for over two weeks, has grown heavier and pronounces herself cured.

Pulsatilla has often disappointed me, although I doubt very much if the fault has been with the remedy.

A Teething Baby.

DR. AMELIA L. HESS, PHILADELPHIA, PA.

This case is interesting from the fact that he is the fourth child in a family where they have always had convulsions in dentition, and the one next older than he came to his death in that way. The parents of the child are more than delighted with homœopathic treatment.

BABY F. B., AGED 3 MONTHS.

Oct. 1st, 1897. Large head, small fontinelli; light hair; large, sky-blue eyes; nervous; starts and cries out; cries constantly; hungry (?); bowels move soon as he gets up in the morning; skin unusually white and colorless. Natr. m. cm.

Oct. 8th. Cries less than before milk was increased; strains at stool; dislikes water. S. L.

Oct. 28th. Stools excoriating; look green; very foul odor. S. L.

Nov. 6th. Cold in head. Natr. m. cm.

Nov. 12th. Cold not much; stools chalky, crumbly, dry. S. L.

Nov. 19th. Fretful day and night. S. L.

Nov 23rd. Cutting teeth; bowels move with a gush; greenish gray or light putty colored; smells like decayed cabbage; cross; hard to put to sleep; starts and cries out. Calc. 13 m.

1898, Jan. 3rd. Teeth out; was well after that until now; stools like chopped spinach and eggs; cross. Calc. 13 m.

Jan. 7th. Stools light green, watery, very offensive. S. L.

Jan. 8th. Worse in every way. Bell. cm.

Jan. 9th. Better. S. L.

Jan 21st. Appears to be in good health. S. L.

Feb. 4th. Cold in head; caryza; bowels loose; four movements in six hours; greenish, with a few white lumps. Bell. cm.

Feb. 8th. Improving. Bell. cm.

Feb. 11th. Cold in head and chest; tightness on chest; hoarseness. Bell. cm.

March 4th. Cold in head; all stopped up; nose running, sneezing. Bell. cm.

March 11th. Improving. S. L.

March 18th. Restless nights. Bell. cm.

- March 30th. Hard, dry, hacking cough. Bell. cm.
- July 2nd. Very well until now; fretful and restless for several nights; crying spell yesterday; only "cat naps" during the night; this morning a very green stool with light slate colored lumps in it. Bell. cm.
- Aug. 4th. Constipated; well in every other way; has just cut another tooth. Calc. 13 m.
- Aug. 19th. Diarrhœa; watery, tenesmus; due to cool wet weather. Bell. cm.
- Sept. 7th. Cold and dentition. Bell. cm.
- Sept. 15th. Was better; diarrhœa this morning; cutting a tooth now; cut five this summer. Bell. cm.
- Sept. 21st. Sleeps better. Calc. 13m.
- Oct. 8th. Cold in head and chest; rattling cough. Bell. cm.
- Oct. 11th. Worse at first, then better for several days; now paroxysms of cough Bell. cm.
- Nov. 11th. Cold; has two double teeth. Bell. cm.
- Nov. 21st. Cutting two double teeth and the eye teeth; feverish and fretful. Bell. cm.
- Dec. 24th. Feverish, r. cheek red; thirst; stools, curdy, white, large pieces; restless, moans. Bell. cm.
- Dec. 29th. Was improving; I was called out of town several days; another doctor was called; child very ill; pneumonia threatening; coughs; dry, rasping, incessant; flapping of wings of nose; r. cheek red; stools, clay color. Bell. cm.
- Dec. 30th. Improving. Calc. cm.
- Jan. 1st, 1899. Well. S. L.
- Jan. 18th. Stools like scrambled eggs; cross and sleepless at night. Bell. cm.
- Jan. 19th. Bowels still loose; cough, hard, dry; cheeks flushed. Bell. cm.
- Feb. 24th. Cutting teeth; fretful. Bell. cm.
- March 7th. Teeth not through yet; gums swollen and sore; stools mushy; much flatus; body hot; perspires freely. Calc. 2m.
- March 10th. Cold, stiff neck; bowels better. S. L.
- March 16th. Irritable; bowels irregular; stools slimy; strong odor; urine strong odor, stains napkin; losing in weight, muscles flabby; loss of appetite. Silica 6m.

- May 12th. Cold; cross. Bell. cm.
 May 19th. Rattling cough in morning; better generally.
 Silica 6m.
 June 2d. Gums red, swollen; fretful at night. Silica 6m.
 June 15th. Urine stains linen yellow and is very offensive.
 Silica cm.
 June 21st. Improving. S. L.
 July 8th. Fretful, peevish; crying spells, will not be comforted; finally chews his fingers; teeth; hands hot. Silica cm.
 Aug. 12th. Diarrhoea; fretful; cries out in sleep. Silica cm.
 Nov. 20th. Cold in head; intense earache; cough, rattling on chest. Puls. 10m.
 Nov. 27th. Generally well; physical examination revealed weak ankles and "pigeon breast." Calc. 13m.
 Dec. 11th. Croupy cough. S. L.
 Dec. 29th. Improving; beginning of a cold. Calc. 13m.
 Jan. 12th, 1900. Very well. S. L.
 Feb. 2d. Irritable, contrary. Calc. cm.
 March 3d. Loss of appetite; fretful. S. L.
 April 27th. Irritable. Silica 6m.
 May 5th. Complained of pains now and then before May 2d; diarrhoea and vomiting May 2d (night); much less irritable; better color today. S. L.
 June 4th. Had a very bad fall—struck head on stone steps. Arnica 40m.
 June 30th. Vomiting at intervals; restlessness at night; thirst; feverish; no appetite. Bell. cm.
 July 15th. Improving; some pain in abdomen. Silica cm.
 July 24th. Peevish; loss of appetite. Puls. cm.
 Oct. 1st, 1900. The little fellow is now enjoying the best of health. His ankles are strong and his chest developing.

Case of Suspected Phthisis Cured.

L. C. FRITTS, M. D.

Miss B., age 23, elocutionist; tall slender brunette; nervous temperament, with a gentle amiable disposition. Family history

is favorable. Father, 61, an active business man, has excellent health, and the mother in good health at 53. Two brothers also healthy.

Miss B. came to me in June, 1897, for the treatment of a lung difficulty of three months' standing under the care of an allopath, who despaired of recovery, having gone so far as to pronounce her case phthisis, saying that her only hope was in a higher and dry altitude.

When I first saw her she gave the following history :

Early in March during an entertainment at night she noticed an itching and burning accompanied with pain on the left side of her face, which grew much worse while exposed to the open air on her way home. The following morning the upper part of her face was involved with symptoms much worse, the eyes being closed from the swelling.

She was prostrated with fever and confined in bed. Her physician was called who named the sickness erysipelas and treated in the old school way, using locally, iodine solution and ointments over the affected parts.

The eruption and swelling subsided and disappeared in about ten days, but she left her bed in a weakened state. At this time a harsh, dry cough appeared, accompanied with coryza. This was said to be a cold and belladonna plasters and coal oil applications were made to the chest without relief. She experienced no relief from treatment and gradually grew worse, until at the end of three months her case was pronounced phthisis and she advised to seek a higher altitude and dryer climate. It was at this time I was consulted, and she presented the following picture :

Pale, careworn; hollow circles under the eyes; emaciated; skin dull and lifeless; hands cold and damp. There was marked prostration by slight exercise.

The cough was hard, persistent, coming from a tickling sensation in the larynx and throat, worse at night when lying down, after going to bed, deep inspiration, talking, exercise, when stomach was full.

Cough was relieved when sitting up in bed and when quiet. The expectoration was at first slight, but is now more profuse, yet hard to get up, which is a glary mucus with streaks of yellow.

The tongue is red with a thin white coating.

Appetite poor; digestion fair; stools small and constipated.

Night sweats for some time; after sleep and midnight.

Had some frontal headache when she became tired.

At times there was nausea after coughing.

Nervous and inclined to be irritable.

Thought she had lost between ten and fifteen pounds since she became ill.

Respiration twenty-six to thirty, limited on left side to lower lobe, the upper lobe being dull and inactive and full of fine rales.

Pulse ranged from 80 to 100, and temperature ranging as high as 100 in the evening.

There was tenderness in left chest and in bronchi on right side.

She was restless and sleepless at night with unpleasant dreams and morning prostration.

My first prescription was Hyos. 50 in divided doses four times daily, and she was to report in four days, at which time very little change was noticed. The cough was spasmodic in character, shaking the whole body, as she expressed it, confined more to evening, 8 to 10, and morning, 5 to 6 o'clock; gave placebo and told her to return in four days. At the next call no further change could be noticed. I had looked carefully over my notes and decided to give Rumex Crispus if there was no improvement from Hyos. Rumex was given, one does B. & T. 1 m. and placebo.

At the next interview, July 1st, twelve days after seeing her, there was marked change in every way, and she was sent home with placebo for four more days.

The lung was clearing up rapidly. The cough, less severe and frequent, was causing very little trouble at night. She was sleeping much better and night sweats had disappeared. The sputa was also clearing up, becoming more and more a natural saliva. Appetite increasing, bowels regular and normal. She was growing stronger and more like herself again.

On July 21st she called to report and was gaining rapidly. Made her last call on August 1, less than two months after the first, and was discharged with some placebo powders, one to be

taken each night. I have seen her many times since, well and full of her old ambition and activity. Saw her a short time ago, when she informed me that she still had one of those white powders to look at. The question arises was this a case of phthisis or suppressed erysipelas? Or, if it was suppressed erysipelas, would it have ended in phthisis had she continued in the care of the old school physicians?

My belief is that if it were not phthisis it would have been and the patient would have died of it inside of a year, though I had no microscopic confirmation of the diagnosis. What I cared most about at the critical time was the remedy and prognosis, and in this case it matters not what the diagnosis.

[COMMENTS: This is a good cure of a case, not uncommon, but which often die during dentition. The record was well kept. It is what Lippe called a "zigzag cure" and would have been much hastened by an occasional dose of Tuberculinum, the chief indication being the tendency to relapse. Calcarea is the complement and chronic of Belladonna and Tuberculinum the chronic of Calcarea, in this case, were indicated in that order.—ED.]

Glaucoma.

FREDERICK WILLIAM PAYNE, M. D., BOSTON, MASS.

The following interesting case of glaucoma came to me for treatment on March 20th, 1899; the history as then elicited was as follows: Mr. C., age 64, is a machinist by trade. He is an inveterate smoker, using the strongest kind of a nicotine-soaked pipe. Two years previously he had a sudden, severe attack of acute inflammatory glaucoma of the right eyeball; the distinctive feature, at that time, being as is to be expected in such cases, much ciliary neuralgia, and vehement pain, with rapid augmentation in the tension of the globe; the eyeball feeling, under palpation upon the closed lids, as solid, and tense as from the presence of a marble there; the increased tension was accompanied by sudden and remarkable *reduction* of the visual ability, with great turbidity rapidly developing in the aqueous humor;

the pupil became dilated and adhered, the character of pain in the eyeball and surroundings was severe wrenching, as if the globe was drawn in, and greatly compressed and contracted; the obliteration of the visual perception began at the *centre* of the field and spread rapidly to the periphery, till all consciousness of the presence of light had vanished, leaving the eye totally and irreparably blind; not a vestige of the presence of light remaining; this acute glaucomatous process was completed in less than an hour after the onset of the first sensation of pain in the eye. The crystalline lens rapidly swelled, becoming densely opaque, developing large blood-vessels upon its superficial surface, that showed themselves within the area of the greatly dilated and paralyzed pupil. Such was the state of the right eye under the fulminating process, when he came to my office, concerning the condition of the left eye in March, 1899. At this time he reported that the eye was becoming hazy, so that he found considerable trouble in locomotion, owing to defective vision; his ability in reading was also markedly curtailed; objects becoming "mixed," as he said, and as if seen through a misty atmosphere, as of a gauze before him; he had diplopia existing at times, with the left eye alone, particularly so as the light glanced from the brilliant arm of his spectacle frame. On ophthalmoscopic inspection the crystalline lens showed lines of incipient opacity in its substance; this condition of the lens, owing to the cataractous advancement, and swelling of the layers of the lens substance, one to this advancing process, probably accounted for the diplopia existing in the one eye. He saw many dark-colored specks, about 1-16 to 1-32 of an inch in diameter, floating before him. In attempting to read objects looked hazy, and, as he says, "get mixed"; and he had a disposition to remove something from the eye by rubbing it, as if a film of mucus was there, but unsatisfactorily and without relief to the feeling. The tension of the eyeball, under palpation, was noticeably increased and unmistakably suggested a glaucomatous process already under way; the eye had a feeling as if water was constantly running into it, as if occasioned by the presence of a biting, irritating smoke; the eye felt as if *too small*, and *shrunken*, with a cold feeling in it, as if air was

blowing on and through it; he has sudden flashes before him, as of electric sparks at times.

Notwithstanding the profundity and colossal magnitude of the situation, and the prospect of total blindness ensuing in this case, the few pronounced and keynote symptoms that were present seemed so unmistakable and direct in their importance, and apparently stood forth so prominently as an aid and guide to one for the prosecution of a study in an attempt at the choice for the *similia*, that much encouragement seemed thereby proffered for a diligent prosecution of the investigation that must always be necessary in the search for the genius of a remedy, and its applicability as the homeopathic *simillimum*. From the fact that *central* vision was primarily invaded, then extending its baneful influence therefrom peripherally, first called my attention for study to *Crocus sativa*. This peculiarity of invasion of the visual field, viz., from *centre* to periphery, with the circumference remaining much more visible than is the *centre* of the field, is found in Berridge's Complete Repertory of the Mat. Medica, in the part including *Diseases of the Eyes*; and *Crocus sat.* is the only remedy found there, and given under that rubric. At any rate it proved an important *starting point* for me in the study of this case. In Hering's Guiding Symptoms, under Sight and Eyes, are the following symptoms, viz :

Sudden flashes before the eyes, like electric sparks.

Light seems dim, as if obscured by a veil.

Acute tearing pain in head and right eye, with dimness of vision, and a sensation as if cold air was rushing through eye.

Sore burning in eyes after reading a while; also dimness; must wink frequently.

Pupils much dilated, and *immovable*.

Pain in eye to top of head; pain in left eye darting to right; a few moments' use of the eyes causes feeling in them as if room was filled with smoke, succeeded by a feeling of dimness and burning, very soon succeeded by lachrymation.

Feeling as though water was constantly coming into the eyes.

Feeling as of biting smoke in the eyes.

Extreme **photophobia**, and most copious **lachrymation**.

Must wink, and wipe eyes frequently, as though a film of mucus was on them.

Feeling in eyes as if they had been violently weeping, with corresponding appearance of weeping, beginning in left and extending to right eye.

Worse from looking *fixedly* at an object; cannot even thread a needle.

Constant winking with tearful suffusion of the eyes.

The following additional symptoms of this case were found in Jahr's Symptomen Codex, under the proving of *Crocus sativa*, viz: *Dilatation of the pupils.*

Her eyes see through a mist, as if she had a gauze before her eyes; she has to wipe them all the time, after which her right eye is indeed clearer, but the dimness returns constantly.

Frequent blackness before the eyes.

Obscuration of sight, after which a sensation as if bright stars were dancing before her eyes.

When reading *he imagines that he has a gauze before his eyes*, which disappears by frequent winking.

Dimness around the eyes, and *darkness in front.*

Simple pain in the eyeballs, as if he had been looking through too sharp spectacles.

He is frequently obliged to wink, and to wipe his eyes, as if a pellicle of gum were drawn over them.

Inclination to close the lids firmly from time to time.

Sensation as if the eyes were becoming smaller.

Sudden flashes before the eyes, like electric sparks, in the day-time.

Aching pain in the eyeballs, with profuse running of water; upon the pain disappearing, great dim-sightedness set in.

He cannot read a word without a quantity of tears rushing from the dim eyes.

Sensation in the eyes as if smarting from smoke.

Sensation in eyes as if she had been weeping a good deal; they feel swollen and tight, without anything being perceived in the eyes by others.

Nightly spasm of the eyelids; on waking at night she feels as if

she could not open her eyes, as if a weight was pressing upon them; if she tries to open them by force she experiences a tension and pressure in the eyes, and succeeds only after many attempts in opening them imperfectly by dint of rubbing and pressing.

Relief to pain, and congestion of the eyeball began to subside almost at once, after a few doses of the remedy was given in the 200th potency; the visual blurring rapidly decreased, and the eye was promptly soothed into a passive condition, wherein he was able in the course of 3 or 4 weeks to resume his occupation as machinist, and as he said, was able to see very comfortably and clearly even in positions where the light was greatly curtailed, in shadowy places. Now nearly two years have passed, and he is still taking, at intervals, an occasional dose of *Crocus sat. 200*. He is regularly pursuing his vocation with comfort and success. He wears lenses for both distance and for reading. The wonders resulting from the use of any curative agent, even although directed by the exactness of an unvarying and precise law of cure, such as is vouchsafed us under the guidance of the homeopathic law of cure, "*Similia, Similibus Curantur*," where such terribly obstructive influences are encountered, and brought in obedience, through its application; while the cyclonic whirl of destruction is soothed into the placid, unruffled calmness of restoration, by its means, seems almost as magical to me as would an re-awakening to life, after death; for the process of destruction induced by acute glaucomatous influences, is that of the greatest profundity, and undermining seriousness—a process that almost invariably leads to absolute and total blindness in the course of a few minutes, or at most, in a few, short hours. Such a remarkable curative influence as here described leads one to feel that where *exactness* in prescribing and *promptness in application* is permitted us, a restoration from almost any damaging process of disease is highly possible of accomplishment. Enthusiasm and reverence for such a wonderful law of cure awakens and re-awakens renewed earnestness of purpose for careful and persistent study in each individual case, not only for the good of the cause, but also for the benefit of suffering humanity.

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Avenue, who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

HOMEOPATHIC TEACHING? The following notes from a lecture to the students of the Chicago Homeopathic College on the Treatment of Malaria, by Professor T. E. Roberts, would scarcely be credited were they not well vouched for. Contrary to custom we name the college and the man, for the faculty is composed of some of the ablest and best men in the profession and may desire to explain why the student who asks for bread is given a stone. Why the student who pays for a homeopathic education should receive in lieu thereof the rankest of empiricism in one of our oldest homeopathic colleges, may be of interest to the profession. The professor is an alumnus of the college, hence the faculty cannot plead ignorance of his qualifications. It is a gross fraud on the student and a calamity to the profession and to homeopathy. Is it sanctioned by the faculty and will it be defended? Here is the specimen :

Put the patient to bed at once and take the same care you would of any other acute disease. Light nutritious diet. Quinine at once, after diagnosis is made; when paroxysm begins to expire, start your quinine. Grade dose of quinine to patient. I give 5 gr. at a dose every half hour until 20 gr. are taken, with 10 drops Hcl. in water, which helps the stomach to digest the quinine; or give 2 or 3 grs. every half hour between paroxysms. Follow with 1 or 2 gr. after each meal for two or three days; then after two weeks give another course of quinine in small doses.

Sometimes patient cannot take the quinine by mouth; then use it hypodermically until you have given 6 or 8 grs.

Arsenic in irregular cases, anæmic and chronic.

Follow quinine with Arsenite of China 2x.

It is useless to say such teaching occurs in *some* of our homeopathic colleges; we name the college in order to correct the abuse. It is a privileged question, professional and not personal. It is of vital importance, for the welfare and perpetuity of our school depend upon the acceptance or rejection of such empirical

teaching. What can we expect from students who graduate from this college and then attempt to practice homeopathy, for the stream never rises higher than the fountain.

This teaching violates the first principles of homeopathy, for it instructs the student to treat malaria instead of the patient, a la allopathy. The same instruction is given at Rush, but it is not called homeopathic; and Professor Roberts need not be told that the giving of quinine for malaria is neither new, original nor homeopathic. From the standpoint of allopathy it may be highly scientific (?), but can the homeopathic student wield it more successfully than his allopathic brother? The homeopathic student will find what his homeopathic colleagues have found before him, that it will not cure the sick, and that it is little less than criminal to sail under false colors. Our best friends are those who tell us of our faults; and this is written more in sorrow than in anger, and not for the sake of criticising but to correct an abuse that is sapping the foundation of the school, for such teaching only confirms Hahnemann's exclamation at Paris during the closing years of his life when congratulated on the large number of his followers: "My true followers can be counted on the fingers of my two hands". The college is sowing the wind, the profession will reap the whirlwind.

Comments and Criticism.

Editor Advance: I wish to tell you of some of my experience since leaving Hering Post-Graduate last May:

CASE I. A German woman, 62 years old, who for months had been treated by a young allopath, and months ago he said she could not live, sometimes said she would live but a few days. The friends tell me that he said—I presume at different times—that "her stomach was rotten," "appendicitis," "inflammation of bowels," "cancer," "tumor," etc. The evening of Dec. 29th he saw her, said she was dying, could not live till morning. So they sent for a minister to pray with her. The minister was a friend of mine, and asked them to let him call me, to which they assented. I saw her about 11 o'clock that night. Her troubles were chiefly on the left side; burning, smarting, etc.

Would waken her in fear and agony.

She would sleep into the —.

I gave her Lachesis 30th and the next day she was better, so I gave Lachesis 1 m.

The next day she was much worse, but I concluded it was an — caused by the medicine—as I had given it in water, four teaspoonfuls half hour apart, so I gave Sac. lac. and waited. That was a month ago and she has taken nothing but Sac. lac. since and has improved every day; is up and about, eats well, does some work, and is extremely grateful. The neighbors think I have performed a miracle, for they had heard she was actually dying.

Now, I wonder when I will know that the Lachesis has spent its force and then what shall I do? Shall I repeat in another potency, or shall I give something else? As long as she improves I shall continue the Sac. lac., but I almost tremble when I think of the next step, which I expect may come at any time. Will you please tell me what to do?

CASE II. Another of allopathic *mis*-treatment, where one diagnosis was liver trouble; another had treated her for gall stones, and the patient, a woman about 50, had been for two years or so an invalid much of the time. When I was called one night found her with:

Pains in right hypochondrium extending to inferior angle of the scapula; could not lie down.

Constipated; stool white; urine very red. Forehead, cheeks and conjunctiva were yellow.

Complete loss of appetite.

I gave her Aesculus 30 with prompt relief.

The next night the same trouble returned, but did not respond so readily to Aesculus. The following day I gave Chelidonium 30, which relieved, longer than did the Aesculus, so I gave it higher, 1 m. in broken dose (4 doses, half hour apart), and followed with Sac. lac. That was nearly three weeks ago and Sac. lac. has continued to help her. The face has cleared up wonderfully. What shall I do when Sac. lac. fails to carry forward the cure? Shall I repeat Chelidonium or give some other remedy?

[COMMENTS. The Organon, § 245, explains "the mode of ad-

ministering the remedies." Here Hahnemann says: "Both in acute and chronic diseases, every perceptible amelioration that takes place making continual progress, though of ever so feeble a nature, is a state which, as long as it endures, formally forbids the repetition of any medicine whatever, because the one already taken by the patient has not yet produced all the good that may result from it. Every fresh dose of a remedy, even of the one last administered, and which had till then proved solutary, would have no effect but that of disturbing the operation of the cure." Then when improvement has ceased, a new picture of the remaining symptoms is to be taken and a new remedy selected for the totality as at first. This second prescription is often the most difficult one to make, and on its correct making the cure often depends. It is sometimes very difficult to be certain that improvement has ceased, and when in doubt the patient should have the benefit of the doubt. If the symptoms still call for Lachesis change the potency and repeat it. The complementary remedies may often be studied with benefit, when the selection is difficult, or the symptoms are obscure, but it is generally safe to allow the remedy to act until the symptoms point clearly to a new one.—ED.]

An Appeal.

To the Physicians of the United States: The National Woman's Christian Temperance Union has been active for twenty-seven years in combating the evils of alcoholic liquor drinking. Among its most effective allies have been those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

We are endeavoring to bring the teachings of such physicians to the people and we believe that much good is being accomplished thereby. It is apparent, however, that if the evils of liquor drinking (ill-health, poverty, insanity and crime), are ever to be fully abated, the medical profession must take a more active part in this much desired reform. They, more than any others, can disabuse the public mind of the old-time errors concerning the use of or necessity for alcohol, either as a beverage or for medicinal purposes. It would seem to be the duty of those to whom

the public looks for guidance in all things pertaining to health, to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system and to see to it that *their medical practice and teaching, as well as their personal example*, is upon the side of safety.

The New York School of Clinical Medicine, a post-graduate college for physicians, has just now opened a new department for the study of the constitutional effects of alcohol and other drugs.

HOMEOPATHY IN THE ARMY AND NAVY.—Apropos to this subject in our January issue, Surgeon General Sternberg says:

“Homeopaths have just as good a chance for appointment in the medical service as the adherents of the other school, although as a rule they do not show up as well at examinations.”

Surgeon General Van Reypen of the Navy, says:

“There are no homeopaths in the naval service, and the only way he could explain their absence was that they were unable to pass the necessary examinations.”

Chas. E. Alliaume, M. D., a homeopath of Utica, N. Y., indignantly characterizes these statements as false and misleading, and quotes statistics of the New York State Examinations in proof of his position. In the allopathic school 30 per cent of applicants fail; 19 per cent of the eclectic school fail, and 15 per cent of the homeopaths fail. These facts seem to prove that the army and navy medical authorities are juggling with the question, and that their reply to the inquiry of Attorney General Griggs will not bear investigation. We venture the assertion, however, that the question will be investigated in the near future and perhaps the entrance examinations placed in the care of an impartial examining board. Then let the best men win and let the successes and failures be given to the world.

GERM TEST. Albany, Feb. 2.—The hearing on the Bell Bill to restrict the practice of Christian Scientists will be resumed next Wednesday and promises to be of great interest. At a hearing last Wednesday several of the Christian Scientists asserted that there was no danger in germs under the Christian Science treatment. It was stated that the belief of the Scientists in their immunity from germs would be put to the test.

One of the members of the State Medical Society, it is reported, will bring to the hearing next Wednesday a vial of typhoid fever germs. He will ask some of the Scientists to demonstrate their immunity by drinking those germs.

And the probability is that the germ-drinking faith test will triumph, for the gastric fluids will protect the drinker *with or without faith*. The poison of the venomous snake tribe—the Lachesis, Crotatus, Cobra, etc.—may be taken into the stomach with impunity in its crude form, while it is often fatal if injected into the circulation. And it is so to a large extent with the germs of disease, even the dreaded typhoid.

Publishers Department.

A WORD FROM THE PUBLISHER.

An explanation is due our friends and readers regarding the *Medical Advance*. Judging from some of the communications which I have received, some of our friends do not know that the *Advance* last June or July met with a most serious misfortune—lost its rudder, so to speak, in the loss of its publisher, a misfortune so great as to well-nigh cause its demise, there being no issue the remaining months of 1900. This has been regretted by none more deeply than by our most highly esteemed editor, Dr. H. C. Allen, who has been the mainstay of the *Advance* for many years. But the editor, however learned and faithful he may be, cannot shoulder the entire burden entailed in carrying forward a journal of such strength and character as the *Medical Advance*, for with all his wisdom and understanding he has not the strength of Samson, neither is one day with him as a thousand years. Someone must look after the thousand and one details, and see that a good, solid, financial basis is established and maintained, then the editor has a firm foundation upon which to build his noble work.

At last the Advance was brought to the attention of its present publisher, who, recognizing its true worth, carefully and patiently picked up the broken, apparently lifeless thing robed in its grave-clothes and almost ready for burial, brought it to light, and lo! whether it has a constitution like iron, charged with electricity, or whether under the wonderful curative powers of strict *Homoeopathic treatment*, careful nursing, the flocking of dear old friends to the rescue with their hearty welcome and encouragement, their prompt financial aid,—one or all, the seemingly inanimate object bursts forth into new life, and has received such an impetus as has sent it bounding along on its way full of courage and good cheer, and is making rapid strides towards the goal of its past standard of excellence.

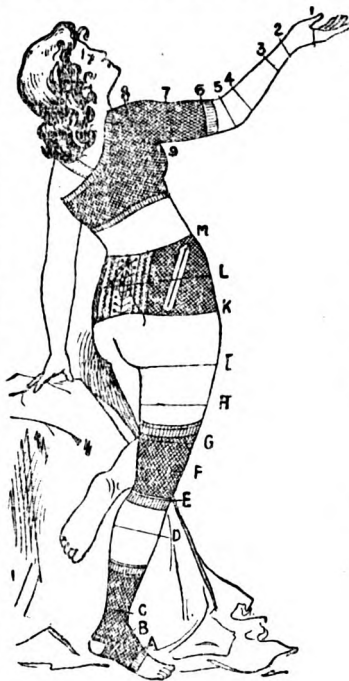
We wish to thank each one personally for their hearty support, and to assure you that we will do all in our power to merit your support and kindly expressions, and to fulfill the desire expressed in almost identical words of so many old-time friends: "Give us back the dear old Medical Advance as it once was, edited by Dr. H. C. Allen, and rather than do without it, if necessary, we would sacrifice every other journal we take." The Advance is on a solid foundation with a power behind the throne, a reserve force, with Dr. H. C. Allen as its editor. Mr. W. H. Carman, so well known all over the country as a most successful advertising solicitor, in charge of the advertising department, and last but not least, a Publisher, and HELM.

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This is an appeal, personal and professional, for your personal aid in contributing to the **MEDICAL ADVANCE** and soliciting from colleagues items, contributions and subscriptions; for your professional aid in maintaining a magazine that advocates a purer and better practice of Homeopathy, a practice commensurate with the scientific possibilities of our *law of cure*. Give of your best experience versifications of the provings and cases cured with the single remedy from which we may all profit. Also, aid the publisher and at the same time benefit your patients, by your card in the Directory to whom you can send in distant cities when travel compels resort to other physicians in emergency cases.

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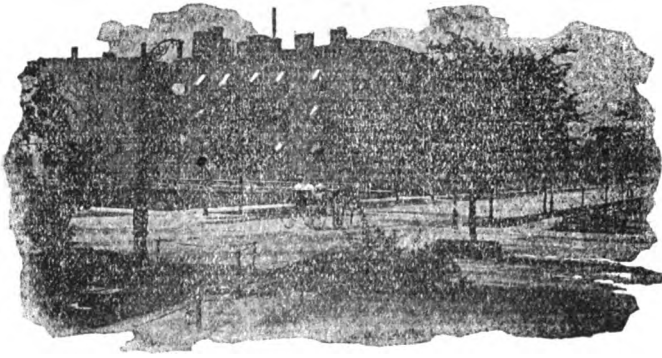
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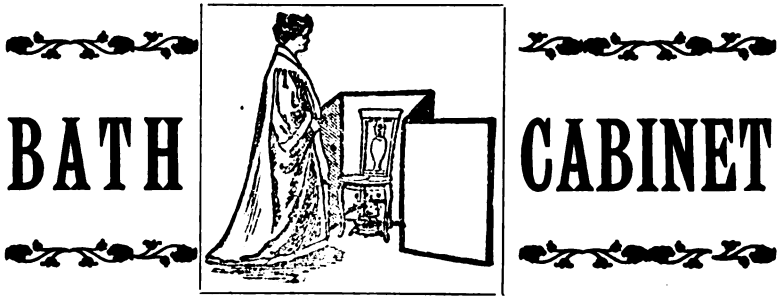
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THE MEDICAL ADVANCE

VOL. XXXIX.

CHICAGO, MARCH, 1901.

NUMBER 3

Central New York Homeopathic Medical Society.

The quarterly meeting was opened by the president, Dr. W. F. Clapp, Fairport, N. Y., at 11:45 a. m.

Members present: Drs. Bresee, Clapp, Gwynn, Howland, Keese, Leggett, Stow, Schumacher. Visitor: Mr. Dye.

The minutes of the December meeting were read and approved.

§§ 275-287 of the Organon were read by Dr. Howland.

A criticism of the paragraphs, by Dr. A. R. Morgan of Waterbury, Conn., was read.

A CRITICISM OF §§ 275-287.

Fellow Members—I am sorry to say that I have never been able to reconcile in my own mind the apparent disagreement between the materialistic argument contained in the paragraphs of the Organon (§§ 275 to 287 inclusive), allotted for consideration at your meeting of March 15th, with the dynamic philosophy taught in other parts of that immortal work of Hahnemann.

Our illustrious author, in spite of the extravagant claims made by some of his own enthusiastic followers, never claimed infallibility, but, on the contrary, changed his views whenever convinced that former announcements were unsound, and we have no doubt, were he living in the bright light of the closing year of this XIX century, that several minor opinions, relating to homeopathic therapeutics, would have undergone a change, and particularly the main topic discussed in the paragraphs of the Organon enumerated above.

§ 275 calls attention to the inseparable relation existing between infinitesimalism and an application of the Law of Similars. It is plain, that in this, as well as in several succeeding sec-

tions, he considers the question of dose from a distinctly material standpoint, for he dwells with especial emphasis upon quantitative relations, he warns against "too strong doses," because "even if they are entirely homeopathic," such doses "will infallibly injure the patient" (Stratten); in other words "will prove injurious *by mere magnitude*" (Dudgeon).

The same material line of argument is continued in § 276, wherein it is stated "that homeopathic medicine is always injurious when given in too large a dose, and is hurtful to the patient in proportion to the *quantity* administered;" also, "the increase of the dose itself is prejudicial in the same degree as the remedy is more homeopathic" (Stratten).

Dudgeon's translation of this same paragraph changes its bearing somewhat. Speaking of doses he says, "the greater the homeopathicity and the higher the potency, the more harm" is done. This sentence is the only one that points unmistakably towards potentization, a feature which is the one undisputed great discovery, which, more than anything else, has given renown and conferred immortality upon the name of Hahnemann. In §§ 277, 278, 279, the materialistic argument for "minuteness of dose" is continued, and the saving announcement is made that the only solution of the dose problem, is that of actual experience. And here permit me to call the attention of not only our traditional opponents of the old school, but also of those of our own household, who, unfortunately, have never yet been able to accept the dynamic philosophy, to the fact that we have precisely the same line of testimony to establish the efficacy of highly potentized remedies, that we have to prove the action of crude drugs in massive doses, i. e., the evidence of our senses, observation, actual experience.

When scientific explanation can be given for the *modus operandi* of crude drugs in massive doses, we shall doubtless be able to penetrate the domain of primary causes, and tell why a magnet will lift iron filings, and why potentized Aconite will speedily cure the peculiar paroxysm, calling for that drug, in cases of spasmodic croup, which it will certainly do, if guided by the rules we follow, the Law of Similars.

One thing, however, is sure, these subtle forces are not due to the presence of material substances in sufficient quantities to be detected by any method of analysis known to physical science, and these can only be recognized by the exquisitely sensitive vital force which dwells in the living human organism.

In note to § 280, the material argument is extended to the mathematical field with somewhat conflicting conclusions. First, we are told "that a substance divided into ever so many parts, must still contain in its smallest conceivable part, *some of this substance*, and cannot possibly become nothing" (Dudgeon).

Our provings obtained from high potencies show the last conclusion to be correct. Potentization cannot reduce drug effects to nothing.

In contrast to the above statement as to the inexhaustivity of matter, we find farther on, in this same note, reference to the transmissibility of certain imponderable forces, notably that of the magnet, a force which cannot certainly be regarded as a material substance, although it may be transferred to other bodies.

In § 284, we are told that "the action of a dose does not *diminish in the direct ratio* of the quantity of material medicine contained in the potency used in homeopathic practice" (Dudgeon).

In § 284 we find "by *diminishing the volume* of the dose, the *power of it also is diminished*." "The reason of this may be easily conceived; the volume of dose being diminished, it must necessarily touch a fewer number of nerves," etc., etc. (Stratten).

Next comes a Dundreary *poser*.

§ 286, "For the *same reason* the effect of a homeopathic dose is increased when we augment the quantity of the liquid in which it is dissolved; then the remedy comes in contact with a much more extended surface, and the nerves that feel its effects are far more numerous. Although theorists have asserted that the extension of a medicine in liquid weakens its action, experience proves the reverse, at least as far as regards homeopathic remedies" (Stratten).

Which horn of this dilemma is it best to take?

In § 287, after brief reference to the subject of mixing drugs, we are cautioned against unduly increasing their action by giv-

ing too many "strokes" of the arm, for fear of developing too great activity in the remedy.

Great Scott! Here I have been for more than forty years overlooking the injunction to give but one "smart jerk of the arm," and instead thereof have, for times innumerable, when renewing my potencies, been in the habit of recklessly giving one hundred strokes of the arm to each advance. Yet I am not aware that at any time my doses have been too powerful, and, furthermore, I confess I should be willing to venture upon a thousand strokes, if by it, in some obstinate cases, I could secure a more prompt and positive action of the apparently indicated but ineffectual remedy.

Do not imagine by the above criticism that I abate one jot of my veneration for the Father of Homeopathy. His life was not long enough to know everything.

A. R. MORGAN.

The subject was opened by Dr. Stow, who, pleased with the contents of Dr. Morgan's paper, said he believed in the necessity for both the dilution and succussion of drugs, in order that they might be brought within a sphere suitable to cure disease. He believed that this process of potentization developed a power which was before latent in the drug, as did the process of turning wood in the lathe, or striking flint against steel; in each case a new force is developed which is perceptible to the senses. He also believed that potentization might be carried too far in individual cases, or, again, perhaps, not far enough.

As an instance of the former, he cited a case of pernicious anemia in which a prosopalgia had been greatly < by the administration of Mag. phos. which had been renewed, from time to time, by dilution and succussion. He considered it to be the duty of physicians to study carefully all phenomena pertaining to the human organism whether caused by disease or medicine.

Dr. Schumacher, referring to a foot-note concerning olfaction, related some experiences made in that method, while studying in Germany with Dr. Lutze. He said that staying in the Lutze Sanitarium, in 1874, was a duchess and her daughter who were great friends of Miss Hahnemann, the youngest daughter of

Samuel Hahnemann, quite old, and the only member of his family then living. At table Dr. S.— frequently heard this mother and daughter tell of the wonderful cures made by Miss Hahnemann through the administration of drugs by olfaction. Dr. S.— became interested and afterward, in the clinics, administered the indicated remedies by olfaction, with excellent effect; toothaches and headaches vanished as if by magic.

Dr. Howland read the note referred to by Dr. Schumacher.

Some further discussion of the possible divisibility of matter, in the potentization of drugs, led Dr. Howland to express some surprise at the discussion, having always considered the potentization of drugs from the dynamic point of view.

Dr. Leggett thought that these paragraphs were largely theoretical; that scientists were prone to theorize from observed phenomena and were often wide of the mark. She thought that the facts observed and recorded by Hahnemann sufficiently illustrated the principles of procedure, to enable physicians to cure the sick, and that the "how" of remedial action, like that of all other imponderables, would remain unknown.

The motion to adjourn was carried.

The session was reopened at 2:45 p. m.

A paper from Dr. E. V. Ross of Rochester, N. Y., was read, approved and presented for discussion.

CEDRON.

In inviting your attention to the following remarks on Cedron I desire to state that they will deal principally with the more prominent or characteristic symptoms, both clinical and pathogenetic. For a complete knowledge of the provings, all that is known up to the present, I refer to the *Encyclopedia of Pure Materia Medica*, where about 280 symptoms are recorded, no great array, we must admit, for Cedron has not had the proving, especially in the higher potencies, that it deserves. Considerable of our present knowledge we owe to clinical observation.

The history of this drug dates back to the sixteenth century; it is mentioned in the history of the Buccaneers Anno. 1699. Native Indians first offered the seeds for sale in Carthagera in 1828.

A tincture is directed to be prepared from the whole fruit of

the Simarubra Cedron; triturations from the dry powdered seeds. Our experience with Cedron has been confined chiefly to the treatment of rheumatism, neuralgia and malaria, when the complex of symptoms so indicated, and the results have been highly satisfactory.

We will first consider its mental sphere: What provings we have on hand do not show any pronounced effect on the mind; gloomy, depressed spirits with a disposition to weep and a dread of friends seems to be about the most pronounced. "Any mental excitement seems to bring on the menses" (Cal.) is said to be a reliable indication.

"Pressing frontal headache, a pressure from within outward, pressing over the eyes, as if a band were tied around the parts."

Pain across the eyes, from temple to temple, a pressing frontal headache of long standing; a pressure from within outward, with sharp pains extending from above the eyes back to the temples and occiput, and always < before a storm, was promptly cured with Cedron.

Sick headache every other day at 11 a. m. (*every day at 11 a. m.*)

It acts prominently upon the trigeminus or fifth nerve, principally the ophthalmic and superior maxillary branches and their ramifications, inducing supra-orbital, infra-orbital and facial neuralgias characterized by sharp lancinating or shooting pains. In some cases they have been described as dull growing, they recur with *clocklike regularity*, and often leave the parts *sore to touch*. Paroxysmal returns may occur at *any* hour during the twenty-four, i. e., there seems to be no particular time <. It has proven equally curative when these pains occurred on either side, notwithstanding symptom 54 in the Encyclopedia "severe shooting pain over left eye," to the contrary.

Cedron belongs to a class of remedies that are frequently indicated in intermittent fever. Here, as in the form of neuralgia just mentioned, we find no particular time <.

The following are gleaned from H. C. Allen's *Therapeutics of Intermittent Fever*: Paroxysms return at 3 a. m., 4 a. m., 3 p. m., 4 p. m., 5 p. m., 6 p. m., 7 p. m.; and recur with *clocklike regu-*

larity. Many of Cedron cases of malaria are accompanied by neuralgia of the fifth nerve, and in many cases no doubt it is the chief symptom. Thus it is that the simillimum in removing this painful affection cures the underlying cause, which may be a suppressed or masked malaria. The paroxysms are usually preceded by depressed spirits, dullness of the senses and a pressive frontal headache.

The chill predominates and is accompanied by thirst resembling in this respect Ign. and Eup. perf.

There is general coldness and shiverings renewed by every movement (Nux. China) with icy coldness of the hands, *feet* and *tip of nose*, while the rest of the face is burning hot.

During the heat there is thirst for *warm* drinks, numb, dead feeling over body, especially worse in the legs, which also feel enlarged.

Cedron has removed a feeling of coldness in the abdomen.

Coldness of the tip of the nose is also found under the following remedies :

Aloe., *Am.*, Bell., *Calc. ph.*, *Cedr.*, China, Cist., Cycl., Dros., Ign., Lob in., Mang., Med., Murex, Nux., Plumb., Sulph., Ver. alb. Here are a few concomitants of this symptom: Coldness of tip of nose in ague: *Cedr.*, Lach.; in pneumonia, *Am.*; with follicular pharyngitis, *Calc. phos.*; in uterine complaints, *Murex.*, *Calc. ph.*; with cold sweaty hands, Nux.; when occurring in the evening, Apis.

Iritis, choroiditis and glaucoma, both the primary and secondary variety, find a potent remedy in Cedron when indicated by the form of neuralgia described.

In ciliary neuralgia it stands second only to Spigelia when there is severe pain in eyeball and a *radiating* pain all around the eye, shooting into nose, causing flow of scalding water from eyes and nose.

Various diseases characterized by spasmodic seizures that recur at regular intervals; hysterical spasms recurring regularly night and morning.

Puerperal convulsions beginning with severe pains in left tem-

ple and albuminurias, which have a clocklike, paroxysmal return. Recurring attacks of chorea in a woman after coition.

Epileptiform convulsions. *Convulsions occur regularly at every menstrual period.*

In rheumatic complaints it has not received the attention that it deserves. The provings have developed many pains confined chiefly to the extremities, they have been described as being sharp, lancinating, flying pains, that streak up along the bones.

Sharp lancinating pains that *begin in a joint* of the extremities and extend *upward* along the course of various nerves, is the keynote of Cedron.

Great *soreness* with sharp, flying pains; arthritic pains.

The sharp pains are < by motion and cold. This is similar to Ledum., which also has the sharp arthritic pains beginning below and *extending upward*.

The *sore* pains in the joints are < by motion and cold, and are apt to be worse at night.

The pains which begin below in the region of the joint and extend *upward*, are, as previously stated, characteristic, but should not debar us from selecting Cedron when the pains extend downward, providing the complex of symptoms indicate, as the following case will show:

M. K., aged 20.—History is that of acute articular rheumatism some four years ago; has felt fairly well until three weeks ago, when he was seized with a severe, aching, lancinating pain, beginning on the tip of right shoulder and extending down inner side of arm to elbow, following the course of the median nerve.

Pain would begin every morning at *four o'clock*, and all sleep was banished thereafter. As he expressed it: "It's my alarm clock, and it wakes me every morning at four o'clock," pain lasts until evening; < from allowing the arm to hang down. < by placing the hand on the top of the head. Whether lying or sitting this was the only relief he could obtain, and this he was obliged to do gradually, as any sudden movement greatly < the pain. I gave him a powder of Cedron 500. This brought relief within thirty minutes; the pain gradually subsided, and he has remained well to date (some two years).

"Sudden acute pain in ball of right thumb, extending ~~up~~ arm to shoulder was cured like magic with the 2nd. potency of Cedron" (Allen's hand-book).

"Sudden acute pain in ball of right foot caused her to drop to the floor, afterward pains extend to above knees."

Sharp, lancinating, *radiating* pains.

"It has < the radiating pains of shingles."

Cases of neuralgia, rheumatism, gout and so-called rheumatic gout may need Cedron.

"Roaring in ears produced by quinine;" if Cedron 200 should fail to remove this disagreeable symptom and you are unable to find the simillimum for lack of symptoms, try Natrum salyc, 200.

For the deafness or hardness of hearing, resulting from suppression of intermittent fever by quinine, Calcarea 200 is excellent.

The potencies used have been the 30th, 200, 500 (Tafel) and 45 m. (Fincke), and I can vouch for their reliability.

E. V. Ross, M. D.,

Rochester, N. Y.

The doctor was sent a vote of thanks from the society for the very comprehensive picture of a remedy so little known to the general profession.

A paper was then read from Dr. C. E. Alliaume, Utica, N. Y.

THE TEMPERAMENTS AND THEIR RELATION TO OUR REMEDIES.

In presenting to you this subject I shall not attempt to go much into detail with regard to the minute characteristics of each temperament, for there are many ably written text-books to be had which discuss the subject as it has existed from the time of Hippocrates, our first physician, down to the present.

All homeopaths should thoroughly understand the relation of our remedies to both the normal and pathological temperaments and should consider the temperament of each patient as an adjunctive indication for the selection of the simillimum. Hahnemann recognized the fact that certain remedies had an affinity for and were more frequently indicated in some temperaments than in others, for in § 217 of the Organon, Wesselhoelt's translation,

in speaking of how every symptom should be observed in order to select the proper remedy he says: "The remedy thus chosen should exhibit symptoms of the greatest similitude, not only to those of the bodily disease, but also to those of the mind and temperament."

Then in note 117, explanatory of this paragraph, he says: "Thus, *Aconitum napellus* will rarely or never produce a rapid or permanent cure in a patient of calm and complacent disposition, as little as *Nux vomica* will affect a mild phlegmatic; or *Pulsatilla* a happy, cheerful and obstinate temperament; or as *Ignatia* proves efficacious in an unchangeable state of mind, inclined neither to fright nor to grief."

It is from such observations that we so often find our patient's *constitutional remedy*. How soon do we think of *Calcarea* when we find our patient fat, fair and flabby, with a large abdomen; of *Calc. phos.* when they are anæmic with dark eyes, hair and skin; and of *Nitric acid* when we meet the volcanic nature with its vindictiveness, profanity and hatefulness, especially if associated with sticking, splinter-like pains, great nervousness and a thin body of rigid fibre, and of the brunette type? I claim that the *totality* which is so essential to the scientific and reliable selection of the *simillimum*, in every instance, is quite incomplete without thorough consideration of the temperamental peculiarities of the patient.

Very many times where there was a dearth of symptoms or where there seemed to be an equal number of symptoms of about equal value which would seem to indicate two remedies, I have been enabled to make the proper selection by duly considering the temperament.

For instance, where *Nux vomica* is seemingly indicated in a sanguine temperament with symptoms of *Pulsatilla* nearly equal to those of *Nux*, the true remedy will probably be *Cocculus*, especially if chlorosis be present. *Nux vomica* has a bilious temperament while *Pulsatilla* and *Cocculus* are both sanguine. *Cocculus* is like *Nux* mentally and like *Pulsatilla* physically, so by letting the temperament decide, the right choice is usually made. One can plainly see from such an instance how easily a mistake

may be made in the administration of a remedy. The *law* has been criticised because of the failure of the selected remedy and then the subsequent failure of the intercurrent antipisoric, antisycotic or antisymphilitic, but the fault was not with the law nor with the remedies. It was the fault of the prescriber who did not have the totality when he failed to consider the temperament. The temperaments are classified into the mental, the vital and the motive. These are the normal anatomical temperaments. The sanguine and bilious temperaments are divisions which relate particularly to the coloring of the individual, the former depending upon the predominance of the lungs and the arterial circulatory system, giving the individual the make-up known as the blonde type, while the bilious is of the brunette type and depends upon the predominating influence of the liver and the digestive organs. In describing the different temperaments, I shall not go very much into detail, for time and space will not permit. The following is a brief description of each.

THE SANGUINE TEMPERAMENT.

The sanguine temperament is characterized by a stature a little above the medium; a well proportioned body; large chest; a supple, quick acting muscular system; well defined and refined features, with blue or gray eyes. The manner is graceful and dignified; the skin is fine, soft and transparent; the face is round and full while the complexion is light and ruddy, and the hair is light colored and fine. They are full of blood and the whole physical aspect is one of warmth and vigor. Mentally this temperament is known to be quick of perception and speech, vivid imagination, vivacious, versatile, sympathetic and artistic. They are usually vascillating and unless counter-balanced by some other strong characteristic they will go from one thing to another and not stick to anything or anybody for a very long time. They require plenty of sunlight and fresh air. While quick tempered, they as quickly relent and are characteristically kind, affectionate and sympathetic. Phrenologically, they have well developed vitativeness, amativeness, alimentiveness and destructiveness,

with strong continuity and inhabitiveness. (Mercury, when ill he wants to go away from home.)

From the standpoint of good health, the sanguine temperament is the most favored of all.

THE BILIOUS TEMPERAMENT.

This temperament is characterized by a medium stature; a somewhat angular body; well defined muscles and a lofty, audacious bearing, the countenance usually having a stern, serious expression. The skin is dry and coarse; the complexion is olive or dark and the eyes and hair are dark. The venous circulatory system predominates and the patient is subject to bilious diseases. The mental manifestations are usually of a decided character. The subjects may possess the most sublime virtues or the most cruel and base of passions. They have good judgment and strong reasoning powers; they are profound in their perceptions and as students they go to the bottom of a subject and keep at it until they have mastered it. They are resolute, courageous and persevering. If the person of this temperament possesses the mental qualifications to keep these characteristics in the right channels they will be generous, benevolent, devoted and loving to their associates; but, if their morals are neglected and they once get started on the "crooked path," they become vindictive, hateful, cruel, jealous, selfish and even murderous. Such beings will make you think of *Nux vomica*, *Sepia*, *Bryonia* and nearly all of the acids.

When this temperament is exaggerated to a diseased condition, the best way to counteract its influences is to use your remedies and advise indulgence in those things which are conducive to the development of the sanguine temperament, viz., plenty of fresh air and sunlight; persistent exercises which will increase the circulation, expand the chest and lungs, purify the blood, strengthen the heart and overcome any sluggishness of function in the body. Also a healthful, mixed diet; a reasonable amount of bathing; healthy mental activity and cheerful associations and surroundings. Avoid condiments, tea, coffee, a hot climate, seden-

tary habits, confinement in dark rooms, a poor diet, melancholy thoughts and too close mental work.

THE MOTIVE TEMPERAMENT.

The Motive Temperament, in which the mechanical system of the anatomy, i. e., the osseous and muscular systems which constitute the apparatus for motion—predominates, is characterized by great angularity of the features; large and long bones; prominent articulations and strong, hard muscles. These people are tall, with broad shoulders; chest moderately large; limbs long and heavy; the face being long, with prominent cheek bones, large teeth, square chin and a well defined nose which frequently has the Roman curve. This temperament may be either bilious-motive or sanguine-motive, according to the predominating brunette or blonde elements. Examples of the sanguine-motive are to be found among the Danes and Swedes and the bilious-motive among the Indians and in the mountainous districts of our Southern States.

The mental characteristics of the motive temperament are usually of a strong and decided nature. Where the mentality is of good quality these persons are very active, energetic, firm, persevering and courageous. They are noted for their strong and positive characters, remarkable self-control and executive ability. This temperament may be developed by living in a mountainous country with a dry, stimulating atmosphere; by constant, active exercise; using a diet of meat, whole or unbolted wheat, corn, and substances containing the lime salts and bone forming materials; participation in antagonistic mental discussions with war and conflict as a business or recreation.

To counteract the motive elements, one should cultivate those things which dispose to be amiable, kind and gentle. The mental and vital systems should be developed, for they are refining in their influence and soften a harsh, antagonistic nature. Restraint of the activity of the centers of destructiveness, combativeness, firmness and self esteem should be practiced, while the constant exercise of benevolence, conscientiousness and approbateness

should be encouraged. You will usually get a slow response to a remedy in the motive temperament.

THE VITAL TEMPERAMENT.

The Vital Temperament depends principally upon the predominating influence of the organs of circulation, absorption and secretion. If the heart predominates the person will have more strength and endurance, while if the absorbents predominate, they will be of lax fiber and will early degenerate into the lymphatic temperament which I shall describe later. The general physical characteristics are, a stature above the medium; the chest large and full; the abdomen well developed; the neck is short and thick; the face usually large, with full cheeks (which shows good alimentiveness), and is inclined to roundness; the head is well developed and broad; the limbs plump, short and tapering, with small hands and feet. The trunk is long and the shoulders are broad and well padded with muscle. All of the physical functions are characteristically active, quick and graceful, while there is a warmth and wholesomeness about them that is very pleasing. Mentally they are quick of perception, reason, and make their deductions with a rapidity that appears almost instinctive. They are very sensitive and refined in their feelings; more brilliant than deep; they are fond of good living, plenty of company, an abundance of fresh air and sunlight and they are prone to excessive indulgence in the things which they like.

Modification of this temperament may be obtained by living in a temperate climate, which is neither too hot nor too dry; by an abundance of exercise in the open air; plenty of sunlight; and by a well selected diet of animal and vegetable foods without the use of condiments, strong acids, tea or coffee. They should have pleasant, congenial companions and surroundings, a full satisfaction of proper affections; plenty of sleep and they should avoid sedentary occupations and over-fatigue. If any counteractive influence should be necessary in order to temper or reduce the inclination to excessive indulgence for the gratification of their passions, it can best be obtained by severe mental and physical work to make use of the surplus vitality, and by avoiding a heat-

ing or stimulating diet. You will get a quick response to a remedy in this temperament.

THE MENTAL TEMPERAMENT.

This is the most influential of all the temperaments, because it depends on the development of the whole nervous system, including the brain, the sensory and motor nerves, and the sympathetic system, these being the avenues through which all true, human power is exhibited or manifested. It is the result of the grand evolution of the human race and has been brought about by the continuous exercise of all the intellectual powers in the pursuit of art, music, literature, science and philosophy. All of the progress we have made in civilization, inventions and knowledge is due to the ever increasing brain power of man. We begin where those who have gone before us leave off, unceasingly delving into the occult workings of nature, the years going by as we scan the leaves in God's book of immutable laws and still we read on. We no longer need the Motive-Vital temperament of the ancient who, in keeping with the requirements of the times, had their duties to perform by sheer strength of muscle, for scores of them could not equal one of our mental temperaments with a piece of modern machinery. The characteristics of this temperament are: a relatively slight frame with muscle adapted for quickness rather than strength; the head is large and usually pear shaped; eyes usually gray or hazel; fine silky hair; the movements are quick and graceful and their actions or manner speak of a high degree of knowledge and refinement. They are strong minded and their lack of muscular development does not detract from their stamina or force of character. They are usually healthy and live long, especially if they are not given to excesses. The women of this temperament have deficient mammary and sexual development. Mentally there is great brain power and activity, refined tastes and feelings, keen perception and vivid imagination. They are profound reasoners and show a decided preference for literature, art, music and all intellectual and artistic pursuits. They are usually averse to any immorality or dissipation, but should they become devotees of such things there

is but a small chance of their reformation and they become dangerous citizens because of their cunning in escaping detection. The means of culturing this temperament are to be found chiefly in all refined, intellectual pursuits, such as reading books of science and philosophy, deep thinking, a critical observation of everything; making a careful analysis of all known laws as they relate to things terrestrial and celestial; the study of art and literature and cultivating surroundings which are elevating and tasteful. Such foods as fish, game, poultry, eggs, nuts and milk are to be taken to supply the brain and nerve tissues.

THE NERVOUS TEMPERAMENT.

This temperament comes from a diseased or exaggerated mental temperament, due to morbid over activity of the nervous system. The condition is brought about by many pernicious habits characteristic of our modern civilization, such as the excessive use of narcotics and stimulants, tea, coffee, tobacco, wines and liquors; the cares and anxieties of business life; by pursuing pleasure which tends to weaken the mind and body and by catering to the constant demands of a social life. It is very common, even in the young, where it is due to a great extent to hereditary influences, occasioned by the nervous excitements to which the sensitive mother is subjected. Then, too, the infants are cared for in a manner which makes them frail, tender and sensitive, instead of giving them a robust constitution with plenty of vitality. At first they are bundled up too warmly, head and body alike, until they become as tender as a hot-house flower, and then, soon after, they are dressed according to fashion, with their limbs bare and exposed to their knees and shoulders, no matter what the weather may be. Besides these things, which I have but hinted at, probably the most potent factor in shattering a child's nervous system is the early and excessive mental strain to which they are subjected in the school room. They are first sent to the kindergarten when they are barely able to walk, and should be by their mother's side, and from there they are sent to higher schools to endure the foul air, confinement and the mental labor which they are far too young to stand.

Characteristics: Usually a stature either medium or somewhat below; the muscular system shows a marked lack of development and the frame is slight. The head is large and pear-shaped, the cranium being large and the face small and thin. They are usually sanguine, with very soft fine hair, gray, brilliant eyes and the complexion pale and sallow. They talk rapidly and their muscular movements are rapid, even convulsive or choreic. They are excessively sensitive and their emotions are frequently so intense that they become extremely painful. They become hysterical and everything appears in an exaggerated light. Mentally they may be very bright and brilliant or weak and faltering. They are quick of perception, have a vivid imagination and they are very versatile, witty and refined in their tastes. There is but little capacity for any profound research or continued study and any serious discussion or grave responsibility readily overwhelms them. They desire novelty and change; they easily learn and forget; they love the world and its superficialities; their impressions are utterly disproportionate to the objects which produce them.

This condition is most common among the women of the wealthier classes and in men who lead sedentary lives, or that of idleness and sensuality, and in those of both sexes who are addicted to the excessive use of tea, coffee and spirituous liquors. Besides the remedies to be given to correct this condition, all worries, care and stimulants must be kept from the patient while they should take constant but moderate exercise, baths of graded temperature from warm to cold, a nutritious diet and healthful recreation for both body and mind.

THE LYMPHATIC TEMPERAMENT.

The lymphatic temperament is essentially one of pathological importance which may be due to pre-natal influences, or to direct influences later on in life, and they are both mental and physical. It is here that the lymphatic system predominates and this leads to an excessive secretion of watery fluids which results in a general sluggishness of the whole body. The circulation is very slow, the muscular movements are devoid of agility and it seems

to take considerable effort to move about; the heart beats slowly and the mental actions are very sluggish. Among the causes which produce this temperament are living in low, moist, malarial districts; a lack of pure air and sunlight; sedentary employments, with too little exercise; foul air and filthiness from overcrowding, as in tenement houses. Errors in diet, such as too long continued use of milk or a too exclusive use of watery vegetables, are also favorable to the lymphatic temperament. Physically, this temperament is characterized by a medium stature, and as a rule, a bulky, awkward body, with an entire absence of anything which might suggest graceful movements or elegance of contour. They are or soon become excessively corpulent and the muscles are soft and flabby. The face is large and nearly expressionless, while the cheeks and tissues just behind the chin are flabby and become extremely pendulous. The skin is cold and clammy and of an unhealthy color; the hair is fine and silky, but without luster; they look timid and sad and their voice lacks sweetness and is very monotonous. Their circulation is slow, the pulse slow and feeble. They move about in a sluggish, painful and uncertain manner. Mentally they are slow and inactive, much the same as they are physically. They often possess good sense and sound judgment, with considerable ability in some instances, but it amounts to nothing, for they are not disposed to exert themselves in using them. In connection with the remedies to be employed in this unfortunate condition, everything should be done to arouse them from their state of stagnation by giving them plenty of proper exercise, an abundance of fresh air and awaken an interest in intellectual subjects which will get them started along the right road. Then, after being so far successful, continue your discipline, administer your remedies and you will succeed in changing their entire temperament and will make useful citizens of them.

It is very seldom that one meets with any of the temperaments as I have described them, which are free from a mixture with some other temperament, for the reason that hereditary influences from both parents are apt to be evidenced, besides the surrounding circumstances are prone to produce what is known as a "bal-

anced" temperament, or else a "compound" temperament which is very common, especially in these times where the races intermingle so indiscriminately and where there is so much travel to and fro between all parts of the globe. The mixed temperaments, which are constantly subjected to all sorts of influences, gradually tend to become "balanced" in the course of a natural evolution. The "balanced" temperament is characterized by a physique which is well developed in every detail, with regular features and evenly formed cranium. There is a refined harmoniousness in the mental manifestations which gives them a many sided character, enabling them to handle any of life's problems in such a masterful way as to prove their fitness for any position entailing great responsibilities.

The "compound temperaments" are caused to exist because of the presence of two or more temperamental conditions existing in the same organism. They may be very nearly equal, but some one will predominate, and it is thus designated in their nomenclature, the name of the dominant temperament coming first, the one second in power coming next and so on. For instance, if there is a combination of temperaments where the mental predominates with the vital second and the motive third in power, it would be named the Mental-Vital-Motive Temperament. Probably the most common combinations are found where the bilious or sanguine elements combine with some other variety and in such a case it seems well to mention either one of these first, for their influence seems to predominate wherever they are found and it at once gives you an idea of what class of remedies you are to deal with, either those adapted to the blonde or brunette.

These "compound temperaments" can be studied out by anyone after getting an idea of the individual temperaments, by recognizing the peculiarities of each and considering their counteracting or intensifying influences upon each other.

TEMPERAMENTAL CLASSIFICATION OF REMEDIES.

The following list of remedies are classified according to their peculiar relation to each temperament :

Remedies for the Bilious Temperament.

Ail., Apis, Arn., Arum tri., Gaust., Cof., China, Ced., Colch.,

Fer., Guaiac., Glon., Ign., Iod., Kalic., Murex., Nit. ac., Nux, Nat., Plat., Phos., Phos. ac., Lach., Sa. rs., Sec., Staph., Sep., Ver. vir., Iris., Ther.

Remedies for Sanguine Temperament.

Thuja., Lyc., Lob., Graph., Agar., Am. m., Hepar., Sen., Spong., Caps., Brom., Kali bi., Sabad., Stram., Ust., Pet., Bov., Cic., Phos., Coc., Sil., Sulph., Hyos., Rhus, Bell., Puls., Cal.

Remedies for Vital Temperament.

Acon., Bell., Ail., Ver. vir., Cham., Hyos., Sabad., Bov. Staph., Ipec., Plat., Pic. ac., Benz. ac., Mer., Puls., Cup., Ant. c., Asaf., Kali bi., Glon., Am. c., Am. mur., Caps., Sen.

Remedies for the Motive Temperament.

Gels., Nux, Lyc., Lac can., Plat., Nat. m., Fer., Spig., Cinch., Chel., Ver. alb., Phos. ac., Acet. ac., Sulph. ac., Colch. Pb., Nit. ac., Sil., Pet., Guiac., Vibur., Ust., Sep., Cof., Stan., Pal., Iris., Kreos., Ambra., Iod., Phos., Sulph.

Remedies for Sanguine-Motive Temperament.

Rhus, Dig., Meny., Mez., Col., Cyc., Coc., Clem., Camph., Alum., Bar. m., Alumen., Pet., Act. rac., Stan.

Remedies for Bilious-Motive Temperament.

Acet. ac., Aesc., Anac., Nux, Arn., Bry., Bapt., Cal. fl., Cal. ph., Carbo v., Calend., Carbo a., Carb. ac., China, Chel., Cina., Crotal., Colch., Dul., Elaps. (venous oozing), Fer. (is between Gels. and Acon., when Gels. or Acon. is not typical, think of Fer., which has throbbing, beating pains), Guiac. (rheumatic, growing pains, and rheumatic pains in throat), Fluor. ac., Ham., Hydr. ac. (a venous remedy, face blue with convulsions), Iod., Sars., Sep., Kreos., Kob., Lac. can., Murex (compare with Sep.; Murex great sexual desire and Sepia has great dislike for same), Mur. ac. (compare with Chel. and Nux in liver), Nat. m., Nat. s., Nit. ac., Pod., Ptel., Plumb., Rub., Vcr. alb., Rheum.

Sanguine Mental.

Agar., Can. i., Lyc., Euph., Mag. p., Spig., Stan., Zinc.

Bilious Mental.

Ambra, Ang. (hysteria < by cold water), Berb., Arg. nit., Cof., Ign., Lyc., Mag. c., Mag. m., Phos.

Sanguine Vital.

Brom. (gets to be lymphatic), Lith. c., Cal., Caps., Lob., Coc.,
Bis., Nat. c., Bad., Ben. ac., Apoc., Ant. t., Kali bi.

Bilious Vital.

Acon., Aloe., Aur., Bell., Bufo., Canth., Col., Cal. p., Lach.,
Glon., Mag. m., Mel., Naja., Sang., Plat., Staph., Ther., Ver. vir.

Sanguine-Mental-Vital.

Acon., Stram., Hyos., Cup., Mel., Hell.

Sanguine-Mental-Motive.

Silica, Allium cepa.

Sanguine-Vital-Motive.

Cistus can., Arum triph., Puls.

Sanguine-Vital-Mental.

Ant. t., Agnus, Ipec., Mer. s. and Viv.

Sanguine-Motive-Vital.

Arum triph.

Sanguine Lymphatic.

Hep., Sabad., Sab., Cub., Graph., Squil., Sen., Spong., Asaf.,
Brom., Bar. c., Am. c., Am. m., Op., Thuja.

Bilious Lymphatic.

Aloe (averse to work), Ther., Kali. c.

The thanks of the society were tendered to Dr. Alliaume and the paper presented for discussion.

Dr. Keese found in most of the paragraphs little to criticize, as they were simply descriptive of the various temperaments mentioned. He questioned whether the remedy should not be given, if indicated, even if temperament did not coincide. *He* should certainly follow the indications. He gave a case where the temperamental indication decided the prescription. It was a case of dysmenorrhoea, in which the symptom of pain in the stomach, < on first getting out of bed was the only indication for prescription, Placebo. Upon the next visit of the patient he studied the patient herself, prescribed according to her temperament, with marked result. He thought as an adjuvant the temperamental indication was often of great assistance.

Dr. Clapp agreed as to the usefulness of the knowledge, and mentioned the many symptoms in common, produced by Bry.

and Puls., which, because of their affinity for such opposite temperaments, could neither be interchanged nor substituted.

Dr. Gwynn thought it a pity that knowledge of the kind was made of such little practical use by the profession, except, perhaps, unconsciously or intuitively. He highly commended Dr. Nash's new book on leaders for homeopathic prescribing.

Dr. Leggett had yet to see what is called a Puls. temperament and yet had made many cures with Puls. She cited a case of irregular menstruation, in a young girl of sixteen, who had been always delicate, had only been in school during the year preceding the prescription, and had had an aunt die of consumption. The patient had exhibited the following symptoms:

Menses: Irregular, scanty and dark.

Menses, during: Pains in epigastric region, "as if stretched."

Menses, pains: < By "doubling up."

Menses, pains: < by lying on back.

Headache, frontal, with vertigo.

Headache, < excitement.

Headache, < by cold water application.

Puls. mm. (F.) and 2 mm. (F.) had removed the symptoms and made a new woman of her. She neither wept nor was yielding in disposition so far as the doctor knew.

Dr. Leggett had seen a typical Sulphur patient *but once*; yet had cured many cases of physical and mental disorders with Sulphur. She said that in the one typical case, Sulphur had made so radical a change in the moral attitude of the patient, that she had begun to believe there was a grain of truth in the once orthodox belief of sulphur flames for the wicked.

She had cured rheumatic fever with Bryonia, when there was not the slightest sign of the Bryonia irritability, so strongly advocated. In the case in mind, the patient, a stranger, a young woman, was found in a room so cold that the doctor looked for an open window; the day was snowy and blustering, and the attendants in wraps. The patient could only lie on her back, was < by the slightest touch or motion, and craved large quantities of cold water. The patient was under the doctor's care some time, but never needed Bryonia after the cure of rheumatism.

The doctor said that one of the most remarkable cures she ever made was of an enlarged liver, in a colored woman, thirty or thirty-five years of age. She had been in the care of one of the most prominent physicians, of the old school, in Syracuse, and had been treated as pregnant for more than ten months, because of a symptom of motion in the abdomen, "as of a child." The patient had even prepared clothing for the expected one. She was one of the most amiable looking and appearing colored persons ever met. She was cured with Nux and without an intercurrent. The prominent symptom of motion in the abdomen was found under several remedies, but the totality was only covered by Nux. From July 18th to January 31st she received five doses of Nux cm., and one of mm. All symptoms of enlarged liver disappeared.

Dr. Howland had a case in which the patient insisted upon sitting in a cold room with the window open, which had been helped by Phosphorus.

Dr. Stow, while practicing in Fulton, had a patient who was subject to attacks of violent colic. Called one night to attend him. The doctor sat watching, when the patient said, irritably, "Damn it! If you are going to give me anything why don't you do it?" The patient was of a dark, nervo-bilious temperament, so the doctor gave Nux and went home. At 10 p. m. he was again sent for. He found the patient swearing, cold, pain in abdomen, doubled up, hands on abdomen, beads of cold sweat on abdomen. He gave but two powders of Verat. alb. 200, and the patient was not only cured, but had no other attack from that day forward.

Dr. Graham not having presented his paper on pyo-nephritis, Dr. Stow was asked to give some experience in the disease.

Dr. Stow recalled the case of K—, a jeweler, a fireman, who, during a call to duty in the latter capacity, was struck by the pole of the engine and had the tibia fractured. Dr. Stow put the limb in a splint and applied a lotion of Arnica. The condition went from bad to worse, and finally an abscess formed in the lumbar region, which was opened, only to again form in the kidney. The fever rose and went down again. The doctor decreased the number of visits to two a week. Put him on Sil. for the follow-

ing symptoms: cold sweat on head and feet, was chilly, etc., after which he improved and lived ten years.

Another case was of a man who caught his foot and was thrown violently on his back. The concussion resulted in pyo-nephritis, which opened into the left illiac fossa. The patient would not submit to having the kidney removed, so he received two or three different prescriptions of Silicea. The prescription resulted in perfect health, which has lasted up to the present time.

AFTER SURGERY HAD DONE ITS BEST.

An extract from a letter of Dr. Dever to the secretary was read, as follows:

"Not long ago I was called to see a woman of seventy-three summers who was laboring to vomit a strangulated hernia. A surgeon was sent for to do the necessary knife work, but as the old lady had been vomiting stercoraceous matter for twenty-four, or more, hours, and that by the half chamberful at a time, and to this difficulty had added a threadlike pulse, at one hundred and sixty per minute, with a temperature of ninety-five, he thought operation unnecessary, as she was already as good as dead. He retired with the request that I inform him of the progress next day. This I did, about after this fashion: Pulse hardly perceptible; no temperature; respiration twenty-five per minute. That night the old lady wanted me, and to please her, they sent. I found all the above conditions, with cold breath, bloated abdomen, pointed nose and blue skin, especially of the hands. To make a long story short, she was in a state of collapse. I gave two or three small doses of Carbo veg., which put her to sleep in less than an hour, the first time in forty-eight hours. At my call next morning she called out, "Hello, doctor!" The hernia had disappeared, she had vomited no more, in fact was practically well, and is now about as usual. So much for a center shot!"

The case was greeted with enthusiasm and Dr. Dever congratulated upon his success.

A correspondence was read concerning the publication of the

transactions of the C. N. Y. and discussion resulted in a motion to give the same to the MEDICAL ADVANCE. Carried.

A telegram from Dr. Carr and letters from Drs. Ross, Grant and Mrs. Kaiser were read.

The essayists appointed for the June meeting were:

Organon, Dr. T. D. Stow.

Organon discussion, Dr. Wm. H. Gwynn.

Materia Medica, Dr. W. W. Johnson.

Clinical, Dr. C. H. Bresee.

Medical, Dr. C. Schumacher.

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

Bacteriology as Related to Wound Treatment.

By Frank C. Titzell, M. D., Professor of Surgery, Hering Medical College, Chicago.

Nothing new or novel is undertaken or expected by inviting attention to this theme. The importance of the subject justifies its frequent consideration. As a matter of fact, the careful perusal and study of any subject with which we are already reasonably well conversant, proves valuable in that it brings to mind facts we have nearly forgotten, and clearly defines principles that have grown dim and indistinct with age.

The subject of bacteriology as a whole is a broad and comprehensive one. It is full of fascinating experimental research and furnishes an endless field for those who delight to revel in the realm of the problematical and search for the undiscovered. Since the days of Lister it has revolutionized surgery. It has made possible what before was impossible. I would then in no wise belittle the subject of bacteriology, for
 "I doubt not that through the ages one increasing purpose runs
 And the thoughts of men are widened with the process of the
 suns."

Yet it does seem there is much connected with this subject that is of little practical value.

Around a threshing machine there are always large piles of

chaff. In these piles we are sure to find *some* wheat, yet it is of no practical value unless separated in some way from the chaff. There is undoubtedly some wheat in the large volume of bacteriological chaff that has accumulated and the question is how to separate it, so we can make some practical use of it.

In this article I will not attempt a discussion of the general subject of bacteriology. Diagnosis, bacteriological diseases, inoculation experiments, cultures and culture media, with all the beautiful results and scientific conclusions to which they lead, will be passed, for some one better versed to write upon. On the contrary, I will cut across lots to my subject.

Emerson somewhere in his Essays describes a beautiful avenue in a certain city. It is covered with the smoothest of pavement. Facing it on either side are elegant mansions and it is lined along the walks with large and generous shade trees. We follow up this avenue and we find the mansions soon disappear and are replaced by less pretentious houses and farther on by mere shanties. The asphalt gives way to ordinary gravel roads and this in turn to a plain dirt pike. The trees, too, disappear. On we go and the houses become few and far between, the fences by the roadside disappear and broad, open fields are all about us. We soon find the road narrowed down to a single trail over the open prairie. We finally come to a patch of scrubby timber bordering a small stream. Here the trail becomes only a cow-path that finally ends in a squirrel track that leads up a tree. Thus it is in medicine, when we narrow down to one thing and can see nothing else. We soon "land up a tree" and are of little practical value so far as the cure of disease is concerned. Bacteriology is one of the trails that leads us off in this direction.

In the treatment of wounds, whether operative or surgical, it seems to me we need to get back to first principles as far as bacteriology is concerned. We need to strip the subject of a lot of fuss, foolery and paraphernalia, and lay bare the underlying principles in order that we may know why and what we are doing.

Gerster tells us that organic substances, blood serum, etc., become putrid only when three conditions are present, viz., moisture, a certain temperature called heat. and fungi, or schizomycetes.

All of these conditions must be present. In proof of this common facts are mentioned. Remove the moisture from meat by drying thoroughly and it keeps indefinitely. Producing an unfavorable temperature for the fermentative process by freezing brings the same result. Canning meat as ordinarily done is another example. Here all micro-organisms are destroyed in cooking the product, which is canned and sealed while yet hot, thus preventing the invasion of more germs. In each instance we have eliminated one of the conditions and the result is preservation of the substance.

The air about us is filled with micro-organisms or particles of dust. They are not "bugs" or animalculae, flying like humming birds, as some seem to imagine, but vegetable spores, which, when they find lodgment in a wound under favorable conditions set up a fermentative process. The result of this fermentation is putrefaction and the product of *this* is the poisonous elements called *ptomaines*. These, when absorbed into the system in sufficient quantities, gives rise to the condition called sepsis. By experiment an ordinary wound is found to possess about the right temperature for the development of fermentation. The moisture is also present, so we have two of the essentials for sepsis and extreme care should be exercised not to add the third.

The whole subject of wound treatment, then, rests upon the principle of the preservation or organic substances. This, reduced to practical application, consists in eliminating one or more of the necessary conditions under which fermentation, putrefaction and sepsis occur.

The thorough cleansing of the field of operation, the surgeon's hands, the sterilizing of the instruments and everything that is liable to come in contact with the wound, are part of the indications.

Exsiccation or ridding the wound of its moisture as thoroughly as possible, reduces to a small degree the danger of fermentation. This includes complete arrest of hemorrhage, drying the parts with pledgets of gauze, drainage in some instances, and the application of a dry absorbent dressing.

The temperature of the living body we can not alter, hence we

must leave a wound in a favorable condition for the development of sepsis, so far as temperature is concerned. We have to rely on eliminating the other two conditions as nearly as possible. Sterilization is the third and last condition or principle involved. This includes the use of sterile water or chemical solutions in the wound, for the purpose of dislodging micro-organisms that have gained entrance or for the purpose of rendering them inert as the so-called antiseptic solutions are supposed to do. There are various theories and opinions as to the best means of accomplishing these ends.

Champonierre, of Paris, whom I had the pleasure of seeing operate several times the past summer, makes no pretense to anti-sepsis until ready to close the wound. He then swabs the wound in every instance, except it be the peritoneum, with a 5 per cent solution of carbolic acid. Gussenbauer, Albert (now dead), Chrobak, Knauer, Friedlander, Ewold and others whom I saw in Vienna, dry the wound with gauze and close without sterilizing solution of any kind coming in contact with the wound. They rely entirely on the cleanliness and asepticity of their work and thorough exsiccation of the wound. They all claim good results, and so far as I was able to observe, get them.

In conclusion, the essence of wound treatment seems to be:

1st. Cleanliness of the field of operation, surgeon's hands, sponges, instruments and everything that comes in contact with the wound.

2d. Exsiccation or drying the wound before closing. These two indications, properly covered, are sufficient in ordinary clean cases.

3d. Sterilization with antiseptic solutions when pus or sepsis is present. Using chemical solutions of one of the various antiseptics *only* on dirty cases. It seems to me the whole subject of successful wound treatment rests upon and is contained within the scope of these three simple, practical principles.

The spring meeting of the N. F. and S. M. Homeopathic Medical Association, of which Dr. W. H. Thomas, Elkhart, Ind., is president, will be held in that city, Tuesday, April 23d. From the outlook this will be a very helpful meeting, and a good attendance is anticipated.

Medical Profession vs. Faith Healers.

The errors of faith healing are ridiculed and denounced, but the good it accomplishes is scarcely recognized.

It is surprising to see how the learned professions get tangled in the meshes of the faith-healing affair. Led on by the prejudices of the medical profession, courts of justice and the clergy have punished and denounced Christian Science in a way that is discreditable to either justice or the learned professions.

Rather than punish the faith healers by the strictures of police courts and licensing boards, in the name of science, is it not wiser and more becoming to admit the truth, to put to practice the virtue of Christian Science, and allow its foolish doctrines to sink, by the weight of their own folly, into oblivion?

Besides the suggestive principle involved in each faith cult, there is to be recognized an addendum. Christian Science adds absurdity, Osteopathy adds massage, Divine healing adds faith in God's intercession, Mental healing adds faith in supremacy of mind, Hydropathy adds the luxury of a bath.

It is alike curious and deplorable to witness the struggle of a great truth through the abuses and misconception of its would-be friends, who are unfitted by religious fanaticism and a lack of liberal education to present it to the world, pure and simple. It is deplorable to witness the indifference of the medical profession toward this valuable therapeutic agent. While suggestion represents all there is of good in the hands of the faith healers, they are ignorant of its essential nature. While the medical profession, by title and education, is the only class able to define its virtues and limitations, the benefits of the new therapy must be accepted by the people at the hands of mountebanks.

Suggestion is a law of psychology. Human nature is the same at all times. Faith healing has existed in all ages. The wonderful cures imputed to Christ were made through psychic laws. Those effected by the priests of all nations are a matter of history. Equally authentic are the cures wrought by Prince Hohenlohe, Father Mathew, the Springs of Lourdes and the sacred relics. In the early ages saints and priests exercised an influence over the

destinies of man through charms, amulets, incantations and the laying on of hands. In this country the founder of the Mormon church, and men like Schlatter, together with an army of faith healers, have exercised the same psychic law.

Being a natural law suggestion acts uniformly. It attends every means directed toward the relief of disease. Placebos have their uses. The "bread pill" is not a joke.

The sickroom is the playground of psychic influence. Every word or act of the physician carries suggestive influence for good or evil. Suggestion attends every dose of medicine and every other agency directed toward the relief of disease.

Such agencies include "liquor cures," health resorts, sanitarium, patent nostrums and quackery in all forms, it matters little what the remedy may be or through what objective conditions it may appeal to the patient, the essential point is that it inspire faith, *i. e.*, autosuggestion.

Medication is reinforced by suggestion. The skilled physician gives directions and *suggestions* as to results in a manner to enhance the operation of mental influence. Thus the most successful physicians employ suggestion as if by intuition.

Every one has a vague notion that the mind operates on the body. Suggestion is the law of the subjective mind made manifest in all its operations from the movement of the *planchette* to ecstatic religion. Suggestive therapy is only one instance in the general operations under this law. Its force is demonstrated in the experiment upon the criminal who was killed by the suggestion that he was bleeding to death from an open artery. It is shown in the production of local or general anæsthesia.

As might be supposed, an agent that can affect the bodily organs in an abnormal way, can likewise correct abnormal conditions. Dr. Bernheim and others have demonstrated this fact, times without number, in the treatment of mental and nervous diseases. It remains to be seen whether the rank and file of physicians will employ suggestion, as indicated in special cases, and thus put an end to the miserable hit-or-miss practice of the faith healers, or will they persist in opposing "faith cures" and leave the public in continued, confounded confusion.—*Suggestion.*

Can There Be a Law of Dose?*

H. C. ALLEN, M. D.

In 1864 the late Dr. E. M. Hale published a monograph, claiming to have discovered a law of dose, based on the primary and secondary action of drugs. That the primary action was most similar to the symptoms of acute diseases, and the secondary or symptoms of reaction were, most like those of chronic diseases, therefore in acute disease we should use the low potencies almost exclusively, while the higher potencies should be best adapted to chronic affections. But Dr. Hale was treating diseases in the abstract while Homeopathy in curing the sick deals wholly with the concrete. Dr. Hale's supposed law referred to diseases, not to the individual, the patient, which Hahnemann everywhere insists should alone be considered.

Dr. Carroll Dunham combated the supposed discovery at the time as an impossibility, and pointed out that our potentized remedies acted better than the crude in acute disease, instancing numerous cases from his own practice, croup being especially referred to, in which he had verified Bonninghausen's use of the 200th in many instances.

Hahnemann has placed the question of dose on its true, apparently only basis, in Sec. 16 of the Organon and there it bids fair to remain for some time to come.

Sec. 16. Our vital force, as a spirit-like dynamis, cannot be attacked and affected by injurious influences on the healthy organism, caused by the external inimical forces that disturb the harmonious play of life, otherwise than in a spirit-like (dynamic) way, and in like manner, all such morbid derangements (diseases) cannot be removed from it by the physician in any other way than by the spirit-like (dynamic, virtual) alterative powers of her serviceable medicines acting upon our spirit-like vital force, which perceives them through the medium of the sentient faculty of the nerves everywhere present in the organism, so that it is only by their dynamic action on the vital force that remedies are able to re-establish and do actually re-establish health and vital harmony, after the changes in the health of the patient cognizable

*Transactions I. A. H.

by our senses (the totality of the symptoms) have revealed the disease to the carefully observing and investigating physician as fully as was requisite in order to enable him to cure it.

Hahnemann here states that the disease producing cause must, like the vital force, be dynamic; likewise the remedial agent, the disease curing cause, must be on the same dynamic plane. In many places in the *Organon* he mentions that the dynamic power or force must be very similar but stronger.

Sec. 26. A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations.

Sec. 27. The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in strength, etc.

But just how strong the vital force of the disease—the sick patient—may be; just how strong the resistant force of the sick organism is, Hahnemann does not say, perhaps for the best of all reasons; and how strong the dynamis of the remedy must be he does not say. On general principles pretty well acknowledged to be true, the resisting force—the normal dynamic force of life—is weaker at both extremes of life, in first and second childhood; hence as a class these patients are supposed to do better, to recover more surely and more quickly on the medium powers than on the higher or stronger potencies. But then even here, in my experience, there are so many exceptions that they almost preclude a rule of action, and in the end the question resolves itself into one of individuality on the part of the physician and the patient. Is it not based on personal experience after all?

DISCUSSION.

Dr. Walter M. James:—In regard to understanding what it is within the potentized drug that effects the cure, it is not possible in the present state of our knowledge to get at that information with any great exactness, but we may at least make some approach to it. Now I was just thinking if you take a piece of lead and a piece of silver and lay them side by side in their solid state they may touch each other and nothing occurs at the point of contact.

Now if you take that lead and melt it, the heat will cause the particles which compose it to separate so that there are interstices between them; now if the silver is brought in contact with it, it will be diffused all through the mass and a real solution of the silver in the lead occurs. And so sugar will diffuse itself all through a cup of tea, without increasing the bulk perceptibly. It is a case of solution. There is a distinct permeating of the one substance by the other. At a very low temperature dry ice and sugar may come into contact without any effect. But when the temperature rises and the ice melts it dissolves the sugar just as the melted lead dissolves the silver. The elevation of temperature separates the particles of the two substances and causes the absorption of the third, by making room, as it were, between the molecules.

The molecules of water may be further separated so that we get a vapor, and a still further separation produces a gas and we know the immense service it performs to mankind in that state, under the name of steam.

If the silver and the lead are subjected to a much higher temperature they leave the fluid state and become gaseous and in this state each has its own peculiar rate of vibration, as Dr. Boger has said, vividly shown by the spectroscope. The rate of vibration of each is perfectly fixed and definite, and so gives rise to certain colored lines in the spectrum. Comparison of such lines from known substances enables us to recognize the presence of certain substances in the sun, although at a distance of 95,000,000 of miles. This was one reason of the eagerness of the astronomers to examine the recent eclipse of the sun: when the astronomer looks at that luminous spectrum of color lines that tells the nature of the sun's atmosphere, nothing has passed to the eye of the observer, it is only a rate or quality of vibration; nothing whatever of a material nature has come to the eye, it is simply an imparting of a vibratory impression to the nerve of the eye.

If you take any one of these substances and put it into a glass tube and send an electric current through it, it vibrates in its own peculiar manner according to its inherent quality, and gives forth a colored light; there is no chance for this substance or any particles of it to travel to the eye, it is simply an affecting of the eye

by its peculiar rate of vibration. Such tubes are the Geissler tubes and from the idea of them the Crooke's tubes are made and from them was the X-ray developed. In the hardest stone, in the densest wood the particles are not in absolute contact, but are moving in small vortices, the rate of which is shown in a degree by their sensitiveness to heat. If this room were closed up tightly and a red hot ball of iron brought into it, immediately everything in it would begin to vibrate as shown by the elevation of temperature of objects in the room. The vibration of the Crooke's tube simply throws into vibration the nerve of the eye. Every homoeopathic medicine in the first potency has the particles of it separated further than in the crude substance and in every high potency the particles are further separated from each other than in a lower potency.

The understanding of the potencies may be assisted by the contemplation of the effect of electricity in passing through air at various pressures. When lightning passes from clouds to earth or from cloud to cloud it makes a brilliant zig-zag streak. Such a streak of lightning is in fact a gigantic electrical spark. Now we can imitate that lightning streak on the small scale by means of generators of electricity. A spark from such a machine similarly makes a zig-zag streak in the atmosphere. If this spark be passed into a partial vacuum, it no longer appears like lightning, but as a diffused purple light. Increase the rarefaction and the light becomes more brilliant. Tubes prepared for such display are called from their inventor Geissler tubes, and in them the rarefaction is carried to the one-thousandth of an atmosphere.

If the rarefaction be carried much higher, to the millionth of an atmosphere, we have the famous Crooke's tube with its astounding discovery of the X-ray and all the accompaniments of that wondrous phenomena.

From this we are enabled to shed some light upon the singular phenomenon of the homoeopathic potencies which may be regarded as vibrations of varying intensity. Vibrations comparable only with the luminiferous æther by which we have the effects of heat, light and color. Our medicines produce their effects by imparting vibrations to the nerve terminals where they are dis-

tributed upon the tongue and these vibrations are diffused all over the system.

Nothing material comes from the Geissler tube to the eye, nothing material comes from the potency to the system; nothing but an oscillatory impulse to the terminal nerve fiber, which is distributed in its turn all through the system.

This consideration may clear up our ideas of the way or rather of the *MODUS OPERANDI* of the action of our high potencies, which has proved such a stumbling block to many minds, bound down by material ideas of the substance of the drug. Once more, if you consider the great tidal wave that moves twice daily over the earth, you will get further help in grasping this abstruse subject. It starts in the Indian ocean, a mighty impulse, communicated to the whole mass of water there; it doubles the Cape of Good Hope and it rolls to the western coast of the American continent, and the vast upheaval is communicated to the waters of the Pacific ocean, then to the Atlantic ocean and finally back again to the Indian ocean and by attentive consideration of this wave motion the way is opened to an approximate conception of the way in which our potencies act. If an electric spark be passed through ordinary atmosphere, as before said, it takes a zig-zag course in its way from one point to another; if the air be partially removed, the spark becomes thicker and with a more diffused light, as I have just explained. This effect is tremendously increased in the Crooke's tube, which is nearly a complete vacuum, because the vibration is at a still higher rate. Our potencies have each their own rate of vibration. If we had some physical means of measuring the rate of vibration of a particular potency, and could similarly measure the vibratory rate influence of disease so as to be able to select a potency with a similar rate of vibration to the disease, we would completely solve the problem, what is the proper potency for any given case of sickness and answer the question which forms the title of Dr. Allen's paper, in the affirmative. It is the absence of any means of measuring the vibrations, that makes the tremendous contest that has been going on for seventy-five years and is still a matter of dispute. No man except Dr. Fincke has ever taken up the problem upon a physical basis, and that basis is the only possible solution of it. That once

accomplished we have the means of a quicker restoration to health and of clearing away this eternal controversy about potencies.

Dr. Baylies: Does Dr. James believe that the curative action of a remedy depends upon the vibration of a substance and not upon the substance itself?

Dr. James: Yes, each of the substances in nature has its own rate of vibration as we know in regard to light and sound. The substance gives a certain quality to the vibration and the potency gives it its rate. That the rate does not correspond with the vibration of the disease is the reason why one potency will fail and another will succeed.

Dr. J. H. Allen: In other words, there are two features, the simillimum feature, which is the remedy and the rate of vibration factor, which is the potency. The drug gives the kind of vibration and the potency the rate of vibration.

Dr. Boger: Dr. James has expressed much more clearly than I could, what I was trying to say; namely, that potentizing changes the rate of vibration, and explains why it is that one potency succeeds while another fails. Another point comes very naturally into this consideration, namely, the question of primary and secondary symptoms, first brought up by Dr. E. M. Hale of Chicago. Now I deny the primary and secondary action of drugs. The effect of any drug is the reaction which the human system opposes to the impact of the drug. All of those phenomena which we call symptoms, are the reaction of the system from the drug impact and are what is usually called the action of the drug. There is no primary and secondary; it is all one action.

Dr. James: Dr. Boger is right and his idea can be illustrated physically. If you have two ivory balls suspended upon parallel strings and you raise one of the balls and let it fall, it will swing back and strike the other; that is the primary action; it in turn will be driven up and will fall back, giving the first ball a blow. That is the secondary action. The first impact is the primary and the return of the ball in consequence thereof is the secondary and that secondary is what the system does, and that illustrates Dr. Boger's position.

Dr. Boger: That is simply an alteration of terms. You may

go all through our symptomatology and you will not find one symptom the result of primary action. The only genuine primary action is a death action. An overwhelming dose of a poison that kills the cell like a stroke of lightning is an instance of primary action. As soon as you get reaction from the system then you are getting symptoms.

Dr. McLaren: You may get primary symptoms just as well as the other kind, but they do not last long enough to be of any service to us before death comes. If a man take up an aconite tuber, and eats it for a radish he gets numbness, weakness, chilliness and soon dies in great agony; these are symptoms and they are primary symptoms, too.

Dr. Boger: Still I believe that I am right when I say that the only symptoms are the reactionary ones.

Diphtheria: A Mal-treated Case.

J. C. WHITE, M. D., PORT CHESTER, N. Y.

A gentleman asked me to see his child, of seven years, who was suffering from diphtheria; wished me to see the case in consultation with his family physician. Having previously heard this same physician remark that he had studied, and that he practiced "both ways," I refused to do so, saying that I would treat no case of diphtheria in partnership with one who was not a strict observer of the law. (They are always spoiling the case; doing "something practical"; giving something intermediate, or in addition, which "would not interfere"; "could do no harm.") He then asked me if I would take charge of the case. I said I would if it could be satisfactorily arranged. I am always suspicious of the physician who practices "both ways," having myself found it very difficult to practice one way, i. e., the right way. Realizing this, we find it easier to excuse those who are not "always right," even when their endeavor is on the line of the law. We can even excuse Dr. Frank Kraft for taking Antikamnia for sea-sickness! He was "too sick to find his Cocculus," and Antikamnia tablets

are "so handy, you know." Besides, he did not prescribe it for a patient, but took the consequences himself. There was an element of self-sacrifice in that. Besides, Dr. Kraft was not in this or any other country, consequently accountable to no one for the act. The class of physicians whom we find it hard to excuse are those who profess, and sometimes loudly, to follow the law in the light of this century, yet are constantly and habitually lured into dark by-ways and cross-lot efforts; and who meeting the bull in the pasture and running against the barbed wire of error, complain of the unsafety of the highway!

But to our case of diptheria. I found the child with considerable swelling of the left parotid and cervical glands, and a deposit of ash-colored membrane on the left tonsel and arch; the face was dark red, pulse bounding, delirious and wild with headache. The pupils were dilated to the extent expected after applying atropia. On the table was a glass of colored liquid, of which she was taking a teaspoonful every hour! The child was suffering from diptheria, but much more from Belladonna. It was all that I could do to keep her from convulsions! I never saw a case so poisoned with the drug. The evening—manifesting itself so markedly for three days. If I had the case again I would give Opium to antidote it. I did not expect the effects of the drug to be so lasting, and the other disease was so marked that I gave Lach. for 36 hours without improvement. I then gave Merc. bin. iod. for 48 hours without any tmprovement in the throat symptoms. The effects of Belladonna working off the throat was less dry, but the membrane had extended to the median line all over the arch and ulvula—just to the median line—margin even and well defined. The membrane now looked pearly white, glossy, and was firmly adherent. I now gave Lac. can. for 36 hours without the least mark of improvement. In consult.ng "Guernsey's Diptheria Card," I found that the deposit of Kali bi. may be white, although the record is yellow in every materia medica I had read. I gave Kali bich. 3d every hour for 12 hours, then Kali bich 3i every hour for the next 24 hours when there was not the least trace of membrane remaining and the little one made a quick and complete recovery.

This was among my earlier efforts in a homeopathic way. I think in the great majority of Kali bich. cases the throat has been uniformly sore—no particular one-sidedness. My experience, too, leads me to say that had the child not had the Belladonna the characteristic exudation and expectorate would have called for the remedy at first and the child would have been cured in three days.

If there is any class of cases that repay the painstaking prescriber more than another, it is diphtheria. I almost never lose a case. I do not say this in a boasting spirit, nor do I lay claim to superior ability; but I do attribute it to a close observance of the law of similars. I do not dare give compounds or to alternate medicines. The symptoms are always acute and pronounced. I know from the local or the general symptoms in a very few hours if the medicine given is correct. If not I reread the case and give another. I frequently see cases apparently so severe that they at first frighten me, and then I often cure them so quickly that I have been almost ashamed to have so denominated the disease. Such is the power and the certainty of the indicated remedy.

Correspondence.

AN APPEAL.

To the Physicians of the United States: The National Woman's Christian Temperance Union has been active for twenty-seven years in combating the evils of alcoholic liquor drinking. Among its most effective allies have been those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

We are endeavoring to bring the teachings of such physicians to the people and we believe that much good is being accomplished thereby. It is apparent, however, that if the evils of liquor drinking (ill-health, poverty, insanity and crime), are ever to be fully abated, the medical profession must take a more active part in this much desired reform. They, more than any others, can disabuse the public mind of the old-time errors con-

cerning the use of or necessity for alcohol, either as a beverage or for medicinal purposes. It would seem to be the duty of those to whom the public looks for guidance in all things pertaining to health, to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system and to see to it that *their medical practice and teaching, as well as their personal example*, is upon the side of safety.

Particularly would we ask physicians to warn parents against the home prescription of alcohol and against the use of proprietary medicines containing alcohol or other narcotic drugs, by showing them the danger and by teaching them a better way.

We respectfully ask that this appeal be published in all medical journals, and that it be brought before National, State and County Medical Societies for discussion.

With profound respect for your honorable profession, and with hope for your active co-operation in this work, we are,

Sincerely yours,

LILLIAN W. N. STEVENS,
President, N. W. C. T. U.

SUSANNA M. D. FRY, Corresponding Secretary.

Comments. The homeopathic school of practice has little or no use for alcoholic or narcotic stimulants in any form, in the treating of the sick. No alcoholic, opium, chloral, cocaine, morphine, or other drug habit ever follows the use of homeopathic remedies. Why do not our W. C. T. U. friends investigate this phase of the use of alcohol in medical practice? Why do not our temperance friends cease to patronize a school of medicine which leaves such mental and physical wrecks in its wake? Why do not the members of the W. C. T. U. practice what they preach—temperance—in the use of nervous and narcotic, as well as alcoholic stimulents? The homeopathic remedy is much more effective in the cure of the sick and is entirely free from the enslaving after-effects of crude drugs. Why do so many of our homeopathic physicians dally with these palliatives, long for the flesh pots of allopathy? —Ed.]

Arsenization.

The following letter was addressed to Senator Vest on the

virtues of Arsenization as a yellow fever prophylactic and the evidence furnished by the Brazilian experiment:

St. Paul, Minn., January 27th, 1901.

Hon. George G. Vest, Chairman Committee on Public Health and National Quarantine, United States Senate, Washington, D. C.:

My Dear Sir—On the 16th inst., the Hon. Knute Nelson wrote me: "Today I intend to introduce your memorial, together with all the papers, in the Senate and have it referred to the Committee on National Quarantine and Public Health." Doubtless you remember what statements, made by Surgeon General Sternberg in his letter to your committee on February 26, 1900, impelled you all to concur with him, and, consequently, to report adversely to the Senate. *You know that there was "experimental evidence on record" at that very time, although I was not then prepared to produce it, and that such evidence did "justify your committee in giving it special consideration."* Will you kindly favor me with the reason, if there is, *now*, any reason, why the arsenization commission asked for is delayed, if it is delayed, recommendation?

The President has *twice* asked that Congress empower him to appoint just such a commission and I have now *produced the evidence* denied existence and *favorable evidence* *it that*, which surely entitles arsenization to your "special consideration" (and that is more than any other American physician has produced for any of the other alleged prophylactics against any of the infectocontagious) and yet General Sternberg endorsed the necroscopic (a) blood theory and the dried urine theory and the Marine hospital men tried the Sanarelli serum until Surgeon Wasdin was compelled to report that it was almost worse than nothing (b) and Dr. Sanarelli himself admits it will not protect against the malign yellow fever. (c) May I not ask, most respectfully, how long the discrimination against arsenization, which *has* proved my every assertion of it to be the *truth*, is likely to continue? May I not upon the *evidence now* before you all, expect an *early and favorable report*, that mankind may the sooner know that which my Brazilian collaborators and I have long known of the protective and curative virtues of arsen-

ization? May I presume to ask how long it is likely to take, now, to prove to your committee and General Sternberg that "*the truth is mighty and shall prevail?*" I most respectfully ask only for a just and early re-consideration and and report upon *arsenization*. "Hew to line, let the chips fall where they may."

With sincere esteem, I have the honor to remain,

Yours very truly, R. B. LEACH.

(a) Vol XVIII; p. 288; Report Amer. Pub. Health Ass'n.

(b) 1898 Report U. S. M. H. S, p. 597.

(c) *Acido Arsenioso na Febre Amarelli*, by Eduardo Magalhaes.

All of these references are filed in your committee archives.

In a letter dated Jan. 31, 1901, Senator Vest replies, "The Surgeon General (Sternberg) having reported emphatically against your application it is impossible for our committee to proceed in the matter in direct opposition to that report. Until the Surgeon General reverses his report, so far as we are concerned it is closed.

[The Surgeon General is not likely to reverse his adverse report on any matter emanating from a homeopathic source, any more than he is to admit homeopaths to the medical corps of the army and accord them the same fair play he would expect to receive himself were the position reversed.—ED.]

Bering Notes.

Dr. Kendall now has a wistful eye on Okla.

The Junior class visited Dunham Medical College Feb. 25th.

Wylie has just discovered that worms is spelled "worrums."

Gupta is now known as "Hipp the Second" since his recent attack of surgery.

Dr. Titzell has about completed the subject of Fractures and Dislocations for the Juniors.

Query: What! Oh, what will Mrs. Baxter say?

Drs. Thornett and Lewin will return to London, Eng., about May 1st.

Dr. J. H. Allen had an early morning operation at the college March 8th.

Dr. Donahoe reports a case in which the trachea was *twelve inches* in length.

C. P. Parson, an ex-member of the Junior class, made us a pleasant call recently.

Doctors do not often take their own medicine, but Feltz did. Result: Out of school three days.

The Senior class were entertained at the home of Dr. J. J. Thompson Friday evening, March 15th.

Von Toll has taken his departure for the year and as a result the Junior class are one short on roll-call.

Dr. Taylor has a way peculiar to himself of urging straggling seniors along the flowery path of knowledge.

Dr. Wieland has announced that all examinations must be over before March 30th, as post-graduate work begins on April 2d.

Some people have been so curious as to ask why the seniors have those returning wrinkles and the coloring seems to have faded from their hair. Don't you know the picture taking season is over?

The Junior class were pleasantly entertained on Wednesday evening, March 13th, by Dr. and Mrs. J. H. Allen, and Miss Ray. Those not present have not yet heard the last of what they missed.

Dr. W. A. Dewey's lecture at Hahnemann college, on "Materia Medica and How to Study It," was well attended by the students of this college. The teaching recommended was much

the same as we get in this college—namely, by use of Keynotes, Hering Cards and filling in the framework thus made from more complete work.

H. L. ALDRICH.

New Publications.

THE INTERNATIONAL HOMEOPATHIC MEDICAL DIRECTORY. London: Hom. Pub'g Co. 1901.

This contains a pretty complete list of the homeopathic physicians of the British Empire and the continent of Europe; Canada and Mexico being alone included on the American continent. The publishers propose in the next issue, 1902, to include the American homeopaths, provided the idea meets with sufficient support. This will cost \$1.00, which includes a copy of the Directory. If American practitioners desire to have their names (cards) in the next issue they must send a postal card to the

A MANUAL OF HOMEOPATHIC MATERIA MEDICA. By J. C. Fahnestock, M. D., Piqua, Ohio. Published by the Author. 1901.

The frontispiece is a fine engraving of the author. Like Hawke's Characteristics, it is printed on only one side of the page, leaving space for notes and "observations on the remedy," or as the author facetiously expressed it, "for the owner to write a better work."

It is a good compilation of the chief characteristics of the principal remedies, but we would have preferred some of the more guiding symptoms of each remedy to have been italicized, or their value otherwise indicated. Perhaps the second edition may be so printed. It is convenient in size and may be carried in the pocket, and both student and practitioner will find it a valuable addition to their ready reference library. We cannot have too many works of the kind on Materia Medica, for the best of us need a memory refreshing in our every-day armamentarium. The author deserves success, and the book should find a large and ready demand.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS. A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL.D., M. D., Queen's University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms, and Treatment." Fifth Revised and Enlarged Edition. With Numerous Illustrations, Including Photo-engravings, Colored Plates, and Tables for Estimating Total Solids from Specific Gravity, Chlorides, Phosphates, Sulphates, Albumin, Reaction of Proteids, Sugar, etc., etc., in Urine. Pages xvi—406. Extra Cloth, \$3.00, net. F. A. Davis Company, Publishers, 1914 Cherry Street, Philadelphia.

The best that can be said, in fact all that need be said of this practical work, is that it is the *Fifth Edition*, carefully and thoroughly revised, much new and original matter added, including a chapter on the microscope and its use in uranalysis. Another valuable addition has been made in the perfecting of centrifugal analysis, on which the author has devoted five years of toil and experiment, and thus elevated to a scientific process, an exact method of analysis. Chapter VIII., on the use of the microscope in urinary examinations, is an addition that will be highly prized by every one. Many a physician, after purchasing a microscope, finds that he must also purchase a book on its use if he would have a working knowledge of its practical technique in analysis. This chapter furnishes the information in a condensed form.

THE NEW NATURAL HISTORY. By Richard Lydeker, B. A., F. G. S., Etc. Assisted by R. B. Sharpe, H. A. McPherson, F. O. Pickard (Cambridge), W. R. Ogilvie Grant, C. J. Gahan, F. A. Bather, Edgar A. Smith, R. I. Pocock, M. Bernard, H. Bernard, and R. Kirkpatrick. Six Volumes of About 600 pp. Each. Illustrated with 72 Colored Plates and 1,600 Engravings. New York: Merrill & Baker.

In the rapid strides in every department of science, the physician should keep abreast of the times. He should have the latest

and best works in every branch of his professional labor and he should also be conversant with the standard works in art, literature, science, philosophy and especially in zoology. Here is a strictly scientific work written in a pleasing yet popular style. The interest and value of such a book—or of any work on natural history, like anatomy—largely depends upon the number, character and quality of its illustrations, and in these respects the *New Natural History* has been rarely equaled and, we think, never excelled, in this country. It is difficult to find a single, comprehensive, up-to-date work on general zoology in which such an amount of instruction and scientific information is so clearly and agreeably presented. It will without doubt be for many years a standard and invaluable work of reference for both the general reader in quest of such information, as well as for the teacher and the naturalist. We are indebted to both author and publisher for their excellent book.

Notes.

Harriet S. Taylor, M. D., is still in practice at the old stand in Springfield, Ill., all reports and intended movements to the contrary.

The Minnesota Homeopaths intend to present a bill to the legislature this winter to provide an appropriate building and equipment for their college. Persistent effort will deserve and meet with success. Organization and work will win, and they have the best wishes of every lover of his school.

The American Institute will hold its next session at Richfield Springs, N. Y., in accordance with the following popular vote of 969 members :

Richfield Springs.....	569
Niagara Falls.....	281
Montreal.....	56
Cambridge Springs.....	27
Blank.....	36

For this we thank the chairman of the Executive Committee.

It is an ideal place for the meeting and it should be both pleasant and profitable, the least political and most *medical* for years. Score one for editor of *American Homeopathist*.

Missouri Institute of Homeopathy meets in Kansas City April 16th, 17th and 18th, 1901. President Schott says:

"Will you do your part? Will you come prepared to do something toward making the meeting a success? Write a thoroughly homeopathic paper and come prepared to discuss the cure of the sick and the treatment of disease from the standpoint of Hahnemann."

Diphtheria, an every day case, that of a nurse in Hering Hospital: Severe chill, intense aching of back and limbs, malaise and headache. Uvula, tonsils red and swollen, intense pain on swallowing and profuse salivation. Tonsils covered with gray wash leather-like membrane, with black patch in center of deposit large as a dime, fetid breath and constant inclination to swallow. Chilliness on moving or uncovering; temp. 104; pulse 120. The cervical glands of left side of neck swollen and engorged. At 5 p. m. Mer. bin. iod. d m m. the only potency in case was given in water, a teaspoonful every hour, and patient ordered from hospital. Next day a marvelous change, throat much better, temp. 99, could swallow with little pain and was driven 15 miles to her home. No more medicine.

Doctor—Have you a patient whom your skill and homeopathic treatment have saved, and yet that patient does not regain strength as rapidly as you would like? If so prescribe MALT-NUTRINE, a concentrated extract of malt and hops. Do not confound this with some of the cheaper malts, which are simply nothing more than a beer. *Malt-Nutrine* makes blood, and builds up the tissues until the patient's own strength returns. For convalescence from all diseases, nervous debility, etc., Malt-Nutrine is of inestimable value, and cannot be too strongly recommended. Prepared by *Anheuser-Busch Brewing Association*, St. Louis.

The following analysis of the Postum Cereal Co.'s *Grape-Nuts*, taken from the *Lancet*, London :

“THE LANCET,”

LONDON, NOVEMBER 3RD, 1900.

GRAPE-NUTS.

(The Postum Cereal Co., Limited, Battle Creek, Michigan. London: Temple Chambers, Temple-avenue, E. C.)

“The basis of nomenclature of this preparation is evidently an American pleasantry, since ‘Grape-Nuts’ is derived solely from cereals. The preparatory process undoubtedly converts the food constituents into a much more digestible condition than in the raw cereal. This is evident from the remarkable solubility of the preparation, no less than one-half of it being soluble in cold water. The soluble portion contains chiefly dextrin and no starch. In appearance ‘Grape-Nuts’ resembles fried bread-crumbs. The grains are brown and crisp, with a pleasant taste not unlike slightly burnt malt. According to our analysis the following is the composition of ‘Grape Nuts’: Moisture, 6.02 per cent; mineral matter, 2.01 per cent; fat, 1.60 per cent; proteids, 15.00 per cent; soluble carbohydrates, etc., 49.40 per cent; and unaltered carbohydrates (insoluble), 25.97 per cent. The features worthy of note in this analysis are the excellent proportion of proteid, mineral matters, and soluble carbohydrates per cent. The mineral matter was rich in phosphoric acid. ‘Grape-Nuts’ is described as a brain and nerve food, whatever that may mean. *Our analysis, at any rate, shows that it is a nutritive of a high order, since it contains the constituents of a complete food in very satisfactory and rich proportion and in an easily assimilable state.*”

This food is naturally pre-digested by heat, moisture, and time. The diastase is thus produced and the transformation of starch into grape sugar accomplished. A perfect food for patients with weak intestinal digestion and who need, but cannot digest the carbohydrates as presented in ordinary food. Grape-Nuts found with all grocers.

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Vaccination from a Homeopathic Standpoint*

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

"The first and sole duty of the physician is to restore health to the sick. This is the true art of healing." Hahnemann, *Organon*, Section I.

Inasmuch as the public mind is largely occupied with the question of smallpox and vaccination at present, the discussion of some phases of that subject seems timely. Moreover it is appropriate, under the auspices of this Society, which stands as the official representative of the art and science of Homeopathy in this city, that the subject should be presented and discussed from a standpoint consistent with homeopathic principles. It is for such a purpose that the society exists; otherwise it has no cause for existence as a body in any way separate from what is euphemistically termed "The Regular Profession."

I desire to approach this subject, not in any spirit of controversy, but with a sincere desire to get at the truth, even though in doing so some disagreeable facts are revealed and some cherished ideals are dissipated.

My theme is *Prophylaxis through the attainment of health, not by the propagation of disease.*

It is to be feared that vaccination is one of the subjects prominently before the public mind upon which very little original or independent thinking is done, either by the medical profession or the laity. As an institution, reared by a century of strenuous effort, founded in legislative enact-

*Read before the Homeopathic Medical Society of the County of Kings, February 19, 1901.

ments, upheld by dogma, fostered by immense investments of capital and enforced by an army of salaried officials, vaccination is magnificent. Its ramifications extend into every branch of the public service from the public schools to the highest executive departments of the government. Its agents wield a power that is simply appalling in its extent and character. They rise on occasion superior to the constitution of the United States and the Declaration of Rights, and trample with impunity upon the most cherished personal and civil rights of the citizen. In the presence of the public vaccinator it can no longer be said of any man that "his house is his castle," or that any man has the right to maintain the integrity of his own body against wound or injury. If the vaccinating agent is not freely received straightway the armed policeman appears at his side to enforce submission to the mandate of the health department that vaccination be performed according to the traditional method. This has been and is being done. If direct compulsion is not brought to bear, indirect compulsion is resorted to, as in the infliction of penalties and withholding of privileges if submission is not rendered.

It would seem as if an institution wielding such power must be founded in truth and right if it were destined to perpetuity. It is now at the zenith of its power and magnificence. Will it stand, or will it, like so many other magnificent institutions in the past, begin to totter towards its fall? Judge for yourselves. I make no reference to any opposing forces operating upon it from without, but refer only to one force operating from within, whose effects are becoming more and more visible.

The force referred to is the "logic of events," the irresistible advance of Truth manifesting itself through experience, turning and overturning false theories and crushing them like egg shells.

Vaccination claims to protect its subjects against smallpox, but the theory has always had an army of facts opposed to it. From the beginning cases of smallpox have appeared among those who were supposed to be protected

by vaccination, and that is no small number. This was discovered very soon after the introduction of vaccination, and led to an examination of the subject. To select a few examples out of thousands: In Wurtemberg, between 1831 and 1836, out of the 1,677 persons attacked by smallpox, 1,055, or nearly two thirds, had been vaccinated.

James Farness Marson, F. R. C. S., etc., in Reynolds' System of Medicine, Vol. I, Article Smallpox, gives the experience of the London Smallpox Hospital as follows: "The number of cases of smallpox after vaccination has steadily risen from about five per cent. at the beginning of the nineteenth century, to 44 per cent. in 1845, 64 per cent. in 1855, 78 per cent. in 1865, 90 per cent. in 1875, and is now (1885) about 96 per cent. of the whole number admitted." The remaining four per cent. was composed mainly of the waifs and strays of civilization, of infants under one year of age, children of vagabonds, the natural victims of disease, who would succumb if attacked by any disease.

The *Lancet* (London) July 15, 1871, says: "The deaths from smallpox have assumed the proportions of a plague. Over ten thousand lives have been sacrificed during the past year in England and Wales. In London 5,641 deaths have occurred since Christmas. Of 9,392 patients in the London smallpox hospitals no less than 6,854 have been vaccinated, *i. e.*, nearly 73 per cent. Taking the mortality at seventeen and a half per cent. of those attacked, and the deaths this year in the whole country at 10,000, it will follow that more than 122,000 vaccinated persons have suffered from smallpox. This is an alarming state of things. Can we greatly wonder that the opponents of vaccination should point to such statistics as an evidence of the failure of the system? It is necessary to speak plainly on this important matter."

Similar statistics by the page, chapter and volume might be quoted, but time forbids. One such fact is as good as a thousand, for it effectually destroys the foundation of the theory.

The statement of such facts as these, which should be sufficient to destroy belief in the protective power of ordi-

nary vaccination in unprejudiced minds, has apparently served only to lead to the invention of new theories as to why these cases were exceptions to the rule which was supposed to exist.

Jenner, the discoverer of vaccination, believed and taught that a single successful vaccination afforded perfect and permanent protection. This theory was soon abandoned, and it was announced that the "antivariolous power of vaccination is only temporary, and that it decreases in proportion to the length of time that has elapsed since its performance." Then followed the theory of revaccination which has obtained ever since. The significant thing about this, as showing the progress of truth, is that the periods at the end of which revaccination is advised have grown progressively shorter and shorter. First it was fifteen years, and then ten years, then seven years, then five years, with revaccination at the appearance of every epidemic, and now in this year of grace, nineteen hundred and one, the Chief of the Contagious Diseases Bureau of Brooklyn, speaking, not as the scribes and pharisees, but as one having authority, says that revaccination should be performed annually!

No one appears to have noticed until I called attention to it recently in the daily press, that each recommendation of one of these shortened periods necessarily involves the admission that vaccination does not protect for the longer periods. Given the ratio of decrease of these periods in the past, and the present admission that vaccination does not protect for more than one year, it would seem to be an easy problem to ascertain how long it will be before it will be admitted that vaccination does not protect at all. But the end is not yet. The Chief is considerate of our feelings in making this statement. He is letting us down easily, but he is the herald of another assault. One year is a long period when viewed in the light of recent developments. The Surgeons of the War Department think one year altogether too long a time to be deprived of the blessings of inoculation. The practice during the late Cuban War and the present Philippine campaign has been to vaccinate about

every five or six weeks! I have this upon the best authority—that of men who have undergone it at the hands of their regimental surgeons, and who are under my care now for the terrible results of such a practice. Poor, pitiable wrecks of once superb physical and mental humanity they are, too! I have patients under treatment now who were vaccinated TEN TIMES in a little over a year, and who witnessed the vaccination of their comrades. This certainly should obtain immunity from smallpox if there is anything in ordinary vaccination, yet within a few weeks from the time our army landed in Manila smallpox was epidemic among the men and has remained so ever since, with a large number of deaths to its credit.

The outbreak of smallpox in the army was chronicled by the newspaper correspondents at first as part of the regular news, but these interesting items soon came under the ban of the Censor, who doubtless was led to perceive that the credit and fair fame of vaccination must be protected from the contaminating influence of such vulgar facts. They are of record, however, in the archives of the War Department.

If it is urged in favor of vaccination that it has modified the severity of smallpox and lessened its death rate, it can be shown that there are worse things than smallpox. If the effects of vaccination as a whole are found to be worse, because more subtle, more lasting and more deep-seated, the argument will hold. Such I candidly believe to be the case. Under enlightened and Homeopathic and hygienic treatment smallpox is a tractable disease, and not more to be feared than measles or scarlet fever. The popular fear of disfigurement is without basis, if proper treatment is predicated. It is an acute, clearly defined, self-limited disease, with no sequelae of any kind. It is not more contagious nor more prone to become epidemic than measles, and its death rate under normal conditions is not high. It is a well-known fact that during great smallpox epidemics the total mortality from all diseases, including smallpox, is lower than during other years.

In considering the evils of ordinary vaccination as compared with smallpox, the first question that arises is, "What is vaccinia?" On this point I present the latest authoritative statement of European and American experts. The *The Medical Review of Reviews*, international, New York and London, Daniel Lewis, A. M., M. D., editor, in its last issue, December, 1900, presents an abstract and review of an elaborate article by Debougnie, published in April, 1900, in the *Arch. Med. Belges*, entitled, "Smallpox, Vaccinia and Variolo-vaccinia During the Past Century." The article is characterized as "a retrospect of our knowledge of the above-mentioned subjects during the century which succeeded to the discovery of vaccination." Reference is made to the ancient mode of inoculation, still in vogue in China and parts of North Africa, which was introduced into Europe, but afterward prohibited by law, and this practice is characterized as "thoroughly rational and in accord with our modern ideas of seropathy!" Elaborate experiments are quoted by which it is made to appear "to be nearly self-evident that cowpox, horsepox, and human vaccinia are one and the same disease, with no reservations whatever." On the relation between this disease and smallpox, the long time controversy between the "unicists" and "dualists" is reviewed and further experiments described, all leading to the inevitable conclusion which is stated in the following words: "Vaccinia is nothing else but variola, and if seropathy is true as a general proposition, vaccination, in reality a variolization, should be looked upon as analogous to the preventive inoculations as practiced for diphtheria, hydrophobia, tetanus and the plague." Conversely, it may be remarked parenthetically in view of this statement that if vaccination, or variolization, be proved false, the whole serotherapy theory falls to the ground.

Commercial vaccine is, or, according to this article, should be, prepared by inoculating the first of a series of cows or heifers, with typical human variolous pus or virus. In practice, the number of animals in the series varies with different manufacturers, but a bitter experience has taught

them, to quote again, "that it is now generally known that vaccine has a natural tendency to deteriorate, and that so-called false vaccine is not due to impurities, but represents a degeneration. This comes about through repeated propagation through series of heifers." Here is a weighty and significant statement. It is, at the same time, a most damaging admission, forced from the advocates of vaccination by the inexorable demands of a terrible experience.

It is time that vaccination should be studied from the standpoint of biology. Such a study will show that "pure virus" is an absolute impossibility in the very nature of the case.

Admitting that "vaccine has a natural tendency to degenerate," the question at once arises as to the point at which degeneration begins. Biology, reason and experience unite in declaring that the process of degeneration begins the moment the human element is introduced into the organism of a lower order of being—an animal. When we see a man fall from the top of a ten story building we say he is lost. We say that before he has fallen a foot. The same principle that made him fall one foot will inevitably make him fall the rest of the way. He is a dead man from the very first.

When the human virus of smallpox is inoculated into an animal organism that organism is instantaneously affected. The disease which is set up is a mongrel thing, neither human nor animal. It is the expression or manifestation of a union under which a reversal of the law of evolution takes place—a degeneration. It is a promiscuous mixing of diverse elements, and its tendency is rapidly downward from the beginning. Syphilis in its origin was possibly the result of a similar promiscuity between the sexes in different orders of being, causing a degenerative process that, once initiated, became rapidly more and more malignant until it assumed its typical form. Vaccinia therefore is degenerated variola.

The pathological analogy between vaccinia and syphilis is so close that many observers and students of the subject

believe them identical; but into that subject time forbids me to enter, except to point out that, like syphilis and unlike smallpox, vaccinia or degenerated variola is not acute, not definite and not self-limited. On the contrary, the condition set up by vaccination is chronic, is as protean in its manifestations as syphilis, which it closely resembles, and enters as a complicating and modifying factor into every state of the individual victim. It forms a dyscrasia, in other words, comparable only to that of syphilis, tuberculosis and cancer.

Of the two evils which is preferable? It would seem that an informed and unprejudiced mind, having to choose between the mere possibility of an acute, tractable, natural disease from which recovery is perfect, and the certainty of a chronic, degenerate, artificially produced disease, would have no difficulty in deciding which was the lesser evil.

The product of this mongrel disease, when reinoculated into the human organism, remains true to the principle of degeneration under which it has come into existence, and continues to act under that principle to the end.

It is also pointed out by our author that "purulent degeneration of vaccine pustules is also a factor to be reckoned with." On this point a quotation from an official report of the Columbus Medical Laboratory of Chicago is interesting. This report states that: "The unusually large number of fatal and dangerous results reported from vaccination during the present outbreak of smallpox in Chicago prompted us in April last to make an examination of the vaccine supply for the purpose of tracing the contamination to its source. Points were purchased from all the propagators known to us in this country. Eleven samples were examined, and of these only one was entirely free from pus bacteria."

But a pus cell is merely a degenerated leucocyte or connective tissue cell. The pus cell takes on just as many specific characters as there are specific disease processes that produce it. The pus cell from a syphilitic or a tubercular abscess is clinically a very different thing from a pus cell from a healthy granulating wound. The leucocyte, or con-

nective tissue cell in an infected organism, which eventually degenerates into a pus cell under the influence of a specific disease process, bears the same specific toxic principle before as after degeneration. The character of the cell is impressed upon it by the individual in whom it originates. The dreaded pus cell derived from the inoculated heifer is no better and no worse than the so-called lymph cell of an earlier stage of the disease, which is supposed to bear the harmless vaccine principle. The whole organism of the animal, to its remotest cell, is infected by the variolous virus with which it is inoculated, from the beginning. The lymph cell and the pus cell alike are of their father, the smallpox, and perpetuate his race, if not his name.

From degeneration nothing comes but degeneration, and always in increasing ratio. In this series of degenerating processes which we are discussing, smallpox itself is the first and least removed from the normal. Every successive inoculation, whether in man or animal, is a further step in degeneration, and plunges the victim deeper into disease and death. The ravages of vaccination are before us constantly in numberless forms of disease in children and adults, in most cases unrecognized as to their true origin and character, and attributed to everything but the true cause. Hardly a day passes that the record of some catastrophe from vaccination does not appear in the daily press, but these cases do not represent a thousandth part of what actually occurs. My experience, dealing largely as I do with chronic and constitutional diseases, shows me that vaccination is one of the most prolific causes of disease. Many forms of disease are traceable directly to its blighting influence. Those cases where it acts so quickly and virulently as to compel the recognition of its influence, as where tetanus, erysipelas or septicemia follow directly and cause death within a few hours or days, are frequent enough, as we all know, but few seem to realize that a poison capable of producing such virulent effects in the exceptional acute case, must also be capable of producing other less obvious, but none the less terrible, chronic effects. There are thou-

sands of chronic sufferers to whom sudden death would have been a blessing, comparatively. The influence of vaccination in promoting the alarming increase of cancer, tuberculosis, neurasthenia and insanity has often been pointed out. These diseases show the operation of some powerful degenerative principle, and the visible and demonstrable operations of the vaccine virus, as well as the mode of genesis, conform to the same principle in a perfectly typical manner.

When will the demands of a rational prophylaxis and a rational healing art be complied with? Not Degeneration, but Regeneration is what is required for the healing of the sick and the protection of the weak; regeneration of the mind and spirit by the principles of truth, and regeneration of the body by those pure elements from Nature's laboratory, some of which in their natural state serve our needs as foods and proximate principles, and others of which, by the ideally perfect process of homeopathic potentiation, and acting under the beneficent principle of Similia, become our healing medicines when we are sick.

The Homeopathic philosophy of life, of health, of disease and of healing, puts a very different construction upon facts connected with the subject under discussion. Viewed from this standpoint contagion is relative, not absolute, and depends solely upon the susceptibility of the individual who is exposed. Of a thousand persons exposed to smallpox perhaps only one contracts the disease. His susceptibility manifests itself in the reaction to the specific morbid principle introduced into his organism at a particular time and under particular conditions. The developed disease is the external manifestation of his morbid susceptibility, which is thereby temporarily exhausted. It was formerly thought that one attack of smallpox conferred immunity from subsequent attacks. Instead of that being true, it is now known that one attack predisposes to a second attack. The German investigator, Vogt, has shown the liability to a second attack is sixty per cent greater than to the first, while at the same time the percentage of deaths from second attacks is much higher. This of itself is a powerful argument against

ordinary vaccination and preventive inoculations, which are based on the supposition that one attack confers immunity from a second. If this is true, it explains why smallpox always appears first among the vaccinated, and why smallpox continues to infest the civilized world while its allied "filth diseases" of the middle ages have disappeared before the advance of civilization, through the good offices of hygiene, sanitation and isolation. To these powerful prophylactic agencies it is our privilege to add Homeopathy, for both prevention and cure. As a matter of fact, prevention in its medical aspect, is synonymous with cure, and is governed by the same principles, for the individual who is in danger of infection is already a sick man. He has passed from the state of normal general susceptibility and reactivity to external elements and principles which constitutes health, into a state of morbid susceptibility to some particular element or principle which constitutes disease. When he is in a state of health of mind and body he resists the assaults of noxious elements. Even the bacteriologists and the surgeons recognize this principle in some of its general bearings, though they are blind to its particular applications. The American Text Book of Surgery, one of the latest works, (page 59) says: "The healthy body is intolerant of bacteria and will resist the invasion of a mass of organisms which an inflamed or diseased part may be unable to withstand."

This leads naturally to the remark that custom and the predominating influence of allopathic authority have led to the consideration of vaccination as essentially a surgical procedure, to be carried out under the rules of surgery. This is an entirely erroneous view of the matter. The performance of such an operation, in the very nature of the case, violates every principle of true surgery, whose aim is to remove the products of disease from the organism, and never to introduce them. The surgeon of to-day uses every resource of the marvelously minute and intricate technique of asepsis to prevent the entrance through wounded tissues into the organism of any germ or element of disease, before,

during and after the operation. He fears sepsis more than death, and yet, under the blighting and blinding influence of a hoary superstition, he will inoculate the virulent animal poison variolo-vaccine under strictly aseptic conditions!

Vaccination should be considered as a purely medical subject, belonging to the department of prophylaxis, and under certain conditions, to therapeutics.

Vaccine, the substance, is a drug, a medicine, a therapeutic agent, and in its crude state must be labeled "Poison," with the significant "death's head and cross bones" prominently displayed. Its place on the pharmacy shelves is with arsenic, strychnine, corrosive sublimate and the deadly snake poisons.

If this truth could be impressed upon the minds of the public, lay and professional, some progress might be made in the discussion and adoption of better and more enlightened methods. Once recognized and accepted as a drug, vaccine takes its proper place and becomes subject to the homeopathic law of posology with all other drugs.

It would seem as if something might be learned from observing nature's operations in such a matter. It is not generally thought to be necessary in order to "catch small-pox" for a person to take the trouble to inoculate himself with the material virus of the disease by means of the sacrificing needle. If he is susceptible to the disease, it is only necessary for him to come within the range of influence of the impalpable and insensible contagious principle, emanating from the person of a victim of the disease. Everybody believes this, and the fear of it is what leads to the attempt at protection. Will anybody attempt to estimate how much of the material virus of smallpox is actually absorbed by the organism under such circumstances? A person susceptible to the poison of *Rhus Toxicodendron* may be poisoned merely by passing along a road by the side of which, perhaps twenty feet distant, the shrub may be growing. The intangible emanations from the living plant, almost infinitesimal in themselves, are still further diluted by millions of volumes of the constantly changing and circulating air.

But they are powerful enough to infect the morbidly susceptible man. Such facts should not only convince the sceptic of the power of infinitesimal doses of drugs, but should cause the medical profession to investigate anew such questions as vaccination and the clinical use of the various "antitoxins" and "serums" of the day to learn whether there is not a better and less dangerous method of attaining the end desired, whether that end be prophylaxis or cure.

For the physician or layman familiar with the principles of homeopathy, the problem is a simple one, and the solution is at hand. Once it is clearly perceived that the question is a medical one, and the substance used a drug, all is easy. Potentiation and administration of the medicine by the ordinary natural channels follows logically and naturally. There is ample room here for individual differences of opinion as to the merits of low potencies and high potencies, as with all other drugs. The homeopathic low potency user who desired to prescribe Arsenic or Lachesis would scarcely think of doing so by inoculating the crude substance directly into the circulating fluids by means of the lancet or scarifying needle. There are very few men who would dare give Lachesis, or any of the nosodes below the sixth potency, administered by the mouth, and even then they would be very careful to see that there was no crack or abrasion about the mouth, lips or tongue of the subject. Vaccine is a nosode, the degenerated, animalized product of smallpox, a poison whose virulence is often quite as terrifying as that of the snake poisons, and which should be treated with quite as much caution. Allopathic physicians and surgeons recognize this, and attempt, though very clumsily, to dilute and modify the various toxins used by passing them through several animal organisms before they dare use them. This is only a crude imitation of the simple, positive and truly scientific homeopathic potentiation. This method is unscientific and uncertain because there is no way of measuring or controlling the modifying influence upon the poison of a living animal organism. Life is an indeterminate quantity, and no two living organisms are alike. It is

dangerous because it introduces the principle of degeneration.

The theory that the animal organisms under the influence of a toxin of disease produces an antitoxin by which a degree of protection to life is obtained, and that they are able to separate this anti-toxic serum from the toxic fluids is mere assumption and wholly outside the real question.

The effect of such an assumption has been to befog the whole subject, to blind the eyes of all parties concerned to the essential truth and to prevent the slightest progress in acquiring better methods. The pity of it is that so many professed followers of Hahnemann have been deluded by such self-evident falsity, and have allowed themselves to be led into pernicious courses of action by allopathic sophistry.

The living organism can in some measure protect itself against poisons introduced into it through the natural channels. Every secretion of the bodily organs acts upon and modifies to some extent the poison as it is brought successively in contact with them. The saliva, the gastric juice, the biliary and pancreatic secretions, the intestinal mucous and other mucous secretions all act upon it, diluting, modifying and changing it according to chemical and biological laws, while the reflex actions of vomiting, perspiration, diarrhea, fever and pain all play their part in aiding to expel the noxious matter and maintain the integrity of the organisms. But when a poison is introduced by inoculation into the circulatory fluids of the body and through wounded terminal nerve fibres to the central nervous system, every effort of nature is thwarted, every safeguard is destroyed, and the very centers of life are invaded. It has free course and full power to injure and destroy. The protective secretions themselves are poisoned, because their source—the blood—is poisoned.

Every argument in favor of the use of potentiated medicines in the treatment of disease applies with equal force to vaccine virus, or any other nosode or "serum"—used either for prophylaxis or treatment. No exception can be made without violating and invalidating the fundamental princi-

ples of Homeopathy. If potentiated medicines are effectual in any condition of disease they are in all. Potentiation of medicine is logically and necessarily involved in accepting and applying the principle of Similias. The homeopathic remedy must be similar to the disease in form or nature, as well as in effects or symptoms. As disease is a dynamic disturbance, immaterial, intangible, "spirit-like;" as Hahnemann says, so must the remedy be also. The remedy may be used in high potency, low potency or any intermediate potency, but to be truly effective for healing it must be potentiated—carried beyond the crude state where it is recognized by the physical qualities of color, taste and odor. It must be in such a state that it can only be recognized by the finer organic and psychic senses, as shown in the reaction towards health. Only thus do we get true healing action. The action of crude drugs is toxic, not healing, if healing ultimately follows, it is at the expense of an excessive and unnecessary initial pathogenetic disturbance, by which the vital powers are wasted and recovery retarded.

No man can be truly said to be susceptible to smallpox or any other contagious disease who is in a state of perfect health, because the healthy organism is always in a positive condition, and the balance of power is on the side of health and vigor. Such a state resists and repels the assaults of all external morbid influences. In one sense he is susceptible, as he is to all influences, but it is a sensitive, vital, defensive reactivity, or irritability, by which all noxious influences are quickly sensed but as quickly repelled and resisted. That is normal susceptibility. An abnormal susceptibility—that state in which he is liable to contract a disease—is a negative state, a state of depression, of lowered vital resisting power, of passivity, as it were, in which he is open to assault and makes little or no defense. This is essentially a state of disease and requires treatment. The balance of power is on the wrong side. It will be manifested to the acute observer by some signs or symptoms, which will indicate the homeopathic remedy. The organism in the language of these symptoms demands the corresponding

remedy as hunger demands food. Some element necessary to the integrity of the organism is lacking—and that element is the similar medicine in such form as may be quickly and easily appropriated by the suffering organism—in other words, the potentiated remedy. When that remedy is found and administered, health is restored, the balance of power is returned to the right side, morbid susceptibility is removed and the man is safely and naturally protected from all assaults.

Health is the ideal state to be sought for and attained—not disease. It is not necessary to actually set up one disease to protect against another. That is an appalling perversion of homeopathic truth, and that is what is done when vaccination is performed.

It is only necessary to restore and maintain health, which is opposed to disease in the very nature of things. Nothing can be more opposite and antagonistic than health and disease. Therefore the best protective against disease is health.—*North American Journal.*

A New Method of Suspending the Uterus.

BY FRANK C. TITZELL, M. D., PROF. OF SURGERY, HERING MEDICAL COLLEGE, CHICAGO.

Perhaps I ought not to call this method new, but so far as I know, and am able to judge from the literature on the subject, no one is using it except the originator, either in this country or Europe. I lay no claim to originality or priority of use in the operation, which I shall attempt to describe, but propose at the outset, to give full credit to whom credit is due.

Dr. Richelet, the attending gynecologist to the St. Louis Hospital, Paris, claims to be and is, to the best of my knowledge, the originator of this very ingenious method, for the relief of that class of cases calling for a suspension of any kind. When in Paris last summer it was my pleasure and privilege to see him operate on several cases and to

hear him explain the technique of the operation, giving reasons for its superiority over the operations usually performed on these cases. He has been doing the operation now about a year on all subjects where indicated, and gives very flattering reports of the cases and results, in a pamphlet recently published.

His operation consists of making a laparotomy, in the median line, as in ventro-fixation. With the fingers in the abdominal cavity, he breaks up adhesions if any are present, ante-flexes the uterus and does any other work that may be necessary. He then grasps the round ligament on either side with a forcep, and pulls a loop of it into the lower angle of the wound, being careful to make the uterine end of it taut, and at the same time careful not to get it too taut. He now passes three or four sutures of catgut, including the inner fascia, peritoneum and the ligaments, and removes the forceps. The remainder of the peritoneal opening is then sutured and the wound closed in the usual way, layer by layer, especial care being given to the lower angle where the ligaments have been fastened.

The cases upon which this operation is indicated, are those upon which an Alexander, a ventro-fixation or a ventro-suspension are ordinarily performed.

It is better than the Alexander because it saves time. The Alexander is practically two operations and besides many times it is not satisfactory in its results.

It is superior to a ventro-fixation because that operation fixes the uterus too firmly and gives rise to dragging pains in the abdominal walls, and oftentimes to distressing bladder symptoms, to say nothing of the complications and bad results in pregnancy following it.

It is more satisfactory than a ventro-suspension in that most of the cases suspended in that way remain suspended but for a short time. This is the experience of most operators with ventro-suspensions.

In this new operation the uterus is freely movable within a certain radius, yet it is firmly fixed. There are no dragging pains and no vesical symptoms following it. If

care is used in the suturing the suspension is permanent. Dr. Richelot has reported several cases that have gone through pregnancy after having had the operation, with no untoward symptoms or results, and reports several more well on the way to that happy termination.

Since returning from Europe I have suspended four cases in this way, which I herewith report:

CASE I. Mrs. J.—, age 30, married five years, no children, menstruation regular, has been pregnant four times and miscarried in each instance at the second or third month from no apparent cause. The uterus upon examination was found retro-verted. She was obstinately constipated and had frequent bladder disturbances, and above all was very desirous of having children, but feared she could not carry a gestation through to parturition. She had tried all sorts of treatments, pessaries, etc., before she came into my hands, but with no results. She was taken to the hospital and a Richelot suspension performed. She made an uneventful recovery from the operation and is now five months pregnant, has shown no tendency whatever to miscarry, and a happier couple than she and her husband I never saw.

CASE II. Mrs. H.—, age 36, married, had three children and two miscarriages, menstruation regular but profuse and painful, uterus retro-flexed and adherent, left ovary cystic. In this case the adhesions were broken up, the left ovary removed and the uterus suspended in the new way. This was done four months ago and she now reports feeling better than for years.

CASE III. Mrs. P.—, age 32, married, had one child followed by three miscarriages, all at the third month, menstruates every three weeks profusely; uterus large and boggy, retro-verted and bleeds from the slightest touch; had tried pessaries of all kinds but could not wear one; had also been advised by another physician to have her uterus removed; was nervous, anæmic and discouraged. The uterus was curetted and then suspended after Richelot.

She is now three months pregnant and in the best of health and spirits. Has had no symptoms of miscarriage.

CASE IV. Was very similar in character to case three and I will not go into detail, excepting to say that she was greatly benefitted by the operation.

None of these cases suffered from dragging pains in the abdominal wall or had any bladder disturbances after the operation.

I am well aware that four cases do not prove much as to the value of this or any other operation, method or remedy, yet they are a beginning and tell their story as far as they go, and I report them for that reason only.

A Surgical Case of Pyaemia.

BY M. F. UNDERWOOD, M. D., OAKLAND, CAL.

The patient was a young man of about 30, native of Switzerland, graduate of the French School of Pharmacy, Paris. Like other inquisitive gentlemen of his class, he one day last September, really did "monkey with the buzz saw" to the extent of having the palmar surface of his left thumb split open to the bone.

The police surgeon at the Harbor Receiving Hospital, dressed the wound by winding a half-inch strip of adhesive plaster around the thumb, its whole length, in such a manner that, when finished, it was pronounced a "very snug job," and so very snug was it, that there was occasion to remove the plaster in about twenty-four hours. This, however, was replaced by another of the same kind, but "not quite so snug." At the third visit of the patient, this police surgeon decided to "take a few stitches," which he did and supplemented them with another strip of adhesive plaster. The patient grew worse under this kind of treatment. The whole hand began to swell and slowly, under the "most scientific treatment" the patient was being made a subject for the operating table. Matters gradually grew worse for eighteen days during which time the patient had but few

hours' sleep. The whole hand and forearm were enormously swollen, almost black in color, and incipient mortification was present.

The surgeons, (three of them) now decided to remove the arm at the lower third of the humerus, but promised nothing definite in the way of recovery. The hour for operating was set for 2 p. m., when a friend of the family happened in who knew the saving power of Homeopathy. He insisted that the operation be postponed and the writer sent for, which was agreed to. I arrived at 11 a. m., finding the condition described above. The patient was almost delirious with pain and exhaustion. He could not lie down, for the bed seemed "all bumps," nor could he rest the arm on anything, for everything he would lay his arm on, seemed "all bumps," too.

This peculiar sensitiveness of the blackened and swollen arm led me to prescribe Pyrogen 50m., and when I returned at 4 p. m., I found him lying quietly and partaking of some nourishment, which he had refused entirely for several days. At 9 p. m. I found him sleeping calmly, his temperature reduced and generally improved. Improvement was rapid and steady, with only that one dose for three days, when the restlessness returned somewhat, with great burning and dryness in the affected limb, and intense thirst for cold water which nauseated him. Ars. 30, one dose, set him right on the way to recovery and no more medicine was given. In thirty days he was at his usual business with "both hands."

There were three abscesses that pointed and opened without pain. He had always been, as most pharmacists are, a rabid enemy to Homeopathy, but he has decidedly changed on that subject lately. He is one of the few who appreciate a good thing when they see it.

Homeopathy saved a life, a limb, and a surgical operation.

Pyrogen is a remedy one seldom finds indicated, but when it is the simillimum, it, like all other remedies "works like lightning."

Neuralgia or Rheumatism! Which?

J. C. WHITE, M. D., PORT CHESTER, N. Y.

February 28th, 1901, at 3 a. m. was called to see W. K., a man of large and powerful physique, aged 46; sanguine temperament.

Has been up all night; could not rest in bed; cannot lie or sit still; in constant motion; voluble in expressions of suffering; must have his wife present to hear them and to help bear his pain.

Pain in right shoulder; constant, with paroxysms of intensity; slight swelling; sensitive to touch; cannot raise arm or move shoulder joint without severe<; sense of grating in joint on motion<walking around, but not> by heat.

"Had felt it some for two days, but not severe until last night."

Puls. 500 every half hour for three times, then continue every two hours.

March 1st. Had been quite comfortable during day slept three hours in morning and slept well last night. Has shooting, shifting pains in legs and knees. Sac. lac. and rapid convalescence.

This man is intemperate in his eating and in the use of tobacco, suffers much from indigestion, has severe sick headaches, preceded by blurred vision. Iris, Kali bi., Gels or Nux. have not given satisfactory results. It remains to be seen what Puls. will do for him.

Feb. 28, 1901, 10 a. m.—On the same morning was asked to see J. M., a spare, active man, age 36, clerk. Had been sitting up all night, could not rest in bed; walking around

Pain in right shoulder and joint; no swelling; cannot raise the arm; aching, heavy, numb sensation;>by heat and rubbing.

In the history of this case as in the other there had been no unusual exposure, labor or strain of the parts. Rhus 200 every three hours, bathe and rub the part with solution of Rhus (same strength), in alcohol.

March 1st. Could lie in bed all night and slept toler.

ably well; continued medicine at greater intervals with rapid improvement.

There is nothing new or "smart" in the treatment of the above cases. Yet to the dominant school they are enough alike to require the same treatment, but to one versed in comparative syptomatology they are so unlike as to require medicines very unlike in their personality. A line drawn through the pathogenesis of Pulsatilla and Rhus may approximate nearly at the pain section, but at the point of mentality they are too divergent to be confused by a student of Hahnemann.

[COMMENTS. Organon §194. It is not proper, either in acute local affections of recent origin, or in those which have existed a long time, to make any topical application whatever to the diseased part, not even a substance which would be homeopathic or specific if taken internally or to administer it simultaneously with the internal medicinal agent. For acute local affections, such as inflammation, erysipelas, etc., which have not been produced by external injuries violent in proportion to their intensity, but by dynamic or internal causes, generally yield in a very short time to remedies capable of exciting an internal and external state similar to the one that actually exists. e. q. Aconite, Belladonna, Mercury, Rhus. * * *

§196. It might be supposed that these diseases would be cured more promptly if the remedy known to be Homeopathic to the totality of the symptoms was employed, not only internally but likewise externally, and that a remedy applied to the spot itself that is diseased, ought then to produce a more rapid change.

§197. But this treatment is quite inadmissible, not only in local affections arising from the miasm of psora, but also and especially for those originating in the miasm of syphilis, or sycosis. *For the simultaneous application of a remedy internally and externally, in a disease whose principal symptom is a permanent local evil*, brings one serious disadvantage with it. The external affection disappears faster than the internal malady which gives rise to an erroneous impression that the cure is complete, or at least it becomes difficult and sometimes impossible to judge whether the entire disease has been destroyed or not by the internal remedy.

These two cures are good illustrations of careful differentiation of remedies, but why was it necessary to apply Rhus locally and not Pulsatilla? The cure with Pulsatilla was all that could be desired—quite as rapid and permanent as that of Rhus and free from doubt as to method; it was the

dynamic action of Pulsatilla. Why would Rhus not have done as well had it been given in same way. Rhus produces its pathoegenetic effect when taken by inhalation—poisons without touching the shrub—then why not trust to its dynamic action?

Gets Well by Itself.

B. FINCKE, M. D., BROOKLYN, N. Y.

'Oh! that is something that gets well by itself, i. e. by the vis Medicatrix Nature not by your Infinitesimals, and you are the victim of a delusion.'

No greater encomium can be bestowed upon a physician whose patient gets well, than when he is told that he did not cure it, but Nature did. Because if a case gets well at all, it indeed is Nature that does it, the physician is only her helpmate, the instrument, the medium in her healing efforts. Consequently that physician will be the best, who does not interfere with the efforts of Nature in healing, but rather helps them to take effect by all those means which the healing art teaches him, infinitesimals of course included.

Why do not the opponents of Infinitesimals follow the hint which they themselves wisely throw out in order to defend and excuse themselves from not using them? And why is it that Nature is so obliging in a cure with homeopathic Infinitesimals, just to come in, in the nick of time, to help the physician out of his fix and cure his patient, entirely independent of him? Surely homeopathic physicians after the heart of Hahnemann, must be great favorites with nature, that she so conveniently helps them in their struggle.

Suppose the objectors try and gain such splendid effects with Infinitesimals. would they be willing to discard the merit of their homeopathic remedies altogether? Perhaps not; but they don't propose to try—it is much easier to doubt and to object.

But the proof, that Infinitesimals do act and play an important part in every cure of a genuine Homeopathician

is in that they are carefully selected, according to their well-known homeopathic properties. If they were given at random on general pathological indications, such as the rationalists, called mongrels in common parlance, delight in, and the patient would get well, one might say with more right than the above objector that Nature cured that case without interference of those supposed Nothings called Infinitesimals. But being selected homeopathically, they cannot help acting in the line of their homeopathicity, and nature in this way uses them to make the cure.

Some Neglected Remedies.

H. C. ALLEN, M. D.

BELLIS PERENNIS: THE DAISY BRUISEWORT. This member of our traumatic armamentarium holds the same place in domestic practice in England, that Arnica did in Germany before it was placed in the list of our polychrests by Hahnemann and his drug-proving pioneers. Like Arnica, Hamamelis, Ruta and others it has in a marked degree:

Bruised soreness of affected parts. (Arn., Bapt. Ham.)

Lameness as if sprained, of parts affected. (Rhus.)

Blueness and soreness of boils on nape. (Arn.)

Sprains of joints with great soreness, sensitive to the touch, ecchymosis and swelling. (Led.)

Venous congestion due to mechanical causes.

During pregnancy, inability to walk; lame, stiff, bruised sensation in abdominal muscles and pelvic organs, extending down the thighs.

The uterus feels sore, bruised; conscious of a womb; it is sore and sensitive (Helon, Lys., San.) when Arnica fails to relieve.

For the traumatism after labor when Arnica though apparently well selected fails to relieve the intolerable sensitiveness to touch.

Bruised, sore pelvic nerves, and inability to walk after a difficult or instrumental labor.

Ailments from getting wet when overheated (Rhus.).

PYROGEN—I have found this remedy invaluable in fevers of septic origin, all forms, when the best selected remedy fails to relieve or permanently improve.

The bed feels hard (Arn.); parts lain on feel sore and bruised (Bapt.); rapid decubitus (Carb. ac.) of septic origin.

Chill—begins in the back between scapula, severe, general coldness of bones and extremities.

Heat—sudden, skin dry and burning; pulse rapid, small wiry, 140-170; temp; 103-106.

Sweat—cold, clammy, profuse, often offensive.

Pulse abnormally rapid, out of all proportion to temperature [Lil.]

In septic fevers, especially puerperal, where foetus or secundines have been retained, decomposed; foetus dead for days, black; horribly offensive discharge.

When patient says, "have never been well" since septic fever, or abortion, or a bad confinement.

To arouse vital activity of uterus and enable it to expel its contents.

MALARIA OFFICINALIS—This new candidate for febrile honors bids fair to become the most valuable addition to our Materia Medica which the present decade has furnished. So far as the provings and verifications go, it seems to hold the same relation to suppressed chronic malaria that Cinchona does to acute.

It is in the constitution impregnated with miasms of psora, syphilis, syphilis or tuberculosis that drug suppression is so fatal, and here the records show this remedy to be very effective. Where hitherto we have had to zigzag a cure with Sulphur and other anti-psoric remedies this appears to go to the bottom and remove the cause *de nova*. Psoric or tubercular chills and fever—outbursts of psora or tuberculosis under the so-called popular name LaGrippe, when the attendant is hard pressed for a diagnosis—may here find its similar. Also those occasional epidemics of fever in dry seasons, where as in Kansas and Missouri in 1898, this rem-

edy appeared to be the genus epidemicus. The symptomatology may be found in the transactions of the I. H. A.

PSORINUM—Hahnemann calls this remedy “a homeopathic antipsoric.” From many years of study and use of it in both acute and chronic diseases, I think from my experience it justly takes the rank of King of Antipsorics. There are many cases of psora, scrofula, or other forms of constitutional dyscrasia—which can never be cured without this great constitutional remedy; and yet there are hundreds of homeopathic physicians who have never used it. I have found the following indications guiding, when patient reveals a personal or family history of:

Suppressed eruptions, especially when Sulphur fails to develop.

The patient or some member of the family has, or has had, eczema, <in cold weather.

Quinsy in the patient or some other member of the family, especially at change of seasons.

Patient had typhoid or continued fever years ago from which has never fully recovered; never sick before, always ailing since.

Hay fever or asthma, appearing regularly every year, same day of month.

Feels unusually well the day before attack.

Body has a filthy smell even after bathing.

All excretions have a carrion-like odor.

Want of vital reaction after an acute disease; tongue is clean, but is weak and appetite will not return.

General debility and weakness, without any apparent cause or any organic lesion.

Severe ailments from slight exertion or trifling emotions, without any apparent cause; joints easily sprained or injured.

When the best selected remedy fails to relieve or permanently improve: when Sulphur, Calcarea or Iodine seems well indicated but fails to act.

A Case.—Miss H, aged 30. Brown hair, dark eyes.

Had continued fever when young; never well since.

Hopeless; sad; weeping mood.

Dislikes to have illness known.

Has never seen with right eye since she can remember.

Frequent attacks of severe pain in sound teeth.

Large ringworm-like "moth-patch" on forehead.

Fats or rich food disagree; breath very offensive at times.

Always chilly; wet or changeable weather aggravates.

Extremes of heat or cold aggravate.

Menses at 11; very painful; *abdomen very sensitive*.

Flow always *late*; intermittent; clotted; *offensive*.

April 3, 1900. Psorinum M, one dose daily for a week and placebo.

May 12th reports: Menses one week late, less pain than for years; feels better in every way; was greatly astonished, at first could not believe it, can see with the right eye.

ONOSMODIUM VIRGINIANUM.—The valuable proving of this remedy by Dr. W. E. Green furnishes one of the best pictures to be found in the *Materia Medica* of the general outlines of depraved or lost sexual life in women; and the consequent nervous wrecks, mentally, morally and physically of this age of one child or childless families. The supposed imperious demands of society and the Malthusian determination on the part of the modern woman to comply with the requirements of wifehood without assuming the joys and responsibilities of motherhood, has led to all kinds of *preventive* measures. The practice of the genesaic fraud and kindred devices soon destroys all sexual desire and enjoyment on the part of the woman, breaks the silken bond of wedded life, ruins the nervous system and ends in the divorce court or suicide. After a careful study of the case, compare these guiding symptoms:

Loss of memory; she cannot remember what is said.

Mentally dull, drowsy, confused; cannot concentrate her thoughts; complete apathy and listlessness.

Dull heavy pain in occiput and cervical spine.

Eyes dull, heavy, sore; lids are heavy as from loss sleep.

Bearing down pains in the uterine region.

Soreness in region of uterus worse from pressure.

Sexual desire completely destroyed.

Leucorrhœa, yellow, offensive, acrid, profuse, running down the legs [Alum., Lys.]

Tired, weary and numb feeling in the legs.

Sensation of numbness, mostly below the knees.

The legs feel tired, as though they would not support weight of body.

Staggering gait in walking; cannot keep in the path

Dull aching pain in lumbar region.

The arms and hands feel tired and weak.

Great muscular weakness, prostration and weariness over entire body.

The muscles treacherous and unsteady, as though one did not dare to trust them.

LYSSIN.—For the change of name from Hydrophobinum to Lyssin, which has been adopted by Hering, we are indebted to Ziemssen. Yet under the old and clumsy name the remedy did its work just as well. The guiding symptoms are:

The sight or sound of running or pouring water aggravates all complaints.

Cannot bear heat of sun (Gels., Glon., Lach., Nat.)

Mental emotion, exertion or mortifying news aggravates (Gels.)

Complaints resulting from abnormal sexual desire (opposite of Con.)

Vagina sensitive, renders coition painful, even impossible (Plat.)

Prolapsus or other displacements of uterus; many cases of years standing cured.

It is in these cases especially that the value of this remedy often lies, and has been overlooked very often. I have been frequently gratified by its prompt curative action when the aggravation from heat of sun, mental emotion or pouring water were the prominent guides, and Lachesis, Natrum or Sepia did not fully correspond.

LATRODECTUS MACTANS.—From a number of cases of bites by this spider reported from Virginia and Kentucky the following symptoms are obtained, and the similitude to angina pectoris would warrant a proving and clinical verification of a promising remedy in an affection where our remedial agents are few, where help is often needed and needed very badly. The following toxic symptoms are significant:

Nausea, copious black vomiting.

Severe abdominal pain.

Great anxiety.

Violent precordial pains extending to the axilla and down the left arm and forearm to finger tips, with numbness of the extremity.

Pain extending up arm to shoulder and back.

Pain up arm to shoulder thence to praecordia.

Left arm numb, almost paralyzed.

Apnoe extreme, exclaiming she would lose her breath and die.

Pulse feeble, thready; could not be felt in left radia..

Skin cold as marble.

Copious black evacuations.

Sinking sensation at epigastrium.

EUPHORBIIUM.—The factor in Euphorbium that has not been fully developed in the provings or the in the clinic is *the terrible burning pain*. A few cases are reported in some of the following conditions or diseases, where it has greatly modified the suffering or cured the patient.

Intense burning pains as if a live coal were on, or in the part, and $\frac{1}{2}$ Arsenicum or Anthracin fail.

In the burning of uterine or mammary cancer.

In the bones, in caries and necrosis.

In erysipelas bullosa, or facial erysipelas, vesicles as large as peas filled with yellow liquid.

In carbuncle or eruptions on covered or hairy parts.

In gangrene of old persons; bloodboils.

In old torpid, indolent ulcers, with lancinating, biting, lacerating] pains worse in morning, *on becoming heated near*

fire, lying down, changing position, beginning to move, when sitting, from touch; better from motion and walking.

Here Rhus is often given with at best but partial relief. Then, when Rhus fails to cure and the burning of Euphorbium begins, it is generally followed by Arsenicum or Carbo veg. We zigzag a cure with Rhus, Arsenicum or Carbo veg., when Euphorbium alone might do the work, and do it better and quicker.

SEDUM ACRE.—As the acute parturient of Count Mattei, Sedum Acre has obtained a reputation in Italy equal to Actea rac. and Caulophyllum in America. But the symptomatology of the latter has verified their domestic use while Sedum Acre is still waiting a reliable proving from some enthusiastic disciple of Hahnemann.

SEDUM TELEPHIUM—has cured hemorrhages of uterus bowels and rectum. It is a popular remedy in Switzerland for all forms of uterine hemorrhage.

The late Dr. Swan once wrote me:

“If you have an obstinate case of uterine hemorrhage, menorrhagia, or metrorrhagia, especially at the climacteric, think of Sedum teleph. when your best selected remedy fails. An old physician in Switzerland wrote me that Sedum telph. was a wonderful remedy for hemorrhage of bowels, rectum and uterus. I had at the time two severe cases on hand and I gave it with wonderful success. I know nothing more of the drug; but I would not throw away that little knowledge for it may some day help me when I need help.”

COCALEARIA:—I once had a patient suffering for months with an annoying bronchial cough, for which many remedies, well selected, had not afforded even temporary relief. I finally ascertained that he ate large quantities of horse radish in his soup, on his meat, in fact on every article of food. The cough stopped in a few days when the cause was removed. Here are a few symptoms:

Pressing, boring headache in forehead and root of nose.

Dry, hacking, irritating, laryngeal cough.

Cough, constant, hacking, bronchial; dry or loose, with some mucous sputa, worse from lying down. As a sequel

to influenza or when it occurs during an epidemic of la grippe, I have found it very helpful and often almost specific.

HELODERMA HORRIDUS.—If a comparative estimate of the value of a remedy may be made by the completeness of its provings, all that is required to place Heloderma among the polychrests with Lachesis and Naja is an extended proving with the potencies. Its action on the cerebro-spinal nervous system is profound and it promises to be one of our most useful remedies in myelitis or spinal meningitis, with tendency to progressive paralysis or locomotor ataxia. Gelsemium and Natrum sulph. are similar but have heat and sweat following chills.

Chill; with intense internal "arctic coldness."

Coldness of heart and lungs.

Cold band around head (band without coldness, Anac. Carb. ac., Sulph.)

Cold waves from occiput to feet, or they ascend from feet.

Intense aching in bones and all parts of body.

Coldness of single parts, hands, feet, penis, testicles.

Intense weariness and profound prostration of every part of the body; *numbness of extremities.*

Temperature, persistently sub-normal: 96-97; pulse 56-65; urine sp. g. 1008-1010, greenish-yellow, fetid, decomposes rapidly; flow intermits.

It may prove an antidote to Phenacetin and the coal tar products.

CARBO VEGETABILIS.—In epidemic measles nearly every homeopath at once thinks of Pulsatilla as the genus epidemicus; but how few ever study Carbo vegetabilis in search of the genus epidemicus for whooping cough. Belladonna, Drosera, Coccus, Cuprum, Kali, Ipecac, etc., are at once studied when the case is not clear, or does not call loudly for one of the above mentioned. Compare this long list of spasmodic cough symptoms found under Carbo vegetabilis.

Cough: caused by *itching* in larynx (in trachea Con., Iod.)

in evening on going to sleep and in the morning on waking (with viscid, salty sputa.)

Cough: half involuntary, from roughness and crawling in throat; spasmodic, hollow, in short, hard paroxysms; caused by sensation of vapor of sulphur. The cough is mostly hard and dry, or hard and rough sounding, most apt to occur after a full meal and ends in vomiting.

Cough: spasmodic, in three or four paroxysms daily. Every coughing spell either brings up a lump of mucus, which relieves, or it is followed by retching, gagging and waterbrash,

Continual mucous expectoration, or gagging and vomiting of mucus; great exhaustion after every coughing spell, blueness of skin, better from hard fanning. Cough and vomiting after all symptoms of whooping cough are gone.

Pain in chest after cough; soreness and rawness; burning like glowing coals of fire.

It is the typical remedy with which to begin the treatment of whooping cough in an otherwise healthy person. Like Pulsatilla it is a good remedy in every case, acute or chronic, with which to begin the treatment, especially when the symptoms as so often in this disease are objective. It will more frequently cover the totality of symptoms in sporadic whooping cough than Drosera or any other remedy and will frequently alone suffice to eradicate it.

DISCUSSION.

W. M. James, M. D.—I would like to ask whether there are any provings *Bellis* of *perennis*?

H. C. Allen, M. D.—There are no provings of it as far as I know.

C. M. Boger, M. D.: That is the best paper that I have heard in a long time. There is a lady physician in a neighboring town who happened to mention to me that a patient of hers had been injured by a blow on the abdomen, and had been slowly sinking for a month and a half; there was persistent vomiting with special intolerance of cold water. She had prescribed *Arnica* without result. I gave her some of the mother tincture of *Bellis* and he rapidly improved. I

presume that she made the 3rd dec. and gave him that. It has been recommended in uterine tumors and in a bruised and battered condition of the uterus. I can hardly mention Pyrogen without becoming enthusiastic, on account of the wonderful effects that I have had from it in blood-poisoning. In any kind of septic infection, either puerperal or traumatic, Pyrogen will do wonders. It is very similar to anthrax in some respects. An old woman dying of gangrene, infected one of her nurses with blood poisoning; the nurse had fever, chills, and red streaks running up her arm. Pyrogen removed the whole process. A syphilitic patient came to me, with a cut from a glass bottle. He had the characteristic symptoms of blood-poisoning. He was relieved entirely in five days by Pyrogen. Onosmodium in depressed sexual instinct I believe to an indispensable remedy. At our meeting at Atlantic City I spoke on that subject and only wish to say further that we run across cases very frequently where there is only one child in a family and a depressed sexual instinct on the part of the mother.

Such a state of affairs is generally the result of septic poison and Onosmodium will prove very valuable.

I have this to say of Heloderma: Two weeks ago one of my patients had a severe hemorrhage from the lungs; notwithstanding the hot weather, she complained of being tremendously cold; there was no reason for her not being warm enough that I could discover. Under B & T's Heloderma 200th she was soon all right. Lyssin; the well verified keynote of this remedy, is incontinence of urine and all other symptoms aggravated by the sound of running water. B & T's Phosphorus 200th has also served me well in a similar aggravation.

C. W. Butler M. D.: I have used Onosmodium a good deal in eye strain; I have used it in the higher potencies for such cases and have had a great deal of good from it. Orbital headache and mild astigmatism are indications for it.

F. Powel, M. D.: I have had a little experience with Pyrogen in Grippe that pleased me highly. Some years ago during an epidemic of it, it helped me in almost every case.

Flora M. Watson, M. D.: One thing that Dr. Allen did not mention about Onosmodium, and that is the help it gives in case of masturbation and perverted sexual instinct. I have it from several people, who have used it for that purpose, that it is a remarkable success. It is a difficult task to build up the moral instinct and Onosmodium will help you wonderfully in that respect.

A. B. Carr, M. D.: I would like to add my testimony to the value of Pyrogen in blood poisoning or septic conditions. In January of this year I delivered a child at nearly full term that showed evidence of having been dead for a considerable time; while the baby's frame was a large one, the body was much emaciated. The woman had been well up to the time of delivery. The placenta was adherent to such an extent that I had to remove it and it did not come very readily. In fact after 24 hours trial I found it impossible; I could get small pieces only by force: it felt as much as possible like a piece of hardened liver. I relied upon the remedy rather than surgery and around the fifth day the discharge having become very offensive, there came on the characteristic symptoms of sepsis, chill, rapid pulse and low temperature, also the feeling of soreness all over so that the bed seemed very hard, all of these symptoms are found under Pyrogen. I gave one dose of the c. m. potency and in a very short time there was marked improvement. The single dose was enough to bring on a satisfactory convalescence. The patient came down to the dining room in a few days, and was able in five weeks to take a sleigh ride.

D. C. McLaren, M. D.:—A couple of years ago up in Ottawa, the leading allopathic physician was a man of fine physique and powerful magnetic temperament but an ignorant as far as therapeutics went. He was a man whose presence did more good in the sickroom than any knowledge he had. He was sadly overworked and tired out, and feeling the necessity of going on with his work, he forced himself to sleep with anodynes when he was too tired to get any natural sleep, which often occurred. He also took them for severe headaches which he had. The medicine which he

took very frequently was phenacetin, a drug that is very much in vogue in Canada. They do not dose so much with quinine as they do in the States, but they do use a great deal of phenacetin. He was steadily taking this phenacetin and recommending it to his patients. He had had a series of engagements one evening after losing much sleep, and about four o'clock in the morning took a dose of his favorite drug. About seven in the evening he went to a large dinner party, and was very well and cheerful apparently. He left there about ten and went to another supper of medical men at midnight. The physician next to him happened to touch his hand and said it was as cold as that of a corpse. He went home at two o'clock in the morning and died in a few minutes after lying down. Overwork and phenacetin caused the fatal result. Some of his patients came to me, and one of them, a lady, told me that she had been in the habit of taking these phenacetin powders for headache. She said that those powders made her so cold all over; that it was like death; she would seem to be cold to the very marrow. I told her she would die the way her doctor did, if she kept up the practice. I have long sought for an antidote to the cold tar products, which are so much in vogue in my part of the country. You speak of giving Bryonia, Gelsemium, and other similar remedies for grippe; these remedies are never indicated in the type of grippe which prevails in Canada. The disease is modified by the climate, prevailing especially in cold weather or in March when it is both cold and damp.

The attack is so sudden and violent that you can hardly ever give anything but Belladonna or sometimes Rhus. Those Belladonna cases are the ones that they give the coal-tar products to; the result is a paralysed condition of the heart and system. I am very glad to get an antidote to this horrible cold and chill of the coal-tar preparations such as Heloderma seems to be by the symptoms spoken of in Dr. Allen's paper. It promises to cure these cases.

J. H. Allen, M. D.;—I want to correct the term *la grippe* that is used so frequently and so ambiguously. We have no Russian influenza or at least, we have little of it. Hahne-

mann saw that these cases were dependant upon psora or tuberculosis and nine-tenths of them are tubercular. Our anti-psoric remedies used carefully would prevent these attacks in the cold weather and also the attack of hay-fever in the summer. In regard to Pyrogen I wish that our surgeons would learn to use this valuable remedy. If they and the gynecologists would stop their everlasting daubing and mechanical treatment and use Pyrogen in appropriate cases, it would save many a life. Belladonna is the acute of Tuberculinum as well as of Calcarea and if you have had an acute case of grippe in which Belladonna was the remedy, it is ten to one that Tuberculinum is needed by the constitution of that patient and will prevent the recurrence of the acute attacks and nothing else will.

I. Dever, M. D.—The character of the grippe is not different in my country, from what it is in other countries as far as I know. The people who have the grippe are psoric people, and when they do have it the anti-psoric remedies are the ones to give, but no class of remedies will cure every case. Some cases demand Sulphur and some Tuberculinum and some Psorinum.

We have to search for the remedy guided only by the symptoms. I have just been treating a young lady, an organist in a catholic church. She had a great deal of exacting work during lent; I told her that she would have to give up her constant playing but she would not. I told her she would play herself out. She overworked and soon came down with symptoms of grippe and was unable to leave her room. At first I made a mistake. I make many of them, but then I got right down to business and I found that it was psora, and gave her one dose of Sulphur, and she has been on that for three weeks. She was of a Tuberculous build and habit.

EDITORIAL.

All Contributions, Exchanges. Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Weak Links in Vaccination. That the chain is as strong as its weakest link, and no stronger, is a truism as old as the hills and aptly illustrates the present status of vaccination. Perhaps it would be wise once in every decade to review and revise our beliefs and our theories and harmonize them with facts as we find them in actual practice. This is much easier said than done, for the majority of us have imbibed with our mother's milk a more or less firm conviction of the protective power of vaccination; and it is an undeniable fact that we are not prone to investigate the results of an established practice or custom, when that careful and conscientious investigation necessary to arrive at the truth may result in a change of belief. This is as true in medicine as it is in politics or religion or science.

Every homeopathic physician can verify this in his or her personal experience. Ask one of our allopathic brethren to investigate the law of similars, and note the result. Even after you have successfully demonstrated its truth and its ability to triumphantly cope with every curable phase of acute or chronic disease, you fail to convince him that his duty to himself, justice to principle and humanity are paramount to preconceived theories, for he declines to put it to the bedside test. He does not believe it, hence he will not try it, and he will not try it because he does not believe it; and you are forced to abandon your effort with the old acclaim, "there are none so blind as those who will not see."

Every homeopath can speak affirmatively of the doubts and almost innumerable obstacles when asked to *investigate* pure Homeopathy as taught and practiced by Hahnemann, and to use the single remedy in lieu of the unsatisfactory mixing, alternating, empirical methods now practiced. It

requires an effort which we are not prepared to make. It requires study for which we plead want of time. It may require a frank acknowledgement that the teaching of our alma mater was not up-to-date, that our venerated professors neither taught nor practiced as did the early pioneers, and as a consequence did not obtain the same results. It is very difficult to break away from these idols of our college days and abandon the academic traditions and fallacies of the schools, even after we are convinced that the chain has a weak link.

But the vulnerable points in the armour of vaccination are steadily increasing in number, whether we believe it or not; and the more we investigate the results—which this year amount to a bountiful crop—the more a revision of the tenets of our belief in the protective efficacy of vaccination becomes a necessity. The practical result of indiscriminate and general vaccination appears to engender a susceptibility to the contagious principle, and simply hastens what we are trying to prevent. Smallpox is on the increase; the epidemics are certainly increasing in frequency if not in severity. From January to July, 1900, there were over 14,000 cases reported in this country, and at present rate of increase we may expect 25,000 or 30,000 from January to July, 1901.

To what extent the *indiscriminate* vaccination of psoric (scrofulous), syphilitic and tubercular persons has contributed to this result may be a question for the future. But many a vigorous protest has been made, for it is in the tubercular patient that the terrible ravages are most apparent, many never fully recovering. In Chester and Harrisburg, Pa., thirty-six physicians have signed a protest against compulsory vaccination, because they claim it has utterly failed to protect when the trial hour arrived.

In a tubercular diathesis, no one can predict the result of vaccination, and when a disastrous case occurs “very near the throne” we are apt to do some “loud thinking” if we do not completely revise our belief or our faith. Is in-

discriminate vaccination as generally practiced beneficial or injurious?

Our leading article, "Vaccination from a Homeopathic Standpoint," by Dr. Stuart Close of Brooklyn, is the ablest paper on this subject which has appeared in many years. We ask for it a careful study, not a simple hasty reading, and a consideration of the logical deduction from the facts presented:

First: "The number of cases of smallpox after vaccination, has steadily risen from about five per cent. at the beginning of the nineteenth century to 44 per cent. in 1845, 64 per cent. in 1855, 78 per cent. in 1865, 90 per cent. in 1875 and in 1885 to 96 per cent. of the whole number admitted to the London Smallpox Hospital."—*Reynolds System of Medicine.*

Jenner taught that a single successful vaccination afforded perfect and permanent protection. This was soon abandoned and then it was said that the "antivariolous power of vaccination is only temporary and that it decreases in proportion to the length of time that has elapsed since its performance." Then follows the theory of revaccination. The significant fact in this, showing the progress of truth, is that the periods have grown progressively shorter and shorter. First it was 15 years, then 10, then 7, then 5, with revaccination at the appearance of every epidemic, and now at the beginning of the new century, the Chief of the Contagious Diseases Bureau of Brooklyn, speaking as one having authority, says revaccination should be performed annually. Hence the recommendation of each of these shortened periods involves the admission that vaccination does not protect for the longer periods. Given the ratio of decrease of these periods in the past, and the present admission that it does not protect for more than one year, it would seem to be an easy problem to ascertain how long it will be before it will be admitted that vaccination does not protect at all.

The practice during the Cuban and Philippine campaigns has been to vaccinate every five or six weeks! I have patients under treatment now who were vaccinated *ten times* in a little over a year, and yet within a few weeks from the time our army landed in Manila, smallpox was epidemic among the men and has remained so ever since, with a large number of deaths to its credit.

But why should the homeopath, in smallpox of all diseases, desert his principles? The distinctive feature of Hahnemann's therapeutics, in which it differs from all other systems of medicine, is that it is founded on dynamics, *both as to cause and cure.* The contagious, active, disease-producing principle in smallpox, scarlatina, measles, etc., is

dynamic. Even with the aid of the most powerful lens, eye has not seen it, nor the olfactory nerve detected it. Every homeopath treats it with dynamic means, and with a mortality unknown in any other practice. Why should our prophylaxis not be on the same dynamic plane. The genus epidemicus of measles, scarlatina, pertussis, yellow fever is successful in the dynamic form. Why should not smallpox be? Those who have tried it have pronounced it vastly superior to the crude methods of Jenner and free from its disastrous results. Why should we use crude vaccination when we have something better?

The Central New York Society met at The Yates, Syracuse, March 21st, to celebrate its semi-centennial anniversary. The first call was in September, 1849, but it was not till Jan. 16th, 1850, that a permanent organization was effected in Utica, nearly six years after the organization of the American Institute. Like the Institute, this society was founded for the perfecting of the *Materia Medica* and the advancement of homeopathic therapeutics.

The preamble of the first constitution of the society gives tersely the principles upon which it was founded. The members, it states, believe in the universality of the therapeutic law, in the superior efficacy of pure homeopathic practice in contradistinction to every system or combination of systems, and in the great therapeutic power and value of curative potentized medicines.

The society adheres strictly to homeopathic principles, its members considering remedial action first, with surgery as a necessary last resort.

This is the only homeopathic medical society in the world that for fifty years has adhered to the principles of its founders. There are surgeons among its members, but they are homeopaths first; and the practical result has been that from no medical centre has homeopathy and its philosophy shed such a missionary light. A large part of the session was given up to personal and biographical reminiscences of the early members, which was intensely interest-

ing and will long be remembered by those who were so fortunate as to be present. Sketches of Drs. Bishop, Boyce Brown, Brewster, Clary, Fellows, Gregg, Miller, McManus Jennings, Gardiner, Munger, Wells, Seward, Potter, Hawley, Carr and Schmitt, were given by colleagues who had labored in the same vineyard. The banquet in the evening was very enjoyable and a fitting culmination of a very successful meeting.

The Dunham Endowment. We thought every physician who reads the daily papers had seen the denial of Mr. DuBois in the Associated Press dispatches. But it appears that our generally wide-awake and well informed editor of the Medical Century was caught in the advertising trap. While every true homeopath would rejoice at such good fortune of any homeopathic college, every one must regret the premature announcement.

The *Chicago Tribune* endeavored to verify the report with the following result:

"Dubois, Pa., March 9.—To the Chicago Tribune, Chicago: Report has no foundation. JOHN E. DUBOIS."

Dr. Kent then explained the circumstances attending the alleged donation and Mr. Dubois was again asked if his message that the "report has no foundation" could be amended or explained. Last night the following final telegram was received:

"Dubois, Pa., March 9.—Editor of The Tribune: I can only confirm my previous telegram to you. J. E. DUBOIS."

The latest report is that if some mining property in the West proves a success Mr. DuBois will do something for the college.

Dr. Henry M. Smith, another of the old and valued members of the American Institute has joined the majority. He died of pneumonia March 16, at the home of his daughter at Escondido, Cal., where for several years he had spent the winter months. Born in New York April 24th, 1835, graduated at the New York Medical College in 1860, joined the Institute the same year and was elected provisional secretary. In 1865 he was Prof. of Physiology in the New York

Medical College for Women and the following year held the same chair in the New York Homeopathic College. Smith's Pharmacy, one of the most reliable in the United States, was managed by him for forty-five years. With Drs. P. P. Wells and Carroll Dunham he edited and published the American Homeopathic Review, one of the best magazines ever published in our school. As necrologist of the A. I. H. and secretary and treasurer of the Hahnemann Monument he did yeoman service, and was permitted to see the "promised land," the dedication of the Monument for which he did such grand work. He had the largest private library of homeopathic works in the United States, which is destined for the new Astor-Lenox-Tilden library. As a friend and colleague of Dunham, Wells, Bayard, Lippe, Lilienthal and Ludlam, he will be remembered as an indefatigable worker in the Institute and in the profession.

Correspondence.

Editor Advance: On the back of the Hahnemann monument is cut M. C. M., meaning 1900. It has been the custom of the makers of so-called "high potencies" to mark them 10 M—10,000; C M—100,000; D M—500,000; M M—1,000,000; D M M—500,000,000, and so on. Now if C M on the monument stands for 1900 *and is correct*, then the notatimal marking by Fincke, Swan and others needs to be revised. Heretofore no one has questioned it, not even those who criticise high potencies. Skinner's actuary, who laboriously figured out the relative dilution of Swan's and Fincke's potencies as compared with Hahnemann's (See the Journal, *Organon*, Vol. III, 13, 183, 319) and Dr. Skinner himself, use the common notation. If we have been making the mistake all along of writing CM for 100,000 when it actually means only 900, how shall we write 100,000 in the Roman numerals? And if MM means 2,000 only, and DMM means only—what? or nothing, how shall we write 1,000,000 and 500,000,000 and the others respectively?

CHAS. B. GILBERT,
Washington, D. C.

Editor Medical Advance: Will you hereafter in THE ADVANCE give the proper notation of potencies? By so doing you will be the first to do so. In using Roman notation the following only is correct: C, 100; CC, 200; CCC, 300; CCCC 400; D, 500; M, 1,000; DM, 500,000; \bar{M} , 100,000,000; $D\bar{M}$, 500,000,000.

GEO. H. CLARK,

116 West Walnut Lane, Philadelphia.

[These questions should be answered in the near future, and a uniformity of notation adopted, for the various methods of expressing the potency of the remedy adopted by writers, shows a lamentable difference in our individual knowledge of Roman notation. Dr. Clark's is after the Century Dictionary which is supposed to be good authority. But why use the Roman numerals? Are not figures as correct, as readily used, as easily comprehended, and as strictly scientific?

And while in the improvement business, let us correct another term in almost universal use among the writers and authors of our school. When speaking of the strength of a remedy, use *potency*, not dilution. We do not "dilute" a remedy to increase its dynamic strength or power, we "potentize" it. Dilution is a pharmaceutical term; potency a therapeutic one. It is much more scientific and correct to say the "3d, or 30th potency" than the "3d or 30th dilution," and it is just as easy.—Ed.]

Editor Advance: The idea seems to prevail that there are no homeopaths in the army. I know of one. Harry W. Stuckey, M. D., Hering class of 1897, is at present acting assistant surgeon U. S. A., 3d Cavalry. Is now serving in Luzon, P. I. He passed the examination in Columbus, Ohio, in May, 1900, and received the most credits. There were nine applicants, all allopaths but himself, and five were turned down. He received the appointment in June.

FRANCES M. LANE, M. D., Victor, Col.

[The ability of a graduate of Hering College to pass any examination was never in doubt. Will he be permitted to treat the sick soldiers homeopathically, is another question. We hope so.—ED.]

New Publications.

A Text Book on Practical Obstetrics. By Egbert H. Grandin, M. D. Gynecologist to the Columbus Hospital; Late Consulting Obstetric and Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc., etc., etc., with the collaboration of George W. Jarman, M. D. Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illustrated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text. Pages xiv-511. Extra Cloth, \$4.00 net; Sheep, \$4.75 net. F. A. Davis Co., 1914 Cherry St., Philadelphia. 1901.

The highest commendations that can be given this work is that in so short a time it has reached its third edition. A chapter on embryology and the anatomy of the female organs of generation in a concise yet clear description has been added. It is the best illustrated work on the subject extant; indeed, so clear and helpful are the illustrations that, on paper at least, it appears to be very difficult not to master the practical as well as the theoretical obstetrics. The author deserves the thanks of the student world for this valuable exposition of obstetric art. It should be found in the catalogue of every American college as a text-book.

The Curability of Tumors by Medicines. By J. Compton Burnett, M. D. Second Edition, Revised and Enlarged. 12 mo., pp. 345. Boericke & Tafel: Philadelphia & Chicago. Cloth, \$1.25. By mail \$1.34. 1901.

A new book by Dr. Burnett will always be eagerly read in America, for he has something original and helpful to write about and a charming and original style. This work is a protest against so much hasty and unnecessary surgery, and an appeal to the homeopath to cure instead of mutilate his patient, to return to his dynamic remedy, which, if scientifically applied, cures a tumor in the inverse order of its growth.

In the Preface the author plainly states his position, and

it is the only stand for a homeopath to take: "My standpoint is that a tumor is the product of the organism, and to be really cured, the power to produce the same must be eliminated, got rid of; cutting it off merely rids the organism of the product, leaving the producing power where it was before, often the operative interference acting like pruning a vine; i. e., the tumor-producing power is increased, and the fatal issue is brought nearer." In other words the scalpel only hastens what we are trying to prevent, malignancy and a fatal termination. The deranged dynamics of the organism must be cured by a similar dynamic force and then both patient and tumor will be cured. We can verify Dr. Burnett's position by many cases of tumors that have been cured and their owners restored to health, after the day had been fixed for the operation and the room at the hospital engaged. But read the book and get a new inspiration of the truth and power of Hahnemann's therapeutic discovery.

The International Medical Annual: A Year Book of Treatment and Practitioner's Index. By a large corps of able and well-known contributors in both Europe and America. New York: E. B. Treat & Co. 1901.

Apparently no effort has been spared to make this volume a reflex of the present status of medicine and surgery. Special articles are given on Toxins, Anti-Toxins, Light Treatment, X-Ray in Medicine, Color-blindness, and a noted contribution on Tuberculosis, by an Italian author, which the publishers inform us is written in English and not translated. It is a fitting companion to previous volumes and an admirable epitome of the medical opinions of to-day. It is to be regretted that the art of medicine is on such a sandy foundation as to require these Annuals, but for this the publisher is not responsible; he has given the best obtainable.

Characteristics of the Homeopathic Materia Medica. By M. E. Douglass, M. D., Associate Prof. of Materia Medica in the Southern Homeopathic Medical College, Baltimore. New York: Boericke & Runyon Co. Pp. 974. Cloth, \$5.00. Sheep, \$6.00.

"And the harvest season is not yet over."—Hering.
This motto has apparently been the inspiration by which the

author has been impelled to cull from our current literature the gems that have been introduced in the last few years, and scattered broadcast among the magazines and transactions of our societies. These he has collected and arranged in a convenient form for reference, and so marked the characteristic symptoms as to make them valuable aids in practice. But only the most characteristic symptoms have been taken, those that have been verified. Here the majority of physicians will find the characteristic symptomatology of many remedies they never before heard of, and which can be found in no other work, and for which they will thank the indefatigable author. We note the omission of Anthracin, Lac caninum, Tuberculinum, Thyroidia and a few others, but taken all in all it is the most comprehensive single volume which has appeared in our school. There is an index of remedies, and for convenience of reference a therapeutic index has been added. The typographical work is in the usual excellent taste of the publishers; it is well printed and well bound.

News Items.

Dr. E. E. Beckett has located in Seattle, Wash., after a few weeks of post-graduate work in Chicago.

Errata. The article in Feb. issue on Glaucoma by Dr. Payne, page 91, first line on top of page read: "dilated ad maximum" for "dilated and adhered."

Dr. Charles E. Fisher has returned from Cuba and resumed practice in Chicago, office at Lake Ave. and 53rd street. He will confine his work chiefly to surgery and gynecology.

Detroit Medical Journal is a new candidate for professional favor, and "will be devoted *solely* to the profession," for which reason alone it ought to succeed, and it has our best wishes.

Dr. Sara F. Allen (Hering, '99), has removed permanently to 1208 Spruce street, Philadelphia, with an office in Atlan-

tic City from June 1st to Sept. 1st. The doctor is a single remedy homeopath, and that means a good prescriber, to whom it will be safe to send patients.

Dr. L. Dever of Clinton, N. Y., who has practiced pure Homeopathy for 35 years has just been elected Health Officer for the fifth time. There are nine physicians in the town. The Town Board is evidently after the best, for it pays the doctor three times as much as it ever paid before.

The **Illinois State Society** should be well attended this year, for in addition to an attractive programme, the resident physicians of the city will tender the visiting members a banquet at the Auditorium. The sessions will be held on the seventeenth floor of the Masonic Temple, May 7th, 8th and 9th.

Hering College Commencement occurred April 11th at Steinway Hall. The degree was conferred on twelve candidates among whom were representatives from India, Russia, Sweden, and England. The Address was by Prof. H. F. Biggar of Cleveland and the Oration by D. C. E. Nash, President of Lombard College. The Honorary degree was conferred on Dr. H. F. Biggar, Dr. F. C. Titzel and Dr. T. G. Vaudrey of Plymouth, Eng.

The **Sophomore Class** of Hering College under the guidance of Dr. Von Kotsch, Lecturer on Minor Surgery, has had a practical experience in surgery that rarely falls to the lot of the medical student. From amputations of fingers, hands and forearms; fractures, dislocations, strangulated hernia; dressing burns and wounds of nearly every character and during the smallpox scare vaccinating nearly seven thousand workmen they have had a busy session in surgery.

The Medical Advance. The following is a sample of our daily experience: Toronto Mar. 1, 1901.

DEAR DR. ALLEN:—I have been reading the January No. of the "New Series" of the MEDICAL ADVANCE. Your article on Tuberculinum is worth much more than a year's subscription. Many a dollar have I earned through Dr.

Burnett's Bacillinum. Your "Key Notes" is always in front of me on the table and I find it invaluable.

J. ADAMS M. D.

The Anamnesis of a difficult case would be greatly simplified if we could or would interrogate a bashful patient as rigidly as is given in the following interview of:

Five Minutes With Minister Wu.

"What is your middle name?

"How much do you get paid a week? You are not worth half of it.

"Do you beat your wife?

"Is your liver in good working order?

"How many baths do you take per annum?

"Does your hair curl naturally?

"Have you ever been divorced?

"Does insanity run in your family?

"What makes your nose so red?

"You ought to have been born a Chinaman. Then your bow-legs wouldn't show.

"Do you have fits?

"Did your chin always lop down over your collar that way, or is it because you eat too much?"

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Transactions of Central New York Society.

Rochester Club, Rochester, N. Y., June 21, 1900.

The quarterly meeting of the Central New York Homoeopathic Medical Society was called to order at 12 M. In the absence of the president and vice president, Dr. Grant was elected chairman pro tem.

The chair appointed Dr. Dake secretary pro tem.

Members present: Drs. Stow, Carr, Grant, Hermance Hoard. Visitor, Dr. Dake.

Dr. Hoard, vice president, arrived and took the chair.

The minutes of the previous meeting were read and approved.

Sections 288-292 of the Organon were read and discussed by Dr. Stow, as follows:

“There is some peculiar quality in the liquid form of medicine which gives it power to do that which the dry preparation will not. Medicine in solution has more permanent and speedy action by virtue of the power of liquid to develop and expand the latent energy of the drug: e. g. In acute colic I do not find the dry pellets of Col. 200 to produce the same effect as does Col. 200 dissolved in water. The solution is quicker in action and makes a more permanent impression. Something magnetic—a power to extend itself from point to point, to develop and increase its own force, *ad infinitum*, seems developed by this means.

I prescribed for a woman, Puls. 30 in $\frac{1}{2}$ glass of water, without curative effect. She was irritable, quarrelsome and without the peculiar Puls. temperament, but she was

sensitive to heat, desired to be in the cold air, and had a tendency to chills. I gave Puls. 200 dry, with what seemed to be an \angle , but when I administered the latter in solution, it produced a marked impression for good.

A paper from W. M. Gwynn was then read.

Organon § 288. "There is no pain like the pain of a new idea," and to many minds the pain of a new idea *is* exceedingly painful.

This is not original with me, just copied. At first reading it did not appeal to my experience, but on reading the first paragraph of the Organon now under discussion, I felt its truth and was pained. The same writer says farther, "that from the disintegration of human fallacies is garnered the golden grain of unperishable truth." The "rub" is to know what are human fallacies, and what is truth?

There are but two ways of judging, rather of arriving at truth—reason or instinct. Man arrives at truth by reason, I might also include revelation, to avoid criticism, the brute creation by instinct.

The pain of the new idea came from reading § 288, the statement made therein, and the corollary deduced therefrom. I think it may be safely said that if we write with greatest care, and with our best intent, yet if laid aside for a while and then re-read, there will often be revealed a certain crudeness of composition, a certain incompleteness of thought and want of logical sequence that is not at all flattering to ones pride and self esteem, nor, to his composition or rhetoric. This is surely true in the experience of most of us. A writer for the North American Review told me that hardly any article passed out of his hand for publication that was not nearing its first natal day. I wish we could say as much of this, therefore I crave your charity, and what I write is more in sorrow than in spirit of levity, more in disappointment at the corollary deduced than the statement of the paragraphs selected. Let me quote in full;

"The action of medicine in a liquid form upon the body is so penetrating—it propagates itself with so much rapidity and in a manner so general, from the irritable and sensi-

tive part which has undergone the first impression of the medicinal substance, to all other parts of the body, that we might almost call it a spiritual (dynamic or virtual) effect." This is the whole §.

Let us stop at the words irritable and sensitive. I judge Hahnemann means "by irritable and sensitive parts," the diseased parts—the sick parts, for medicine having an affinity for certain parts of the body would not be expected to impress all other parts. Nor drugs that might impress diseased or sensitive parts would not be expected to impress less sensitive or well parts of the body. So far we are understood, or rather so far we understand our teacher.

The last clause is more taxing to our materialistic ideas, and spiritual effects are not so easily understood. I turn to Webster for a definition of spiritual. He defines it as partaking of the nature of a spirit, a disembodied creature, (if you can form any idea of a creature without a body). "It passed before my face, yet I could not discern the body thereof." "Acting like a body without form or comeliness, millions of spiritual creatures walk the earth unseen both when we wake and when we sleep." Now the thought has been that we were using in medicine or drugs something tangible to our bodily senses, and so we cling to the thought when we use the word dynamics, which properly means "the force of matter," and not spirit as we try to or do imply. Turning to the word form, in the first line of the §, "the action of medicine in a liquid form," we notice a hint to look below for a foot note and so we leave the region of the real and tangible and read along spiritual lines "that homeopathic medicines operate with more certainty and energy"—mind the expression—more certainty and energy, by inhaling or smelling the medicinal aura, constantly emanating from a saccharine globule that has been impregnated with a higher potency of a medicine and in a dry state enclosed in a small vial. One globule, of which 100 weighs a grain, moistened with said potency and then dried and protected from the light and heat of the sun, retains its virtue at least for 18 or 20 years ("so far my experience ex-

tends") although the vial that contains it had during the time been opened a thousand times. "Should the nostril be closed by coryza or polypus, the patient may inhale through the mouth, holding the vial between the teeth or lips. It may be applied to the nostril of very small children while asleep, with the same certainty of success."

"During these inhalations the medicinal aura comes in contact with the nerves spread over the ample cavities through which it, the aura, passes, thus influencing the vital powers in the mildest yet most powerful manner."

"All that is curable by Homeopathy may with certainty and safety be cured by this mode of receiving the medicine."

"Of late I have been convinced of the fact (which I would not have previously believed), that smelling imparts a medicinal influence as energetic and as long continued as when the medicine is taken in substance by the mouth, and at the same time its operation is more gentle than when taken by the mouth. It is therefore necessary that the intervals for repeating the smelling should not be shorter than those prescribed for taking the medicine in a more substantial form." This is a startling statement and the time is not far past when I would have had grave doubts as to its truth. But with Christian Science with its lucid statements of the "whichness of what," with divine healers that threaten by its many and marvelous cures to put us in the strait of poor Othello, "Our occupation gone;" with many in our own ranks praying most devoutly that we were in deed and in truth one of either or both of the last mentioned schools, and the evidences of my own experience, I cannot longer doubt.

The foot note says that all that is curable by Homeopathy at all, is curable by this method of inhalation. There may be a lurking irony in this as there was in David Harum's recommendation of his horse. "A woman can drive him as well as a man"—the smell of the dried pilule of twenty years' service and thousand times administered is as good as a fraction of this given in water. Yet strange as it

may appear to the casual observer, facts are more obstinate than theory, and you will hardly believe me when I tell you that my own experience is beyond even this foot note of Hahnemann. In '63 I got a graft—mind you a graft, of Dr. Herring, of Ipec. high, medicated a No. 15 pellets, put it in a clean vial—the vial, boiled “secundum artem,” and have used it less than ten thousand times in the last 37 years. You see I go less than ten times as many usings and 17 years longer experience, and my last experiences “out Herods” all former experiences.

My wife, who is a sensible, if not a sensitive woman, was in the office yesterday morning. I read her the foot note and said, some are so sensitive to the action of this medicine, that it impresses through the hands; handing her the magic vial with the request to hold it tightly, and when through reading said, how do you feel? She said, aside from a little nausea, I am perfectly well. I did not question her as whether the nausea came from the reading or the enclosed Ipec. but certain it is that she was perfectly well after holding the vial.

You will surmise that the only thing that wears out about a vial is the cork (just Irish you know) and so of late years I have boiled all the new corks for at least half an hour and the nose of the smeller at least five minutes lest there should be germ communication from smeller to smeller.

In my last will and testament this vial goes to the doubter of this marvelous cure—the vial is now in evidence of which there can be no doubt. You see my foot-note is just like Hahner ann's, longer than the original paragraph and quite as lucid.

§ 289 is shorter and of less importance; “Every part of the body that is sensible to the touch is equally susceptible of receiving the impression of medicine and of conveying it to all other parts.” And even here there is food for comparison or rather he might have added different parts are more sensitive to certain impressions than to others; a touch of a gentle hand or finger on the sole of your foot will send

you flying out of bed of a morning quicker than a blow straight from the shoulder on a less sensitive part.

A word on § 290. Next to the stomach the tongue and mouth are the more susceptible of receiving medicinal influences. If the stomach is more susceptible than the tongue or mouth, why say in a previous paragraph that smelling or inhaling was as good if not better than by the mouth. If the stomach is more easily impressed, why not get our famous pellets, or its graft, into the stomach rather than its aura into the nose or mouth. Such reasoning, such statements rather, from the master does not impress you as close reasoning. I now quote the last sentence of this same § 290.

“This is the reason that when medicine is introduced into the body, through wounds or ulcers they act as energetically as by the mouth.” There is no foot note to this, therefore I venture to make one, as follows: What are you to do with Arnica lotions, Carbolic solutions, Bichlorides and all antiseptic washes, Listerine, Peroxyd of Hydrogen, Calendula, etc.? What shall we do with open sores, abrasions, ulcers? Even the external air is filled with odors stronger than my magic pilule. Noxious vapors carry myriads of the deadly bacteria and deposit them there. You see we are between “the d-1 and the deep sea.”

The only thing left for us to do is to take our hats and go ashore or to the woods. When I began to read medicine in 1861, my preceptor had a daughter, a girl of perhaps 12 summers with an ugly open sore on the back of the hand. I often wondered, as did others, why he left it so. His theory was that if “suppressed,” as he called it, “it might invade other and more vital parts.” I have waited patiently for forty years to witness the invasion. Another source of invasion was the killing of the *acarus scabiei*.

This was before the days of the ubiquitous microbe.

§ 291 is not debatable. It read like this. “Even those organs which have lost the sense that was peculiar to them, such for example as the tongue and palate deprived of taste, the nose of smell, etc., communicate to all the other parts

of the body the effect of the medicines acting immediately on themselves, in as perfect a manner as if they were in possession of their own peculiar faculties." Whether this be so we know not, except on this *ipse dixit*, nor need we care, for the stomach and the skin are left to us, only we are not to rub the thigh but once, the next dose is simply to be laid on, and the next applied at arms length away from the body, and so on inversely, as the square of the distance increases, lest we produce such aggravations as will need a single pass of the mesmeric hand. See § 293.

§ 292, the last in my task is a re-statement of a former paragraph, a little changed in its phraseology to be sure, but of little moment, it being the experience of all whether they have ever heard of the Organon or not. It is no pleasure to me to point out seeming discrepancies in one to whom we have been long taught to look for wisdom, and I am quite in the front ranks of those who think the master gave us much of wisdom; but we must remember that he was a German, opinionated, forceful in pressing his views on others, of that element of dogged grit-like stick-to-it-iveness, and the then glaring abuses of the old school made a Luther of Hahnemann, and "devils" as thick as tiles on roofs would not deter him from voicing his conceptions.

In re-reading the above, "the charity that thinketh no evil," compels us to say such statements may be inadvertant, a "lapsus linguæ," or perhaps a slip of the pen, but § 285 and especially its foot note, no longer leaves us in doubt that he writes with "malice aforethought," where he says placing a pellet the size of a mustard seed on the end of the tongue and not drinking anything afterwards the dose will be greatly diminished. But if the patient is very sensitive and it is desirable to attain the same end, or the most speedy results, it will be sufficient to smell once. Here comes in the pain of a new idea and it is very painful but perhaps the last clause of my text may prove true, and "from the disintegration of human fallacies may be garnered up golden grains of unperishable truth." A word more and I have none. This doubting is not from choice. All my life I have

leaned on others, deferred to their judgment, and agreed to agree when possible.

Wm. M. GWYNN, M. D.

The subject was opened for discussion.

Dr. Carr doubted that a solution was more effective than dry medicine. He asked how it was that such positive results were obtained from dry glodules of the higher potencies. He said that a single dose of a high potency given on the tongue in acute disease, and followed by placebo, gave positive results through its complete and rapid cure. He thought that the statement "that medicine in solution acts more effectively than when dry," should not be accepted as a fact. He said that Hahnemann's "better results" were probably due to the fact that in dissolving he made a finer division of substance which, at the present day is accomplished by higher potentization. When this edition of the Organon was written Hahnemann used only the 30th potency. He claimed that fewer doses were required of the high potencies. This he had frequently proved by experience in such a grave disease as diphtheria, when one dose dry on the tongue, of the cm. potency made a perfect and complete cure.

Dr. Grant agreed that his view of the subject was the same as Dr. Carr's. He believed that pellets dissolved in water raised the potency of the medicine, and that a dose of a higher potency is larger than that of the low potency in solution.

Dr. Stow read § 286.

A paper was presented and read from Dr. C. H. Bresee of Auburn, N. Y. Subject;

A CLINICAL CASE.

Mrs. J. Aged 70. A woman of vigorous constitution who had followed the occupation of nursing for several years, met with a serious accident in the early part of Dec. 1899. Her escape without loss of life reemed little short of miraculous. She fell the length of a long flight of stairs, cutting a deep gash in the scalp from contact with the glass of a lamp she had carried and had broken in the fall. She

was injured in the left chest which was evidenced by the extreme stitching pain in that region, both front and back. A careful examination gave no evidence of broken bones. She was put to bed, the scalp wound dressed, a dose of Bryonia cm. given, and a reasonably comfortable night ensued.

The second day following found her about the house. She rested a few days, then, feeling quite well went to nurse an old gentleman. In assisting him from the bed she strained the injured side. This was followed by more serious consequences and she was ill for a month.

On Jan. 2, 1900, she called me and I found her suffering with severe stitching pain in the infra-mammary region. Spigelia seemed indicated, and a few doses was given her with but slight > of the symptoms after each dose.

That evening a closer study of the case caused the prescription of Nat. mur. cm. with fairly good results. The improvement continued until Jan. 19, when she had a return of the sharp pain, this time in the region of the spleen, and with the following symptoms:

Spasmodic pain, < drawing a deep breath.

Tongue, red.

Aversion to sweet food.

Mouth dry, < at night.

Sleep, restless. Arsenicum 1 m.

The sharp pain soon left, but during the following week she developed a teasing cough < from 11 P. M. to 1 A. M.

Soreness in chest.

Weakness after cough.

< lying with head low.

Tongue red.

Restless.

Thirst for cold water, < at night.

Aversion to sweet.

Jan. 28, Arsenicum being still indicated, a dose of cm. was given.

Jan. 31, the preceding night, during a severe attack of cough at 2:30 A. M. she had expectorated more than half a tea-cup full of thick greenish-yellow pus. She reported

herself stronger, her tongue was more natural in appearance, and the remedy was evidently the master of the situation. More pus was expectorated from time to time. The cough and expectoration gradually decreased in quantity and frequency, until they were entirely gone. She recovered her usual strength without further use of remedies.

This case is interesting upon its merits, as well as from a homeopathic standpoint. It is a remarkable fact that a person of that extreme age could sustain so severe an injury without a fatal result. It is also unusual to find *Arsenicum* indicated in an abscess of the lung, the repertories do not mention it. It would be natural to expect such remedies as *Sil.* *Hep.* *Sep.* or *Cal.* to be indicated, but the result shows that the patient and not the condition is the true guide in the selection of the remedy.

CHAS. H. BRESEE,

The paper was heard with approval.

The meeting adjourned to 2:30 in the P. M.

No quorum and no meeting P. M.

W. E. DRAKE, Sec'y Pro tem.

Different Types of Surgical Dressings and Their Use.

BY FRANK C. LITZELL, M. D., PROFESSOR SURGERY HERING MEDICAL COLLEGE.

I am convinced by observation that this is a subject upon which the profession at large is not well posted. This is not strange, however, as very little attention is given it in the various medical colleges throughout the land, and the average graduate goes out comparatively ignorant of the principles underlying the use of the various dressings employed in surgical practice. Indeed, how few there are in the profession who can put on a splice bandage, a velpeau or a figure of eight spiral reverse correctly, and I am sure that a large per cent of not only recent graduates, but older practitioners as well, if asked to give reasons why a certain dressing

was used in a given case, would be unable to do so, with any degree of satisfaction to themselves or any one else. Much of the success of an operation depends upon the proper application of a suitable dressing for the case, and there is no doubt that many surgical cases have been spoiled in their post-operative career by the careless and improper application of unsuitable dressings.

I speak particularly with reference to protective dressings, and desire to leave entirely out of consideration the subject of dressings used, as they sometimes are, for pressure, support, or to retain splints.

We find upon investigation that to fulfil the various indications, there are four principle varieties of dressings whose usefulness are all based upon the principles of asepsis and antisepsis:

SIMPLE EXSICCATION: This is so simple it can hardly be called a dressing, yet it has well defined indications and a wide field of usefulness. It is exquisitely suited for small wounds that admit of exact coaptation by suture or otherwise. Plastic operations of small extent, cuts on the extremities or where large cumbersome dressings cannot be worn are examples for its use. The dressing consists of nothing but some simple powder, such as bismuth, boracic acid, aristol, etc., dusted on the wound over the suture line. No further dressings are needed. It is needless to say that these or any other powders are used because they contain any healing properties or powers, as we well know that all healing takes place from within. They do have the power, however, of rapidly inspissating blood and serum to a dry crust. The escaping discharges of whatever character form a paste with the powder and the free access of air hastens exsiccation, and the dry, hard crust once formed securely prevents the farther ingress of spores or dust to the wound. Where the amount of exudation is large and the powder is washed away by the profuse oozing, the dusting must be repeated until the object sought is accomplished, that is, the formation of a dry crust. The artificial scab thus produced protects the wound from any invasion of poison or microbe.

It is nature's own way of protecting a wound. As indicated in the beginning this dressing is only useful on small cuts, abrasions and small burns, and care must be exercised to render the parts thoroughly aseptic before applying.

DRY DRESSING: This is used where there are extensive injuries or large operative wounds with a correspondingly large amount of oozing. In these cases the dusting as above will not suffice. The discharge will be greater in amount and besides the patient's person, the bedding or splints will be uncomfortably soiled, hence it is necessary to provide some receptacle for the absorption of secretions. For this purpose absorbent dressings that have been sterilized by heat or rendered aseptic by saturation with chemical germicides are used. No impervious covering should be used outside, as the free admission of dustless air is desirable. It hastens exsiccation of absorbed secretions in the dressings and insures protection of the granulating wound beneath. Evaporation takes place in the outer layers first, so we may have a hard, impervious covering for a wound and at the same time have one that is not irritating in its nature, because the under layers remain soft and moist from the constant oozing and absorption.

This dressing is used perhaps most of all, and consists of a large fluffy mass of sterile gauze and absorbent cotton. It has one objection when not large enough, and that is it may become uncomfortable on account of its firmness. It may if too small become hard and dry clear through.

SCHELE'S MODIFIED DRY DRESSING: In a large number of cases there is such a loss of tissue from operation or injury as to preclude the approximation of the walls of the wound and render healing by primary intention impossible. In these cases the opening is filled with blood clot soon after the operation or injury. In an aseptic wound this clot serves a highly useful purpose of protecting the delicate granulations and preserving their vitality, provided the integrity of the clot be again protected from exsiccation by exposure to air on the one hand and destruction from decomposition on the other. If this condition be maintained, gran

ulations will gradually consume the clot from below, and by the time it has disappeared cicatrization will have been completed.

When healing under a moist clot is aimed at in this way the dressings are applied as follows: First a piece of sterile rubber tissue is placed over the wound, large enough to just overlap its edges. This preserves the integrity of the clot in a moist condition and prevents exsiccation from the air without. Over this is applied a generous amount of gauze to absorb the oozing that appears around the edge of the rubber tissue. The dressing is then completed by absorbent cotton, and all retained by adhesive straps, or bandage the same as the last.

MOIST DRESSING: A moderately moist condition of dressings is favorable for the rapid absorption of large amounts of discharges of any kind. This fact is easily demonstrated by throwing a thoroughly dry sponge into a pail of water. It will not absorb rapidly and sink, but will float on the surface for a considerable time. Moisten the same sponge through and through and squeeze as dry as possible and throw it into the water and it will become filled at once and sink. This simple hint tells us that when rapid absorption is desired, as in septic or heated conditions, or where clogging of the drainage tube from inspissated secretion is to be avoided, dry dressings will be advantageously superceded by moist ones. They consist of large amounts of moist gauze covered with some impervious material to prevent evaporation, and this by the absorbent cotton and bandage. Rubber tissue is an excellent impervious material, and has largely superceded Lister's mackintosh. Oiled silk or even waxed paper may be used. Ordinary wrapping paper greased may be used in an emergency.

These are the principal types of dressings in general use, and were they more generally understood fewer mistakes would be made and better results obtained, as no one can deny the fact that the after-treatment of wounds is an important feature, and that the dressings are an important part of the after treatment.

City Milk.

ERNEST CADWELL, M. D., Chicago.

Chicago physicians have long felt the need of pure milk for infants and invalids, but much feeling has not resulted in much activity. Doctors are not hasty about going into the dairy business. There is at least one dairyman, however, who has given ear to the doctors' great need, and has given much attention to suggestions made by the Chicago profession. This man is Mr. H. B. Gurler, a dairyman of 20 years' experience, and a man of very unusual observation.

"Pure milk" was a subject of mutual interest and discussion between Mr. Gurler and a number of physicians at the May meeting of the Chicago Medical Society. It is the object of this article to report some of the most important things brought up at that meeting.

Cattle should have wholesome food; well ventilated barns during the winter months, and open range in summer time. Cows fed upon decaying vegetables, distillery slops, and supplied with water containing decaying animal and vegetable matter, give most unwholesome milk. Cows which are suddenly changed from ground to pasture food frequently cause diarrhœa in the nursing calf, and likewise an infant may suffer gastro-intestinal derangement by feeding on milk from such cows. On account of reproductive influence, cows should be milked no longer than a period of nine months, until another calf is born.

Among other sanitary conveniences of the barns of Mr. Gurler's dairy are ventilation pipes, sewerage and cement floors, which floors are flushed daily. Milking is performed in a most cleanly way. Sometime before milking the cows are groomed, the udders are washed, and milkers are required to wash their hands. The milk pail is covered with a fine strainer, containing absorbent cotton, so that straining is performed in the act of milking. The first milk in each teat is rejected, since bacteria may be found in this first milk. All utensils used in handling milk are sterilized

by steam in a sealed room, the temperature of which is kept at 212° Farenheit for 30 minutes. As soon as the milk is obtained, it is run through a centrifugal machine to separate cream. The object of this process is to enable the dairyman to so mix the cream and skim milk that milk containing 4 per cent fat may be obtained. The separator also eliminates mucus, or any foreign matter that may have gotten into the milk. The milk is then cooled to a temperature of 45° Farenheit; bottled, wood pulp stoppers being used, and date of bottling is stamped on each seal. The milk is kept at a temperature of 35° Farenheit till delivered to consumer. It is from 12 to 36 hours old when received by customers.

In order to aid the physician to prescribe any desired percentage of fat, proteids and sugar, a table has been printed on cards for direction in the use of definite quantities of Gurler's milk, 16 per cent cream and sugar. The quantity of modified food which can be prepared according to this table is limited to 24 ounces. Mathematical calculation proves this table to be very accurate, and correct results are obtained in desired percentages by following the direction of it.

Regarding tuberculosis among his cows, Mr. Gurler says: "I have seen many cows that no one would suspect, react to the tuberculin test, and prove to be tuberculous at the post mortem. At the first test of my herd, 3 per cent of the 133 cows were found to be tuberculous. Once each year the tuberculin test is applied to this herd, and percentage of diseased cows, each time, is much below the first test, owing to the care taken in keeping tuberculous cattle away from the heard. Cows thus diseased are promptly killed.

Veterinarians consider the tuberculin test very satisfactory, and are striving for larger privilege in examining cattle. Just here the physicians have an important interest also, and, when possible, should aid the veterinarians in obtaining such privilege. It is easy and very important for physicians to recommend to their patients those dairies

which are under veterinary inspection. Every physician meets with a large number of cases of tuberculosis where hereditary history throws no light upon the etiology of this dreaded disease. This applies especially to tuberculosis ostitis, so frequently afflicting children. Tuberculous milk is certainly a great source of infection.

The following are causes of impure milk, which is the kind sold by ordinary city milk dealers:

1. Unhealthy cattle; improper food and care of cows.
2. Uncleanly milking and care of dairy utensils.
3. Impure atmosphere where milk is kept in small stores. Small dealers also water and drug their milk.
4. Old milk, which is more difficult to digest and is more favorable for growth of bacteria.
5. Long distance transportation which increases age of milk from 24 to 72 hours and so agitates it that the proteid and fat are rendered more indigestible.
6. Warm temperature which favors growth of bacteria.
7. Improper care of milk by consumer.

A Few Cases of Ivy Poisoning.

DR. AMELIA L. HESS, Philadelphia, Pa.

CASE I. Jan. 1899. S. B. Age 12 years. Small, very short; light hair, blue eyes; acute attack of sore throat, right side; yellow spots, headache, frontal; Lyc. 1400.

Feb. 28. Sore spot under sternum (cramp like) about one inch above ensiform cartilage, only painful when swallowing; occasionally catches breath; bowels move before breakfast always and right after dinner at night. Headache occasionally; always frontal, over left eye. Fond of salt. Loves bathing. Natr. mur. 200.

May 3. Ivy poison. Face and hands swollen and covered with small blisters. Rhus cm.

May 5. Itching subsided after fifth powder, still some swelling. Rhus cm.

June 9 Ivy poison again on two fingers of left hand;

two blisters size of hickory nut. Notice it is not on the face this time. Rhus mm.

Some time later I gave one dose of Calc. 13 m. and she has never had it since.

CASE II. July 1, 1897. Joseph —, age 23 years. Tall, slender; inclined to stoop. General health good. Was exposed to ivy poison. Hands hot and red with little blisters between fingers and on the palms, and surface of wrist. Intense burning and itching; intense thirst; loss of appetite; nausea; headache. Rhus cm.

In five days it was all gone and he felt better than he had for a long time.

CASE III. While under constitutional treatment for chronic catarrh of the bowels, this patient was exposed to ivy poison and took it. She was on Sulphur, and I renewed the prescription and gave one dose 5 cm. At first it seemed to relieve it but at the end of a week I gave one dose of Bell. cm., and that took it away in forty-eight hours.

Delirium Tremens.

SARA F. ALLEN, M. D., 1208 SPRUCE ST., PHILADELPHIA.

H. M., aged 42, a chronic alcoholic; habitual drinker since 18 years of age.

Good family history; could not find any history of inherited alcoholism.

Cured (?) of the disease of Inebriety at a Keely institute eight years ago.

Cured (?) again by Christian Science at a later date.

(Wonderful logical deduction in the latter cure—for does not Mrs. Eddy deny and exclude disease, sin, evil and death?—sad familiar facts in human experience.)

Very deficient in self esteem; a great hollow on the head where we look for that "bump."

Sensitive; despondent; easily persuaded.

Good physique; fair complexion; brown eyes and hair.

Jan. 3, 1901. Patient delirious; has eaten no food for week; not sleeping; very irritable.

Cursing and swearing; trembling all over; clutching bed clothes; pulling them over his head to hide from "thousands of little devils, who grinned and pointed their fingers at him"; saw "snakes"; most awful fear, a veritable hell.

I concluded he was unmanagable and would have to strap him down unless I could soon relieve him.

Scanty urine with albumen; did not examine for casts.

Face bloated; upper lip swollen and lips bluish; skin cold and clammy; pupils contracted. Hyos. 45 m., one dose. Sac. lac. every 15 minutes.

Came back in three hours; found patient much quieter and manageable.

Still suffering from hallucinations and fear. No snakes. Little devils not so real and persistent; heard voices. Hyos. cm: with Sac. lac. every hour.

Jan. 4th. Braver and no trembling.

Slept a little during the night.

Craving and begging for drink; threatening to suicide if I did not give it to him.

Oversensitive; very restless, moving about on bed.

Induced him to take half a cup of clam juice; (fed it to him while I talked of other things.) Aurum 45 m. Sac. lac. every hour.

Jan. 5. Trying to persuade himself of the unreality of visions and voices.

Not asking for liquor.

Clam juice three times since I gave it.

Jan. 6. Improving; dosing at intervals; clam juice every three hours; asked for red pepper in it, which I granted.

Jan. 7. Milk and clam juice every three hours.

No medicine.

Jan. 8. Still improving.

Saw him every day until the 13th. He asked to sit up.

Jan. 14. Walked about the house; complained of hunger; ate food.

Jan. 15. Took a walk at noon; complained of the sensa-

tion of trembling, though he knew he was not. Felt weak. *Sulph. ac.* 45m. *Sac. lac.* every 2 hours.

Jan. 16. Looked quite like himself; confessed he never went through a debauch before without the doctor giving him drinks "to taper off," and acknowledged he never "pulled through so quickly and felt so well."

I visited him every few days for another week; appetite good; sleeping for hours at night; pulse and temperature normal, and attending to business.

Hyos. dispelled hallucinations and brought sleep.

Aur. cleared away the mental tendency to suicide and despondency. (Did it antedate the gold cure?)

Sulph. ac. cleared up the case. Cured permanently this time? I do not know.

Hering's Guiding Symptoms.

How valuable are Hering's Guiding Symptoms? Here is an illustration: Some months ago I was called to a patient who had—in his own words—"ball of right great toe swollen and painful. The pain suddenly shoots into the body to region of heart." This is a peculiar condition, and I had never before met such a symptom. Resort to the Repertory of Hering's Guiding Symptoms," found a remedy.

It proved to be the remedy. I had to send especially for it, for I had never before had occasion to use it. Can a better illustration of the truth of our law be given?

GEO. H. CLARK,

116 West Walnut Lane, Germantown, Pa.

Chronic Headache--Psorinum.

Mr. H.--A young man 18 years of age, tall, angular, narrow chest, blue eyes and light hair—a sanguine-motive temperament.

Had a headache which recurred every third or fourth day, sometimes every second day. Upon retiring he would feel a dull pain in the supra-orbital region with a sensation

of flickering before the eyes. He would awake the next morning with the headache and it would increase during the day. With the headache was a desire for food. Eating did not entirely relieve the pain, which was described "as if a rod was laid across forehead and pressed heavily against it."

The hair was dry and coarse, there was a dirty appearance of the skin with acne, and he was especially susceptible to cold or damp changes in the weather. Skin had an offensive smell which was difficult to remove.

During the height of one of these headaches the patient was given one dose of Psorinum cm. The headache was entirely relieved in 15 minutes and has not since recurred, now two months ago. He was instructed to be careful of his diet and especially to avoid the use of coffee.

Otitis Media Purulenta.

FREDERICK WILLIAM PAYNE, M. D., BOSTON.

Mr. G——, came to me in 1898, for his ears, and incidentally referred to his eyes as follows: Eyes get tired easily, and ache much; has a disposition to press, and to hold on to them for relief. They are sensitive to artificial light; when reading letters blur and run together, and occasionally has marked diplopia; muscæ volitantes at times, consisting usually of *one* spot floating before him. Is often dizzy, as of swaying, and then his thoughts are at a standstill. Eyes feel dry much, and burn. Eyelids red and incrustated at palpebral margins. In looking at his own eyes in the mirror, the pupils are seen to alternately dilate and contract. He complains of an anxious, apprehensive feeling at the pit of the stomach, with oppression of breathing, and spells of palpitation. Is subject to crampy pains in stomach; has vivid and frightful dreams, and wakens very tired in the morning. Examination of the eyes showed an astigmatic state as follows, viz.:

R. cyl.—0.25, ax. 175°. L. cyl.—0.25, ax. 160°. The

phorometer showed an exophoria of $1\frac{1}{4}^{\circ}$ and a left hyperphoria of $\frac{1}{2}^{\circ}$.

The above formula for glasses was ordered, and proved in use a perfect corrective to the refractive error, and also harmonized the unbalanced muscular straining, due to the heterophoria. In early childhood he was subject to repeated ear aches, finally followed by purulent discharge from the left ear, that persisted for years, although several years had passed with a cessation of the secretion, until at the time of his call, and for six months previously, the ear had again discharged copiously, the secretion being of a thick, yellow, offensive, purulent matter. At this time he was complaining of stiches of pain deep in the tympanic region, that was especially induced during the act of chewing. He had a loud ringing sound in the ear, with a throbbing, synchronous with the beats of the heart. He complained of an obstructed, stopped feeling in the ear, as of a pellicle drawn across the auditory canal. Feels often in a dreamy state, as if things were not real. Objects seem strange at times; feels as if he did not know where he was. Although the condition of muscular straining, diplopia, and asthenopic symptoms in this case were corrected by the use of the glasses, the ear symptoms, associated therewith, being the constitutional psoric expressions, went on apace. *Cannabis sativa* proved the *simillimum* in this case. Under its proving in "Hering's Guiding Symptoms" are the following symptoms, that may with confidence be italicized as genuine, and of curative value. They are as follows, given in the order in which they appear in the proving:

Seems to be in a dream, as if things were not real; feels as though she did not know where she was; objects seem strange.

Thoughts seem to stand still.

Sadness and melancholy.

Anxious and apprehensive feeling at pit of stomach, with oppression of breath and palpitation; flashes of heat.

Vertigo, when standing, with swimming of head, with tendency to fall sideways.

Rush of blood to head, causing heat and flashes.

Violent throbbing, with heat of head and fever.

Forehead feels compressed, from margins of orbits to temples.

Pressure below the frontal eminences, extending deep through brain to occiput.

Pressure in temples.

After looking long, mistiness before the eyes.

Weakness of eyes and diminished vision.

Alternate dilatation and contraction of pupils in the same light.

Sensation of spasmodic drawing in the eye.

Sensation as of sand in the eyes, with dryness.

Scrofulous eye troubles.

ringing in ears and throbbing; hearing dull.

Dreams are disagreeable and frightful; disappointed in everything and is filled with anxiety.

Awoke at night from slumber with frightful dreams, not knowing where he was.

Wakens very tired mornings.

On otoscopic inspection the drum head seemed practically absent, excepting a slight rim about part of its peripheral margin; no sign of the ossicles were to be seen, they probably having been long since dislodged and lost.

Although few ear symptoms are found under the proving of *Cannagis sativa*, the constitutional symptoms shown in the patient were markedly like those found under the proving of the drug. In less than a month after treatment was instituted, the discharge from the ear had practically ceased, and in eight days thereafter the opening in the tympanic membrane had nearly closed. In another month the restoration of a very respectable drum-head had been accomplished, showing a line through its centre as of a scar, where the closure was affected. Notwithstanding the ossicles were lost, the hearing became not only useful, but not far below that of the good ear in acuteness. At last intelligence concerning this patient, he considered his hearing perfect, and his health was absolutely good. Such a curative

change in the case of a chronic, ulcerative process seemed a phenomena like that of the behest of a magic wand. This case markedly illustrates the importance of applying the *similia*, regardless of what conventionally is regarded as a remedy suitable for suppurative processes, or in fact any other disorganizing changes, for, in this sense, *Cann. sat.* was probably never less thought of for the cure of such a case, from a pathological standpoint, than any, and all the remedies in the *Materia Medica* put together. The warden attending the law of similars is thus again proven and exemplified.

Cholera Infantum.

J. C. WHITE, M. D., PORT CHESTER, N. Y.

CASE I. In the summer of 1890 a Hebrew family, whose home was in New York city, were boarding on the sea shore at this place. Their child, aged 11 months, was taken ill of Cholera Infantum, and was attended by one of our local "regulars" who pronounced the case beyond all expectation of recovery. An intelligent lady neighbor who knew something of Homeopathy by experience, suggested that I be called to the case.

I found the child in collapse.

The whole body cold, without external moisture. Had been sick three days.

Had nausea, vomiting and purging before it was so cold.

The stools were dark green, scanty, excoriating and very offensive.

The child had not slept in 36 hours, and the functions of life were so far suspended that the reflexes did not respond and there had been neither nausea, vomiting nor motion of the bowels for several hours.

The child laid motionless with the exception that the eyes, which were sunken and glassy, followed every motion of the attendants with apparent anxiety. I asked for a glass of cold water, and on putting some to the child's lips, it drank it with great avidity, and asked for more as plainly

as the expression of the face could do. I fed the child a quarter of a glass of water without provoking vomiting and yet it wanted more. It would have taken the glass full and more without being satisfied.

I gave Ars. 200 in water, every hour for three times, to be continued every two hours, with directions that it be fed a little water every ten minutes; but I gave an unfavorable prognosis to the parents. This was at 9 p. m. At 9 a. m. next day I found but partial reaction, though the expression of the eyes was better; continued medicine.

Calling again at 3 p. m., I was introduced to Prof. —, of — college. I was taken by surprise and expected my discharge together with a ridicule of my methods. He was an exceptionally fine looking man.

I said, "I suppose that I am to leave this case in your charge?"

"No, no!" he said, "I cannot attend it. Besides I think your patient is doing remarkably well. *It is sleeping.*" He said this with a look of inquiry and finally asked me if I would give a child in that condition an anodyne.

To which I replied that I would not. That if the child was sleeping, it was a perfectly natural sleep and because it was convalescing. The Professor seemed quite perplexed, having learned from the father in the early morning of the child's condition.

After walking the floor for a few moments he stopped in front of me and asked if I would please tell him just what I had given that child? I said, certainly; that we had no secrets from the profession. I then told him of the infinitesimal doses of Arsenic given—and why I had chosen that medicine. To which he replied, "Well! I cannot condemn what I know nothing about, but, I have this much to say: 'That if you can cure the sick in that way, you have a big advantage over us—you do not kill anybody—we kill lots of them!'"

CASE II. A. B—, age 1 months. Was called at 3 a. m. Found the child a bottle baby in "collapse," body cold, surface dry, eyes rolled up and glassy.

The mother said "child had been having loose bowels—with slight green passages—had vomited his food but had not considered it much sick until it got so cold in the night." I noticed that the child would jerk its head a little to the right about 20 or 30 times per minute, and at the same time the left hand and arm would be jerked or thrust forward across the face,—synchronous with and in the same direction as the motion of the head, and at each motion would make an audible expression like a short grunt. The child had not slept in 24 hours. I called for a glass of water and on putting the spoon to the mouth, the child drank it with great eagerness and at the same time grasped the spoon with both hands, holding it to its mouth so firmly that it was with difficulty that I could disengage it. How the child had suffered for the want of water! This case, like the other would drink any quantity of water and without rejecting it or causing movement of the bowels. I informed the mother of the gravity of the case and asked her to send for her brother, who was a physician, homeopathic, in the city.

Upon the three cardinal symptoms of Arsenicum, rapid prostration, intense thirst, restlessness, together with the initial symptoms; I gave Ars. 6th. I ought to have known better than to give Ars. low in this case, but I had been ridiculed so much by my homeopathic brethren for giving medicine high, I thought I would try this low; besides, the consulting physician who was coming used remedies so low that he could weigh and measure them.

I gave this for eight hours without any change for the better and then substituted the 30th, which was continued until the consulting physician arrived, late in the evening.

After looking over the case, the doctor said he "would not give a six-pence for the chance of recovery," but advised Bell. 3x and Ars. 3x alternately! I protested that if the child could get any help from Ars. low it was now already time to realize it. That if he chose I would give the Bell. but that I could see no call for it in the symptoms. He then proposed that I treat the case according to my own

judgment, as he could not cure it and did not think it could possibly recover. I then prescribed Ars. 200 every hour until some change of symptoms. This was continued six hours, until 1 a. m. next day, when I found that my little patient was failing. I could not count his pulse; perspiration abundant, cold and clammy and the continual jerking of the head and arm made a picture which I shall never forget.

I went home discouraged and spent an hour with my books. I could find nothing but Ars. in the case. I returned with a bottle of Ars. 1m and one of Ars. cm, prepared to spend the night.

I placed a few pellets of the 1m potency on the tongue every 20 minutes for a number of times without any apparent effect. I then dropped a few granules of the cm potency upon the tongue, and in less than two minutes the motions and noise ceased. The expression as there exhibited was that of sunshine or astonishment. The arm still held over the head and the gaze fixed. He retained this attitude for a period of 15 minutes, when the motion and noise was again resumed. I then dropped some of the granules on his tongue again when the motion and noise ceased as before, still maintaining that attitude of suspense and surprise. This lasted about 25 minutes, when the motion and noise were again resumed. The third dose quieted him for 40 minutes and the fourth dose for two hours, sleep coming during the last hour. When he awakened he got the fifth and slept two hours and so the child slept and awaked at longer intervals until convalescence was established. In less than ten days the child was sitting on the floor with his rattle box, etc.

My homeopathic brethren tell me that it was the first Arsenic given that cured and not the last. However, I have since given the last dose first and am well satisfied with results when Arsenic is the remedy, and the patient in collapse.

CASE III. Was asked to see Anna B—, age 18 months. She also was in a collapsed state whole surface cold

bathed in a cold clammy sweat, eyes rolled up, apparently beyond perception and beyond all hope of rescue.

The pulse almost imperceptible, breathing slow, abdominal, and the coarse rales could be heard at every breath in the adjoining room.

The mother had been giving medicine. I did not learn whether it was of her own prescribing or not. Said she was not aware that the child was so sick until it got cold and its breathing was so bad. However, the case was too urgent for me to inquire for anything but the remedy.

On offering the child cold water it drank greedily and would drink more than I would give.

The reflexes were so dormant that there were no movements of the bowels and no vomiting; though bowels had been loose several days and later had vomited both food and water. I gave *Ars, cm.* a few doses every 20 minutes, without apparent results. The case from the history given and present symptoms, was evidently Arsenic, but something more. The semi-paralyzed vagus and consequent slow and embarrassed breathing suggested *Ant. t.*, and the totality of the symptoms I concluded was a fair picture of Arsenite of Antimony. I did not have the combined salt, but putting some *Ant. t3x* under the faucet, I made a liberal dilution entirely by guess, adding to this the Arsenic. I gave the compound every 20 minutes and was rewarded by the reaction which followed in a few hours; improvement showing itself in 30 minutes. This mother had buried five children successively, each dying in the second summer, and in the same manner that this was going. This one is growing up a fine healthy child and the mother never fails to thank me for my services, every time she sees me.

These were among my first successful efforts in Homeopathy many years ago. I was myself more surprised at the results, I think, than any other witnesses of the cases. They seemed miraculous. I had practiced medicine as taught in the Albany medical college in the early sixties, for 20 years, during which time I had never seen a case recover from such conditions; tho' I had stood over many a

little one with my hypodermic loaded alternately with strychnia, whiskey and ammonia. The sudden and desperate prostration in each case, without the copious and exhausting discharges from the bowels (Camph., Verat.) was the great and prime feature of Arsenic. In the arsenical case of this degree there is not the temporary satiety from small quantities of water. The thirst is anxious, ravenous and continuous, and this for the coldest fluids that can be put in contact with the intensely inflamed mucous surfaces. The functions of vegetative life are so far paralyzed that the modalities of "heat and cold" could not be ascertained under the existing conditions; and in each case the prostration and weakness was too great to manifest the symptom "restlessness."

Ars., Camph. Carbo v., Secale and Verat., each present the cold features and collapse of the cases detailed; but neither of them except Arsenic has the sudden onset and prostration, together with slight or small discharges from the bowels. With Camph., Verat., and sometimes with Secale, the collapse is the natural sequence of the severe drainage through the bowels of the liquids of the body thereby impoverishing the blood vessels of their normal quantity of circulating fluid; the excessive thirst in these cases being the natural sequence, or the endeavor of nature to compensate. The skin in each case may be dry or it may be bathed in a cold clammy sweat, according to the stage of the condition, excepting Veratrum which almost never lacks the cold beedy perspiration on the forehead, and Secale generally presents a dry scrawny, or cold blue shriveled skin. Where the patient is conscious, the discomfort of heat will help to emphasize the Secale case.

With Ars., Carbo v. and Secale, the collapse is due more to a constitutional dyscrasia or blood poison than to exhausting discharges. The thirst, not usually for large quantities, is due to fermentation or putrefactive changes in the alimentary canal, and its consequent inflammation. Hence the similar. Camph. and Verat. for the acute, copious, exhausting discharges and the long deep acting anti-

septic, antipsoric remedies for the former condition. We claim nothing new or strange in the cases cited; but the necessity for employing the higher potencies of Arsenic in this grade of cases is emphasized to my own mind, particularly so in the second case; and the first case, I am persuaded by ample subsequent experience, would have sooner found resolution had I given the remedy higher. Before the case had gotten to this stage and nausea, vomiting, pain, surging and restlessness are present, Ars. 200 has never failed me.

Homeopathy to my mind does not mean "high potency" but the application of remedies according to the law of similars. In the matter of "the dose" one is very naturally and I may say necessarily governed by clinical experience. I had formerly lost this grade of cases when I rested my faith and efforts on the lower potencies; though I must add that I have not been thus disappointed with the lower or medium potencies of Carbo veg. Secale and Veratrum where they have been indicated in comparative cases, and Ars. in the 3x and the 6x trituration has served me well in ordinary cases of malarial fever and of neuralgia when indicated. If I have any rule to guide me as to the potency of remedies in acute cases, it is this: The more prominent the mental symptoms, the higher the potency should be given. This may not be infallible, but it is the best I can formulate or suggest, and it is the outcome of clinical experience.

Clinical Experiences.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

NEURALGIA: *Verbaseum Thapsus*. A black haired widow, aged thirty-six, dressmaker, has long been overworked sewing, and her life is made miserable by neuralgia.

Tearing, stiching pain about the left ear, downward and inward for the most part.

Numbness of the outer ear.

Dullness of hearing in left (painful) ear.

Sensation of heavy pressure on the vertex.

Shivers run up the back and left side with the pain.

Irritable and despondent.

Jan. 1, 1900. One powder *Verbascum thapsus* 1 m, taken in four doses three hours interval, cured.

HYDROCEPHALOID: *Apis Mellifica*. A babe, seven weeks old, was born into a family afflicted with whooping cough, and has been whooping since two weeks of age, now nearly relieved through the use of *Drosera* 200.

Extreme emaciation.

Lies with head bent backward.

Constant rolling of head.

Forehead wrinkled.

Stools, dry, hard, infrequent.

April 20, 1899. One powder *Helleborus* cm (Fincke) dry on the tongue.

April 28. The child lies stupid.

The head is not rolled, although it is thrown backward.

The forehead is no longer wrinkled.

One powder *Tuberculinum* cm (Fincke) dry on tongue.

May 5. Since 3 P. M. yesterday she has frequently given forth a piercing shriek.

Lies stupid, with head retracted the rest of the time.

The eyes are partially closed, pupils contracted.

Urine very scanty.

No stool in three days.

One powder *Apis mellica* cm (Fincke) dry on tongue.

The beneficial action of the remedy was quickly apparent through a free evacuation of urine, followed soon afterward by a copious stool.

May 17. Patient needs no further care. A complete recovery.

ENURESIS: *Benzoic Acid*. A boy three years of age has had enuresis every night of his life, by day there is less frequent trouble.

Urine stains yellowish brown, strongly ammoniacal.

Otherwise seems in good health.

Jan. 22, 1900. One powder Benzoic acid 3m (Fincke) dissolved in four tablespoonfuls of water, one tablespoonful morning and night until it is gone.

Jan. 30. Enuresis five times the first night, frequently the following day, none since.

An itching, pimply eruption on the skin.

No medicine.

Feb. 17. Eruption nearly gone. Occasionally enuresis

No medicine.

March 8. Lately more enuresis.

One powder Benzoic acid 45m (Fincke) dry on tongue

Cured and proud of his self control.

DYSURIA: *Sarsaparilla*. A tall, slender, brown haired lady, aged thirty-seven years, has suffered from dysuria for three months in spite of the prescriptions of several physicians.

Incessant urging to urinate, relieved only a few moments after it is voided.

Burning through the urethra during micturition, worst at the close.

With the last drops of urine a shudder goes over the whole person, starting from the region of the bladder, so that she must hold on to something tightly at the time.

Gray, cloudy sediment in urine after it stands a few hours.

Aggravation during the menstrual period.

Aggravation from 5 to 8 P. M.

Aggravation in warm air.

Constipation, with ineffectual urging to stool.

Yellow, acrid leucorrhœa.

Left inguinal glands swollen.

May 25. 1899. One powder *Sarsaparilla* 200 in solution, two teaspoonfuls every three hours, six doses.

June 8. Relieved in two days. Her servant left, and she assumed the care of a large family, since which she has some return of the symptoms. During this time menstruation came without the usual aggravation.

One powder Sarsaparilla cm (Fincke) dry on tongue.
Result: a cured and grateful patient.

OVARITIS: *Calcareo Carbonica*. A light haired, divorced woman, thirty-four years of age, mother of one child eleven years ago, stenographer, is the patient. In March, 1899, an attack, diagnosed neuritis, came on during sleep at night, affecting the left arm from the elbow to the hand. The pain was aggravated by allowing the arm to hang down. General arthritis followed. After that was better pain and soreness in the left ovary, which is now the prominent ailment. She had allopathic treatment throughout, and the doctors tell her they can do nothing for her relief except to remove the organ.

Left ovary large and indurated, tender to slightest pressure.

Aggravated by the jar of walking

Aggravated during menstruation.

Aggravated while lying on the right (painless) side.

Ameliorated by lying on the back with knees drawn up.

Leucorrhœa thick, yellow, acrid.

Vertigo and blindness when rising from recumbent position, or from turning the head quickly.

Borborygmi, especially before breakfast.

Fond of eggs and oysters.

Soreness in the joints, aggravated by motion.

Feet cold and damp during day.

Feet hot at night; apt to uncover them (whole foot.)

Sleeps late in the morning, awakens tired out; feels best in the evening.

Cold night sweat toward morning.

May 9, 1899. One powder *Calcareo carbonica* cm (Fincke) in four doses, morning and night until it is gone.

May 14. The pain and soreness in the ovary increased at first; is growing less now.

No medicine.

May 28. She has been improving right along.

No medicine.

June 14. The menses came June 1st, one week late (usually too early), increasing the soreness. It is now hardly perceptible. She "had not supposed it possible to ever be so well."

No medicine.

July 14. Ovary somewhat tender; induration disappearing.

Arthritis quite severe, almost disabling her.

No medicine.

Aug. 5. Rheumatism subsiding; feels quite well.

No medicine.

Sept. 9. Menses came Aug. 31st with no ovarian pain or soreness. Induration gone.

No medicine.

Oct. 8. Menstruation began Sept. 28th with a bearing down sensation throughout the pelvis. She had been climbing stairs to excess, collecting rents in a large block.

More leucorrhœa, yellow, acrid.

Broken sleep after midnight.

One powder Sepia cm (Finke), dry on the tongue.

Oct. 29. Has been quite well until today when asthmatic breathing came on, a trouble of her early life, not felt for many years.

No medicine.

Nov. 30. So well that she has no further need of treatment.

Vaccination: Data Wanted.

WM. JEFFERSON GUERNSEY, 4340 FRANKFORD AVENUE,
PAIDADELPHIA.

Some year ago the ever humorous life of New York uttered a truism in about the following words: "whenever the medical profession once adopts a fad it is powerful slow in breaking away", and the remark is applicable to the practice of Vaccination.

It is not the purpose of the writer to combat the question of its prophylactic powers. Reliable statistics prove (?)

that it is a preventive of variola. Equally responsible information shows that it is valueless. Vaccination is here objected solely on *Principle*. It is disgusting: unreasonable because of doubtful efficacy: unscientific in introducing into a healthy system a poison to prevent a disease which that person may never be exposed to or susceptible of: septic: unclean.

It has been aptly said *if* vaccination was believed in by those who practiced it quarantine would not be required. If the vaccinated are immune why keep them away from the disease?

In a recent conversation with a very good prescriber the writer was astonished to learn that he had not only vaccinated continually but that he had never questioned the advisability of it. On the other hand there are thousands of laymen who know of ill effects having arisen from it and who only submit to the assumed authority of the various Health Boards in order to get their children into school.

We have all seen baneful results from this virus. *Any physician who denies the fact makes an acknowledgement that he has had a meagre practice.* If we do not thus transmit scrofula, syphilis or phthisis we are liable to. Why disinfect ones instruments for fear of conveying poison from a previous operation and voluntarily introduce this into a healthy constitution?

There are many conscientious physicians who do not know of any other means of preventing the disease who are nevertheless opposed to vaccination: who know that the credit given to the scarcity of variola is not wholly due to it: who are aware of the fact that all pestilential diseases appear in unaccountable waves: and that very much praise should be attributed to improved sanitation.

Homeopaths know that there are other and safer if not better preventives. Certain internal medicines are prophylactics, and it is to demonstrate this fact that this paper has been written. Vaccinum (a potentization of the virus beyond its toxic force) is used by some: variolanum (similarly prepared from the actual morfibic product) by others; and, best

of all, malandrinum (which is more homeopathic because "similar," though not of the same) is evidently effectual in preventing the disease and is *known* to cure ill effects of vaccination. Will prevent vaccination from "taking."

If intelligent allopaths, who are ignorant of any other prophylactic, should prefer to allow their families and patients to run the risk of contagion rather than to submit to the dangers of vaccination, why should homeopaths who are aware of so harmless a safeguard, resort to one of uncertain efficacy and which is positively dangerous to health?

The writer has for years refused to vaccinate. The inoculation with a potency of variolinum has been sufficient to allow of signing the school board certificates, and as a preventive malandrinum internally has been relied upon. During an attendance upon the only case in this part of the city within the past dozen years that remedy was used solely as a prophylactic and without failure.

In view of the actual dangers of vaccination: of its possible inefficiency considering the probable power of malandrinum and bearing in mind the wrong which is done to the people we are bound to protect (vaccination being practically compulsory) it is high time to give this desirable substitute a hearing.

There are those who argue in favor of vaccination because it is approved by many leading men in the profession, and to these the axiom given at the beginning of this paper is recalled, and may be supplemented by another. At a public meeting in Philadelphia during the discussion of a different subject, an address was made by Dr. Albert Leffingwell of Boston, in which he referred to the many adherents to evil customs in the times past by worthy men; notably the reform in the child-labor in the coal mines of Great Britain, during the agitation of which humane movement such otherwise good men as Richard Cobden and John Bright could not be made to see that there was anything demanding parliamentary interference. Gladstone had opposed the ten hour bill for women; many intelligent and pious Americans had defended slavery, etc.

Variola is not the *only* dread disease: it is not even the worst: not the most fatal. If it can be prevented by an inoculation with its own virus so can others, so may all. Why select this when it is not prevalent? It is apparent that inoculation against all ailments cannot be wise. It is a violation of the constitution of the United States (which protects bodily mutilation) to require this.

There may be some who are unfamiliar with the nature of malandrinum, and to these the following information is offered. In the disease of horses known among veterinarians as Grease there appears a discharge which when conveyed to the udder of cows by careless milkers produces an eruption almost identical with the pustules of variola. This was erroneously called Malanders (from a closely related dry disease), and from it has come to us the name given to the morbid product under consideration, which when potentized becomes, homeopathically, a preventive of the similar disease. Not, like vaccination, an isopathic preventive of the same malady. This remedy should be given internally, probably once a day for a week. It may be produced from any of the homeopathic pharmacies.

A copy of this article will be sent to the leading homeopathic journals, and the reader is requested to return an answer to the following questions at the earliest convenient moment so that a compilation may be made of the honest opinion of all who are sufficiently interested in the welfare of humanity to care to bother this little about it. Do not repeat the questions but give the *number* with the answer. Full credit will be given to all thus communicating, and the result will not be published unless a desirable number of responses are received. If you can reply to these questions please do so *at once*, giving name and address plainly; if not, cut this out, procure the preparation, and report as soon as convinced:

1. Waiving the question of its efficacy, do you believe vaccination to be unsanitary?
2. Have you ever prescribed Malandrinum as a preventive?

3. Have those to whom you have given it been subjected to a possible contagion with variola?
 4. Have you met with any failures?
 5. Have you used it for all ill effects of vaccination?
 6. With what result?
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New Publications.

Mental Diseases and Their Modern Treatment, by Dr. Selden H. Talcott, Medical Superintendent of the Middletown State Homeopathic Hospital, ex-President of the American Institute of Homeopathy, etc., etc. New York: Boericke & Runyon Co. Pp. 300. Cloth, \$2.50.

No man in our school of practice has done so much to demonstrate the superiority of similia in the treatment of the insane as the author, and a work from his pen will be hailed with pleasure, for it will be practical and helpful. The simple announcement should secure a large sale. It contains, at the outset, a brief account of the normal conditions of the brain and mind, and it also describes those subtle and abhorrent forces which tend to sweep the human mind from its natural moorings. It likewise gives the history and classification of insanity, and the method of commitment to hospital for the insane in the State of New York. It describes the various forms of insanity, and the means and measures which have been successfully employed at Middletown for more than a quarter of a century in the amelioration of the condition of the insane. The medical treatment is clearly and plainly homeopathic. A section is devoted to hospital construction. This work, though modest in size, will contain an account of those remedial measures which have proved most successful in Dr. Talcott's long experience in the care and cure of those suffering with mental disorders.

Lachesis.

I. DENVER, M. D., CLINTON, N. Y.

The clinic which we will here introduce was a peculiar one. All cases of sickness are more or less peculiar, and the more marked they are in their strange or leading symptoms, the more they point to the remedy, which we should select in strict accord with the law of similars. Neither are the leading or characteristic symptoms which appear in the case all that the homeopathic physician should take into consideration, but he must also be governed by the potency and repetition of the dose, if he would hope for the greatest success as a prescriber. The above statement of facts is not denied by any Hahnemannian, therefore this case has not been presented for the purpose of elucidating any principle in Homeopathics with which you are not perfectly familiar, but as evidence going to establish the claim, which we as homeopathic physicians make for the single, similar, high potency remedy in violent cases of sickness. I know there are those who will say that one case does not prove any thing, but in anticipation of such denial of fact, we have thought it best to introduce two cases that "by the mouth of two or more witnesses every word shall be established."

ULCER: *Lachesis*. The first case is that of a patient sixty-nine years old, an allopathic druggist by occupation, of nervous, sanguine temperament. March 6th I was first called to see him and found him with a temp. of 104. pulse 130. His wife told me he came from his business place with a chill. I soon learned the history of the case, which was as follows: For ten years he had been suffering with a sore toe, the small toe on the left foot. There was a deep ulcer fully as large as a silver dollar on the heel which was blue. The sole of the foot was highly inflamed and tender to touch, foot swollen and blue, ulcer blue. The pain streaked up to the inguinal glands, which were swollen; he complained of being stiff all over, and full of sharp pain; his tongue was stiff, but he talked all the time; thought he was laboring under the effects of blood poisoning. I thought so too, and

do to this day. I gave him one dose of Lachesis cm. [Fincke] followed by placebo, a dose to be taken every hour through the night.

The next morning I found him greatly relieved. His wife told me that he had perspired to such an extent that she had been forced to strip him to the buff and even change the bed clothes. The color of the bed clothes was changed yellow by the perspiration from his body. I continued placebo and at this time he expresses himself as well; the ulcer healed for the first time since it first appeared ten years or more since.

DECUBITUS: *Lachesis*. The other case was that of an old man, eighty-four, who fractured the neck of the femur last December. Through poor nursing and general neglect he was allowed to become bed-ridden. He had a number of large, deep, blue or black bed sores on his back, also one on his right foot between the heel and external malleolus; the foot was much swollen, presenting a blue mottled appearance. I prescribed Lachesis 200 followed by placebo, which caused a copious flow of urine followed with healing of the sores and an improved condition of the general health.

Christian Science Shown Up. Bishop Fallows, of Chicago, strikes a weak spot in Christian Science when he tells its adherents that if it is reasonable to start a new religious system because they have been cured at some time by the operation of a mental law, almost universal in application then those who have been cured by other means have just as good a right to establish medico-religious cults. He intimates that there might be Christian Liver Pillists, Christian Sarsaparillists, Christian Celery Compoundists, and Christian Cholera Mixtures.

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

An Object Lesson is furnished the homeopath by the editor of the *Medical Brief*, and one we should seriously consider. Is this picture one for which any honest man or woman would desire to forsake his law of cure and adopt a modern fad of empiricism?

A CHANGE FOR THE WORSE.

The last twenty years has witnessed a change for the worse in professional ideals and practices. This is especially noticeable in our great metropolitan centers. A large number of modern city physicians—not a majority, we are glad to say—have progressed backward. This is particularly true of the pompous, self-satisfied, “dignity” physicians.

The old ideal of practice was to study the causes of disease, and find remedies which would *remove* them. The physician of an earlier day felt a sense of human brotherhood, of professional responsibility, which moved him to do his utmost to relieve his patients. The professional conscience was quick. Honor, duty, common-sense actuated the physician in all his relations to his patients, and kept him from straying after false gods. He studied the significance of disease expressions, he pored over his *materia medica*. Each case was a pathological problem to be worked out, and the right solution found. The doctor never spared his gray matter—and he cured his patients. He was not only a professional Providence to them; he became their beloved guide, philosopher and friend.

Now the curse of indifferentism has fallen on the average city doctor. He listens to the teachings of pessimists and learned ignoramuses, who harp on the uselessness of everything, because of their own inexperience and want of practical knowledge. He becomes authority-ridden, and adopts all the fads as they come along. [The germ theory and practice, anti-toxin, etc. ED.] Naturally he has no heart in his work. All he does is aimless. His patients are troublesome beings who must be quieted in some way.

He does not know what to do, why he should do it, or how to go to work to find out. So he gives a hypodermic of morphia to lull the pain, or prescribes trional, sulphonal, etc., to dull consciousness and put them to sleep. This practice, with slight variations, until he has exhausted

the list of German synthetic depressants, is kept up for weeks, sometimes months, until finally the patient's vitality proves superior to any amount of sophistication; or if neurotic, as many of them are, the patient becomes a confirmed drug habitue.

A number of these physicians are, themselves, bond slaves to drugs of this class. Do you realize what this means? Life robbed of its promise, a nature blighted before its fruition, moral decay, weakened will, impaired judgment, a sense of hopelessness, helplessness, remorse. Drug-taking physicians are a constant menace to their patients from the confusion of faculties under which they labor.

Can we not bestir ourselves and throw off the cloud of superstition, pessimism, and degradation in which continental Europe has involved Anglo-Saxon ideals and practices of medicine. Let us return to first principles. Let us restudy *materia medica*, particularly plants indigenous to America. Let us review our anatomy and physiology to quicken our observation and understanding of disease expressions.

The best read allopathic physician in Germany made this discovery more than a hundred years ago, and published a similar, yet more severe denouncement of empiric practice in *Hufeland's Journal*, the leading magazine in Europe. He abandoned the profession in disgust and returned to the translation of books for a living, for "he did not know what to do, why he should do it, or how to go to work to find out." Accidentally he discovered a law of cure, practically as universal as the law of gravity, in its applicability to the selection of the remedy. Guided by this law he founded a *materia medica* based on the proving of remedies on the healthy man and woman, not on the lower animals. This man was Hahnemann; the discovery homeopathy.

Here is law instead of empiricism, light instead of darkness, no need of drugs or drugging and never a drug habitue. Why not investigate it? The health and life of the sick depends on it. Try it and publish the failures to the world.

The Illinois State Society had a very successful meeting so far as numbers and respectability go. The ante-room exhibit of books, foods, instruments, etc., etc., was very creditable. The papers were up to the average and generally up-to-date, but, like the session of 1900, the homeopathic

element, in some papers and discussions in a vigorous and active homeopathic society, was conspicuous for its absence. Last year it was the advocacy of antitoxin in diphtheria; this year it was large doses of tincture of *peratrum virida* in pneumonia. The same principle, though not the same disease. Recently at Milan twenty patients suffering from diphtheria were treated with serum, developed tetanus and died, victims of the latest allopathic fad, the latest "scientific discovery." Now the Milan Institute is closed, all serum in the market called in and its use prohibited throughout Italy. But the order comes too late; the deed has been done. Perhaps next year we shall hear of the weak heart and fibrous phthisis so apt to follow in the wake of suppressed pneumonia. If we sow the wind we will reap the cyclone.

The Medical World (Philadelphia) for April publishes a timely editorial on "The Physician's Hands," with a special rap on the finger-tips of the country doctor. The editorial cites the objection once made by a lady to employing a certain competent and gentlemanly physician: "He may be a good doctor, but his finger nails are indescribably filthy, and I could not bear the thought of what that filth might be." Our contem. might next take up the cow boy habit of some physicians of carrying the comb, toothbrush and other toilet articles in the watch pocket, and the handkerchief in the hip pocket.

The Homeopathic World makes some of the finest and nicest distinctions in synonyms on record. Quoting the *Artists' Manuel of Pigments*, it says: "Gray is a term used for a mixture of white and blue; grey refers, among color-scientists, to a mixture made by white and black." This makes a grey-hound a gray-hound, and gray-stone grey-stone. *Homoiousan* and *Homoousan* remain as of yore; and friend and fiend come within one of being synonymous notwithstanding.

Our Readers are requested to contribute helpful hints of all kinds that may assist in making practitioners more effi-

cient or patients more comfortable. Experience and inventive genius have developed many a contrivance or *modus operandi* not generally known and often considered too trifling to be set down in text books. Still it is just such tricks that often make a hit with patients and help the physician out in many a perplexing situation. Raué says that he is the greatest artist who accomplishes most by the simplest means. It is the simple things that are oftenest overlooked or forgotten.

Dr. James Compton Burnett. We are indebted to the *Homeopathic World* for the personal history of the best known homeopathic physician in Europe, and with it we mourn the loss of an earnest, original thinker, one of our ablest and most progressive men.

The death of Dr. James Compton Burnett, of London, England, while alone at his hotel on the night of April 1, 1901, probably from angina pectoris, compels the whole homeopathic world to pause and reflect on the many lessons of his great and useful career. The necessary limitations of time and space forbid more than mention of a few of the immortal deeds and works of England's foremost writer and practitioner in the Homeopathic field. He was in his sixty-first year. Possessed of those rare gifts of mind and disposition that would have made him prominent in any line of effort in any country, Dr. Burnett chanced to have the best possible training and experience for the making of a scientific and enthusiastic leader in homeopathic therapeutics. Armed with a knowledge of all that traditional medicine had to impart—but not handicapped thereby—he was prepared to appreciate more keenly than those born in the faith all the beauties and excellencies of the Hahnemannian system. His conversion was a growth, and when ripe after years of practice *secundum artem* of the ancient regime, the death of a waif led him to the truth, even as the fall of an apple opened the eyes of Newton to a great law in physics. Once launched on the clear waters of *materia medica pura* he made rapid progress, as evinced by his twenty-four brochures, his many contributions to the journals and his immense

practice. His writings cover a wide range of investigation, deal with the most difficult problems of therapy, and while they prove him to have been a sensible conservative, they demonstrate the more convincingly that Hahnemann was right. Although conservative he was liberal enough to accept gladly demonstrations, the rationale of which at the time might be a little obscure. Thus while he was not always agreed with the master in theories, he admitted the results obtained from the use of all potencies and became a common sense extremist, magnanimously including both extremes in potencies while adhering rigidly to the law of similars and the single remedy in the administration of them. His literary style was characteristic of the man fascinating, earnest and sincere.

Dr. George McDermott died May 19th at his home, 3435 Highland place, Avondale, Cincinnati, of Bright's disease. On May 21, two years ago. his first attack came, followed by paralysis. This so weakened him that the collapse came last October. Since then he was unable to leave his room.

Dr. McDermott was born near London, Ont., July 29, 1848. He studied at the Cleveland Homeopathic College, graduating in 1868. He began practice in Warren, Pa., where he married Miss Clara Waters August 14, 1872. Later he took a course in the Ophthalmic College, New York. Graduating, he began special practice in Milwaukee.

In 1880 he removed to Cincinnati. For fifteen years he filled the chair of ophthalmology in Pulte College. He had an enviable record in the fact that nine pupils receiving a thorough preparation under his guidance have been awarded gold medals for their proficiency at the Ophthalmic Institute, New York.

Dr. McDermott was an active member of the Institute and many medical societies. He was, also, a Scottish Rite Mason. He leaves a widow and two daughters—Miss Georgia McDermott and Mrs. Raymond VanCamp, of Indianapolis. The remains were taken to Warren, Pa.

News Items.

Dr. Nils Bergman is now in Joliet, Ill.

Dr. E. T. Balch has removed to Santa Barbara, Cal.

Dr. H. P. Holmes, Omaha, has removed to 506 Bee Building.

Dr. Helen M. Buchanan announces removal to 441 E. 64th St., Chicago.

Drs. J. B. S. King, E. A. Taylor and G. L. Barber have removed to 905 Marshall Field Building.

Dr. J. A. Kirkpatrick's residence is at 399 E. 46th St., and office at 43rd and Cottage Grove Ave.

Dr. A. M. Linn of Des Moines has been appointed a member of the Iowa State Board of Health.

Dr. A. P. Hanchett, Council Bluffs, has an ideal office in his new home, an evidence of a successful doctor.

Miss Bergoth (Hering 1904) says that the Sophomores began "to cut up" the moment they began to dissect. Was this a proving?

Dr. J. B. Gregg Custis of Washington succeeds the late **Dr. H. M. Smith** as secretary and treasurer of the Hahne-mann Monument Committee.

Dr. B. A. Cottlow deserves special credit. He has become a benedict and taken an office and residence at 4707 Evans Ave. Congratulations.

Dr. Frank C. Titzel has purchased a residence and office at 6412 Kimbark Ave., formerly occupied by **Dr. Barrows** who removes to Oberlin, Ohio.

The Home Sanitarium at 5735 Indiana avenue is a new institution for medical and surgical cases where the best of care and attention will be given.

Mr. Anson R. Flower recently paid \$23,500 for the property adjoining the New York Homeopathic College and

donated it to the College. It is now used as a dormitory and dispensary.

The Critique for April devotes a whole page to what it calls "Dunham's Good Fortune." Professor Kent will find the simillimum for the melancholy induced by such reports in *Overum metallicum* one millionth.

The Medical Advance excursion to Richfield Springs and return, with a ten days lay over at Buffalo Exposition, is an assured success. See the Publisher's page for particulars, and write early for reserved seats.

Dr. Kraft of Cleveland has arranged for a party of ladies and gentlemen for a fifty days' summer tour of Europe. These annual excursions with the genial editor of the *American Homeopathist* are becoming deservedly popular. The expense is moderate and the tourist has the advantage of an experienced linguist and a companion who has seen the sights and can avoid the traps laid for the unwary.

The Open Door. Through the columns of that most liberal and progressive of old-school journals, the *Philadelphia Medical World*, Dr. G. F. Thornhill, of Paris, Texas, is arousing interest among the regulars in "the better way" of treating la grippe and pneumonia. In response to a communication published in that journal on the subject, half a dozen seekers after light have sent for "Allen's Keynotes" and other literature to aid them in prescribing for their cases.

Mr. James Walsh has an opinion of his own on the value of statistics in diphtheria and perhaps of vaccination also. He writes: "Those statistics on anti-toxin treatment of diphtheria published in the February *ADVANCE* reminds me of a very pithy aphorism I ran across recently, viz.: There are three kinds of lies, ordinary, extraordinary and "statistics." However, they were from the great allopathic authority on Pediatrics in New York and fresh from the press.

DR. ANNA E. KILMER,
House Physician.

Telephone Wentworth 780

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Hours: 2 to 4 p. m.

PUBLISHER'S PAGES.

Richfield Springs.

Those planning to attend the American Institute of Homoeopathy at Richfield Springs have indeed a rare treat in store for them. THE MEDICAL ADVANCE has made arrangements for a special party of physicians, and their relatives and friends, and a delightful time is anticipated. To those who have worked hard, and been harrassed with cares the past year, this trip will be refreshing, for we have all learned, that it does not pay in the long run to confine ourselves exclusively to our daily routine of work year in and year out. All work and no play makes Jack a dull boy, you know. So for this reason alone even if there were no other, many of our friends are looking forward with pleasure at the thought of the rest, the meeting again of old friends and acquaintances, the kindly word and handshake of fellow workers. the new thoughts and ideas gained and absorbed for the coming year's work, to say nothing of the beautiful trip over the best, the cleanest, and the only railway running into Richfield Springs.

Richfield Springs is 317 miles east of Buffalo. Its elevation is 1,750 feet above the sea. Its altitude and peculiar location among the high hills of northern New York make it a delightfully cool spot. About it are clustered many points of interest. It is the region of Fenimore Cooper. Only a few miles below is Lake Otsego, on the shore of which Cooper lived and died, and which was the scene of his best novels. This lake was the "Glimmerglass of Deerslayer." The drive from Richfield Springs about this lake is one of the most beautiful in the world.

The pivot about which everything revolves of course, are the sulphur springs and the bath houses. There are pulverization, inhalation, douche, vapor and massage rooms, Turkish and Russian baths, sun baths, electric baths, and a large swimming-pool of sulphur water. The waters rank among the most-powerful in the world.

MEDICAL ADVANCE PARTY.

The Delaware, Lackawanna & Western railway in connection with the Nickel Plate Road will carry our party from Chicago direct to Richfield Springs without change.

The roadbed of the Lackawanna Railroad is conceded by experts to be the finest in America, bar none. It is also the cleanest road, its track being ballasted with rock. There is absolutely no smoke from its locomotives. These all burn anthracite coal—the company owning the mines from which it is taken. The Lackawanna Railroad is double tracked every inch of the way between New York and Buffalo.

The Nickel Plate's fine express trains now arrive at and depart from the Union Passenger station at Van Buren St. & Pacific Avenue—the only railway passenger station on the Elevated Loop. The Van Buren Street Passenger Station has long been regarded as the most convenient for passengers, being located in the center of the business district, adjoining Chicago's famous Board of Trade Buildings, as well as being within a few blocks of the principal hotels.

A stop over of ten days on return trip can be secured at Buffalo by depositing your ticket and \$1.00 with joint agent at Buffalo.

Having seen the Pan-American Exposition, it is probable, if you have come from the West, that you will desire, owing to the low rate from Richfield Springs to New York and return, to visit New York for at least a day or so before returning home. Those wishing to extend their vacation to New York will have the benefit of the finest trains that money can buy, which have been placed on the day runs of the Delaware, Lackawanna & Western to and from New York. These trains have observation cars, luxurious parlor cars, elegant dining cars and coaches that are as comfortable and commodious as ordinary palace cars.

One of the most beautiful, safest and convenient hotels in Buffalo is the Park Hotel, situated at the Delaware avenue entrance to the Exposition grounds—a most delightful place selected for the MEDICAL ADVANCE party to congregate while visiting the Exposition before separating, some to go

home to begin the work with new spirit and energy, and others fortunate enough to continue their vacation farther east. Full information regarding the Park Hotel will be found on another page.

Pan-American Exposition.

Those of the MEDICAL ADVANCE party wishing to also attend the International Hahnemanian Association at Niagara Falls, June 25th, lasting three days, can do so with but very little expense, as the ten days stop-over at Buffalo on return trip from Richfield Springs will give ample time and opportunity to run over to Niagara Falls by electric cars, or only thirty or forty minutes ride by steam cars. Many are planning to attend this meeting in conjunction with the American Institute at Richfield Springs, and the Exposition at Buffalo. Never before has there been such an opportunity to kill so many birds with one stone.

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Homeopathy and Allopathy Compared by a Layman.

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It is my purpose by facts and statistics to contrast the methods of the two systems of medicine and compare their results and I invoke the candid consideration of every honest reader. A system may be ever so beautiful in theory and apparently logical in its deductions, but if it does not in practice justify its high claims it can not and will not stand but if when put to the test it demonstrates its superiority the system will be more attractive and the irresistible logic of facts will command the assent. Fortunately for Homeopathy in every fair trial its success has been enough to justify the highest expectation and inspire the greatest confidence. As compared with the old school or allopathic system, its records in the sick chamber, in hospitals and asylums, when given on reliable authority, have always been most decidedly in its favor, and the unjustifiable attacks of the system have uniformly come from those who have either never made an investigation of its merits or are incapable of so doing.

A minister approached a man in a revival meeting and besought him to accept Christ as his savior, but he stubbornly and with great pretense of biblical knowledge refused, saying "I don't take any stock in your Christianity, nor do I believe your Bible." The minister asked him to name

some particular portion of the Bible which he disbelieved and he said "I don't believe that story that Noah's Ark was hauled for forty years in the wilderness with a pair of cows."

One of the oldest, ablest and most honored men of the old school of practitioners in Chicago and a medical author as well was forced some years ago to say: "Homeopathy is making its most rapid growth in the best portions and among the most intelligent classes of our City."

The homeopathic practice of giving medicine which acts like the disease for which it is given, is distinctly opposite to that of the allopathic practice of giving medicine unlike the disease. Then there is no middle ground on which the two systems can meet, for one is the opposite of the other. Both cannot be right, one must be wrong. It is the height of absurdity for a physician to claim to practice both.

The old school men hold to the belief that disease is a material something, existing for the time in the body, at present called the "germ theory."

It is truly interesting and amusing to see how the whole allopathic world has been crazed over this notion that all diseases must originate from some little insects which enter the body and derange its functions.

On the other hand, the homeopathic or new school of medicine, holds that disease originates with a disturbance of the equilibrium of the vital powers of the body, and it takes the sensible view which must commend itself to thoughtful men, that the so-called germs are the result of disease, and not the cause, for always when discovered, the disease has preceded the discovery. On these two theories the two kinds of treatment are respectively based. The *old school* seeks to drive disease from the body by the physiological action of crude drugs; in other words, tries to kill and expel the germs. Unfortunately it is too often the patient who is killed; for any one acquainted with the extreme difficulty of administering a drug strong enough to kill and expel from the body an insect life, must look upon such a theory as fraught with hazardous risks. The *new school* regulates vital action and normal health is the result. Results must

either be satisfactory or unsatisfactory, and certainly if in one system we find physicians and patients alike satisfied, and in the other system a spirit of discontent and distrust, it is but reasonable to conclude there must be some ground for this difference.

From the time Samuel Hahnemann proclaimed Homeopathy as the natural law of medicine, nearly a century ago, the results of the practice have been satisfactory, alike to physicians and patients. No other system of medicine can boast such firm and increasing hosts of adherents or enthusiastic friends. On the other hand, since the time the earlier fancies of the old school sought to draw disease from the body by those barbarous practices of bleeding, sweating, purging, blistering and otherwise torturing and depleting the sick, down to the present time when it is believed strong medicine must be given to destroy the imaginary germs of disease, there has been discontent everywhere, both among physicians and patients. In my profession we hold that "it is better that ninety-nine guilty men escape than one innocent man suffer." Why punish an innocent organ in order to purge, placate, punish or *cure* an offending one. Why blister my skin because my lung or liver refuses to act? Why draw the blood from my heart because my head aches, as was the allopathic practice until driven from it by the teaching of Hahnemann? If that ancient relic of savagery was right then it is now. We need only cite a few cases to illustrate the prevailing spirit of the age among the old school physicians.

Dr. Sir Benj. Brodie says: "The leaders of medicine are skeptical of the curative influence of drugs in disease."

Prof. Geo. Johnson says: "Most of those diseases which are curable by any means are curable by the unaided powers of nature."

An editorial in the *Medico Chirurgical Review* makes the statement: "That there would be less sickness if there were not a single physician or apothecary in the world."

Dr. Holmes said: "If all medicine could be thrown into

the sea, it would be better for mankind and worse for the fishes."

Dr. Bostick admits that: "So far as the practice of medicine is concerned, the benefit is rather in anticipation than in existence."

The celebrated Dr. Rush of Philadelphia declares to his medical brethren: "We have done little more than to multiply diseases and increase their fatality."

In an address made before one of the New York medical societies a distinguished allopath said: "It is a fact, we physicians kill more than we cure."

Another authority in commenting on the blunders and experiments of the young physician, said: "It costs about twenty lives to make one physician."

Where such a spirit of uncertainty and distrust exists there must be ground for alarm on the part of the people who become the victims of this unscientific guess work, for medicine as taught by the old school should not be called a science. If the two systems are to be judged by the manner in which the medical treatment of any given case is determined, we find the homeopath has rules by which the remedy can be selected with great certainty, while the allopath has to depend upon speculative opinion for his selection. Is it not plain under such circumstances which system should have the preference? It was the lack of law and order in the old school of medicine that led the learned and eminent Samuel Hahnemann to retire from its practice, and denounce its theories as unscientific and unreliable.

The law of cure discovered by the founder of Homeopathy, like statute law, is subject to the interpretation of men according to their ability, judgment and honesty. As in other professions, there is ample room for men who have an adaptation in a high degree to prosecute them, so in this some must surpass others in those distinguished qualities which render men eminent. Still, while in the old school there is so much uncertainty, yet in Homeopathy its law of cure is so plain and simple that a patient can get from the

average practitioner a decision as to the outcome of his case on which he can rely with much certainty.

The allopath is placed to a great disadvantage in studying his case, for as soon as he administers medicine the symptoms of disease and drug action become complicated, so it becomes impossible to tell just the state of the disease, or the action of the drug.

In Homeopathy there is no drug disease or direct chemical action produced, so the physician is enabled to watch the action of his remedies and the progress of the disease, if towards recovery he is satisfied; but if he has mistaken his remedy he can detect it at once and change, having the satisfaction he has done no harm. Contrast the two sayings of the different schools of medicine, and take your choice; that of the old school, "Kill or cure," and that of the new school, "Help but not harm."

The old style of treatment by trying to renovate the body with strong drugs which act with violence is in strong contrast with the new method, which acts quickly but mildly on the sensitive patient. The practice of giving a number of strong drugs in combination, the effects of which upon healthy subjects are unknown, directed against the name of the disease, and that too when different physicians differ so widely about the name, is in striking contrast with the new school, which carefully ascertains from the patient his feelings and then looks for every manifest symptom until he can see in them a perfect picture of the remedy he should give. This he gives regardless of the name, for the same symptoms always call for the same remedy, no matter what disease they are present in.

That diseases are sometimes arrested by the old school treatment is often seen by reappearance after the drug disease which it substituted has subsided. That it never cures can be seen from the sick feeling which attends the subject from drug action, until the original disease reappears in the same or a modified form. It is but fair to conclude that a patient in order to recover under allopathic treatment must have vitality enough to overcome the disease unaided and

also the drug diseases. We say, give the patient a fair chance and keep your drugs out of him, and he will do much better than with them. If any fair minded reader will examine the records or provings of some of the drugs in daily use in large doses by the old school, and observe the effects produced on the minds and bodies of the healthy men and women who performed such noble work in behalf of Homeopathy, some idea of the danger of taking large doses of drugs when weakened and made sensitive by disease will be formed. Nor will he wonder at the fearful increase of insanity in the land. The fact that some lost their lives in consequence of the violent effects certain drugs produced upon them in the work of proving (to enable themselves and others to give medicine in safe preparations by a fixed law), should be known, not only to show their devotion to a good cause, but to deter the sick from taking crude drugs from any one, and more especially from those who have not learned their effects upon the healthy—a knowledge possessed only by homeopaths. I have in mind a most beautiful young woman who became addicted to the morphine habit, and subsequently went into a life of shame from the effect of drugs administered to her while sick by an allopathic physician of unusual prominence in his profession.

The homeopathic mode of preparing medicine makes all remedies harmless, whether mineral or vegetable. Robbed of all poisonous or injurious effects, arsenic, mercury and other valuable remedies of the mineral kingdom, as well as aconite, belladonna, opium, quinine and other vegetable medicines, are all made by the homeopathic process of potentizing perfectly safe. This is an important consideration when we know that life can often be saved by families having some knowledge of important remedies, which, as in Homeopathy can be given with safety before a physician could be called, whereas in Allopathy none of the crude drugs can be given with safety under such circumstances.

It is not enough to divide the doses of drugs in the ordinary way by grains, drops, etc. The process devised by the founder of Homeopathy is essential, not only for safety,

but for the general welfare of the sick. Medicines thus prepared are mild, though effective in all cases, and harmless even to the child of tender years. None of the scenes attendant on the old school method of forcing nauseating drugs down frightened children are found in the sick chamber of the homeopathist.

There are cases where the homeopathist must employ crude drugs to secure mechanical or chemical action, as for instance where poisonous doses have already been taken, etc.; but it rarely occurs that any demand exists for a departure from the rule of using potentized remedies.

It is often said: "That in all else except therapeutics (the rules for giving medicine) "the two schools do not differ." But what a wide gulf is here! Under treatment of the new school every phase of vital force is aided and in no case obstructed or overpowered; while under the old school practice, if the vital power is sufficient to endure both the drug action and the disease the patient survives, but if the vitality is low the scale turns the wrong way and death ensues.

Allopathy owes very much to the druggists who derive a support largely from that system, while Homeopathy has little use for drug stores, so it is not hard to guess which class of physicians will be aided by these dealers.

From the foregoing the reader must reasonably think that some fair tests of the two systems have been made, which should be submitted, furnishing an array of incontestable facts. Fortunately Homeopathy has an abundance of proof. While Homeopathy has been willing to compare its results with Allopathy in ordinary practice, the latter has avoided all such comparisons, and when the success of the former has been too plain to be misunderstood, every possible effort has been made to suppress it. This accounts for the fact that little proof can be produced from this source. In fact, the common reader can hardly understand the extent to which the old school practice seeks to cover up the results of its treatment. But the public records of epidemics and of asylums, hospitals, penitentiaries, etc., are open to examin-

ation, forming the best possible evidence of the comparative merit of the two systems. I give some of the earlier statistics not so easily attainable by the reader as the more recent. From an Allopathic source (Dr. Routh), we have the following table:

FIRST COLUMN, HOMEOPATHIC TREATMENT; SECOND COLUMN, ALLOPATHIC TREATMENT.

	Deaths, per cent.	Deaths, per cent.
Pneumonia.....	5.7	24
Pleurisy.....	3.	13
Peritonitis.....	4.	13
Dysentery.....	3.	22
All diseases.....	4.4	10.5

Careful statistics were preserved of the cholera which raged in Vienna in 1836. Under Homeopathy the mortality was 33 per cent; under Allopathy 66 per cent; the one losing one-third and the other two-thirds.

Edinburgh was visited with cholera in 1849. Cases reported, 817; deaths, 546. Nearly half (336) were treated homeopathically and only 57 died, the rate of mortality under this treatment being only 25 per cent. The general mortality was 66 per cent.

During the same year in Liverpool, the mortality in cholera under Homeopathy was only 25 per cent, while the general mortality was 46 per cent.

Such facts could be furnished in great abundance, but space will not permit a further number in this article.

Dr. Routh (allopath) set about a careful examination of Homeopathy in order to expose it. His work is entitled "Fallacies of Homeopathy." After exhaustive researches he recorded as the result the following: "Wherever statistics are *honestly* quoted, even by its opponents, they tell in favor of Homeopathy."

In a carefully prepared statement, furnished by Prof. Henderson, of inflammation of the lungs, the mortality under Allopathy was 21 per cent and under Homeopathy 8 per

cent. Allopathy loses in pleurisy 12 to 16 per cent, while Homeopathy loses 2 per cent.

In England the Government kept and published the mortality in cholera in 1854. This is the result:

With or without collapse:

Allopathic treatment.....Deaths, 45. per cent.
Homeopathic treatment..... " 17. " "

In cases with collapse:

Allopathic treatment.....Deaths, 69. per cent.
Homeopathic treatment..... " 30. " "

Thus the percentage of deaths was not half as large under homeopathic as allopathic treatment.

The following tables from the MEDICAL ADVANCE, January, 1890, carry their own argument:

OLD SCHOOL ASYLUMS IN NEW YORK FOR SIX YEARS.

Year.	Whole No. treated.	No. of deaths.	Per. cent. No. treated.	No. dis-charged.	No. dis-charged recover'd	Per cent. re-covered on No. dischar'd.
1883	2017	131	6.49	776	240	30.92
1884	2187	148	6.76	872	242	27.75
1885	2251	117	5.19	922	247	26.78
1886	2364	122	5.16	964	217	22.51
1887	2367	152	6.42	1014	283	27.91
1888	2371	144	6.07	919	260	28.29
Totals.	13557	814	6.00	5467	1489	27.23

MIDDLETOWN HOMEOPATHIC ASYLUM SIX YEARS.

Year.	Whole No. treated.	No. of deaths.	Percent. No. treated.	No dis-charged	No. dis-charged recover'd	Per cent. re-covered on No. dischar'd
1883	410	18	4.39	150	69	46.00
1884	423	21	4.96	141	68	48.22
1885	486	27	5.55	131	66	50.38
1886	568	17	2.99	157	80	50.95
1887	642	22	3.42	187	96	51.33
1888	672	36	5.35	213	100	46.92
Totals.	3201	141	4.40	979	479	48.92

COMPILED AVERAGES FOR SIX YEARS.

Buffalo, Utica and Poughkeepsie, (allopathic.)

Percentage of deaths on the whole number treated 6.00

Percentage of recoveries on number discharged..... 27.33

Middletown Asylum (homeopathic).

Percentage of deaths on whole number treated..... 4.40

Percentage of recoveries on number discharged..... 48.92

During the past year results have been still more encouraging, and we give the following table showing number of patients treated at State Homeopathic Asylum at Middletown, N. Y., and results attained for year ending Sept. 30, 1889:

	Males.	Females.	Total.
Number in asylum Sept. 30, 1888.....	229	230	459
Number admitted during the year ending Sept. 30, 1889.....	146	104	250
Whole number treated during the year ending Sept. 30, 1889.....	375	334	709
Number of deaths during the year ending Sept. 30, 1889.....	14	1	15
Death rate on number treated.....			2.11
Whole number discharged.....	101	94	195
Discharged recovered.....	42	59	101
Discharged improved.....	20	8	28
Discharged unimproved.....	23	26	49
Discharged dead.....	14	1	15
Discharged eloped.....	2	0	2
Rate of recoveries on number discharged.....			51.79

The authorities of the Michigan state prison, in October, 1859, took the lead of all similar institutions in the United States, and adopted homeopathic treatment in the prison hospital. In the *annual prison reports* of three years under allopathic treatment and three under homeopathic treatment we have the following results:

	Ave. No. convicts per ann.	Total No. deaths.	Tot. No. days labor lost.	Total cost hosp. stores.
Under allopathic treatment in 1857, 1858 and 1859.....	435	39	23,000	\$1,678
Under homeopathic treatment in 1860, 1861 and 1862.	545	20	10,000	\$500

From a later report published in the *Peoples' Health Journal*, Jan. 15, 1870, we have this statement:

Under allopathic treat- ment in 1870 and 1871...	} Days labor lost by sickness 24,000 } Cost of hospital stores . . . \$1,800
Under homeopathic treatment in 1873 and '74	
	Days labor lost by sickness 11,000 Cost of hospital stores . . . \$900

Dr. H. S. Everett, county physician of Arapahoe county, Col., gives some valuable figures in his comparison of the year of his service under homeopathic management, and the year previous under allopathic control.

IN THE DENVER ALMSHOUSE, JAIL AND COUNTY HOSPITAL,

	Allopathy.	Homeopathy.
Number on hand at beginning of year.....	49	82
Number admitted.....	711	926
Number discharged.....	597	858
Number born... ..	10	13
Number died.....	91	74
Number remaining... ..	82	89
Average daily attendance.....	67	79.4
Jail and outside patients.....	212	337
Total number treated.....	982	1,358
Expense account:—		
Cost of drugs and surgical supplies, etc.....	\$1,747.27	\$1,000.25
Druggist's salary.....	600.00
Cost of prescriptions.....	316.80
Cost per patient.....	2.72	.73

The report of the Government Inspector of Charities, Melbourne, Australia, speaks in no uncertain terms:

Melbourne Hospital, Allopathic,	Death rate,	14.5
Alfred Hospital,	“ “	13.7
Homeopathic Hospital,	“ “	6.7

The Montreal *Daily Star* of a recent date gives the comparative mortality in a scarlatina epidemic:

Allopathic, 1,046 cases treated, with 222 deaths. Mortality, 21.22.

Homeopathic, 50 cases treated, no deaths.

It seems almost incredible, with the foregoing facts before the public and in the hands of the public servants, that the people should be taxed to support a system of medicine which is such a loss to the public treasury, both in time and

money. In the asylums only two-thirds as many die, and twice as many are discharged well under homeopathic treatment as under allopathic.

In the prisons, under allopathic control, the death rate is twice as large, average loss of time through sickness more than twice as much, and the expenses of treatment more than three times as much as it was when under homeopathic management.

Of course, it is only a question of time when every effort of the old school to suppress the facts, and ostracise and ignore Homeopathy will be swept away by the irresistible force of public opinion. Already it is safe to say, Homeopathy numbers among its adherents a larger proportion of educated and intelligent men and women than any other system of medicine. Its progress has been marvelous. In 1825 it was first introduced into this country, but now its physicians number many thousands, and it has believers in nearly every intelligent home in the land. In 1871, at a meeting of allopathic physicians in Chicago, one of them complained bitterly because that in a certain portion of the city, inhabited by a wealthy and intelligent class, the homeopaths had 75 per cent. of the practice, and in a neighboring ward among the shops and cheap residences they had 50 per cent., while in the neighborhood of the river, among the most ignorant and degraded of the people, the old school had the entire practice.

"Nothing succeeds like success," and the success of Homeopathy has been so marked, and its progress so remarkable, among those most capable of investigating its merits, the intelligent classes, that we must expect a general waking up on this question everywhere. Let the people know the facts until our public institutions are all rescued from the control of the old school, so reckless of human life, and so prodigal of the public funds, and placed on the economic basis of the new system, and until the homes of our land are saved from the terrible influence of the system of drug poisoning which has so long held sway.

But the senseless, unscientific drugging and the almost.

indiscriminate resort to the scalpel is largely responsible for the modern fads and "the dear people" are making comparisons.

It is a notable and indisputable fact that the system of Homeopathy was discovered by investigations and experiments made by allopathic physicians and scholars. That hundreds of old school physicians and scholars have come and are constantly coming into the ranks of the new school of practice, while there is scarcely an instance of the homeopathic physician going over into the allopathic ranks.

In view of all these facts and figures and in view of all that Homeopathy has done for me and mine I say to my readers in the solemn language of Joshua, "choose you this day whom you will serve," but "as for me and my house we are and must ever remain homeopathsists."

Typhoid Fever: Stramonium; Arum Triphyllum.

J. C. WHITE, M. D., PORT CHESTER, N. Y.

This interesting case came under my care during the winter of 1894.

CASE I. *Stramonium.*

A lady, age 45, of a highly nervous temperament, light complexion, dark hair, of average height and slight of frame, a lovely and most beautiful character. This mother of a family had suffered financial losses to severe embarrassment; had undergone a hard season of labor and of severe mental strain. She was then visiting friends about 10 miles from my home, in order to secure her much needed recreation. There was nothing unusual in the initial symptoms, unless it was the absence of symptoms indicating positively any remedy with which I felt familiar.

She had Gels., Bell. and Rhus. in the order mentioned without apparent > of symptoms; when at the beginning of the second week of her illness there was slight delirium. This was not > by Rhus.

Being informed by the nurse that she would awaken

from a semi-slumber with a "start, seemed frightened," she received Hyos. 30 without apparent relief.

The delirium had increased, urine and stool voided unconsciously. I then gave Hyos. 200 and cm. successively for 48 hours, without apparent \succ of symptoms. The friends were then desperately alarmed and proposed sending to the western part of the State for counsel. Considering the desperate condition of the patient (she not having slept an hour during past four days and nights), I concluded that help must be obtained before it could arrive from that distance.

I had seen comparatively little of my patient in my short daily visits. On questioning the nurse more carefully I learned that the patient had been very violent during the night, shrinking from her and striking those who came near. Though the temperature was 104 and pulse 140 I felt that I should be equal to the occasion. I told the friends to please wait until morning for further deliberation about counsel, and assured them that with the dawn of morning there would be the dawn of hope, so certain did I feel of the remedy.

Stram. 200 was given every one-half hour until she seemed more quiet. Then three doses of the cm. were given two hours apart, when our patient slept quietly for three days and three nights successively without further medication. She aroused a little about every third hour, just enough to drink a glass of milk, and then returned to her sleep. In three days she awakened to her surrounding, entirely unconscious of her past condition, but fully conscious of her convalescence. She received no medicine from the time of her last dose of Stram. until two weeks had elapsed! For the simple reason that I did not dare give her medicine. There were no symptoms for which to prescribe. She was eating and sleeping very nicely without pain or discomfort. Why should I give medicine? If one must know *when* to give medicine, the next thing in order should be to know *when not* to give it. I have reason to believe that had I spent more time and observed my patient more carefully, I should sooner have found her need of Stramonium.

CASE II. *Arum triphyllum*.

A child of five years had well marked symptoms of typhoid. Temperature ranging from 101½ to 102 in morning and 103½ to 104 evenings, with usual enteric symptoms. The symptoms were not "clean cut" for any of the usual remedies. I gave Bell., Bry., Rhus., and Ars. in order named as being nearest homeopathic to the case. There was no marked modification or amelioration of his condition. There was no soreness or eruption about the nose, but I noticed that the child was picking at his nose a good deal. I mentioned this to the mother, and she said that he was constantly doing it. I then gave *Arum triph.* 30 every three hours. This was in the morning. The next morning temperature was 100, and in the evening of the same day it was 100. The next morning temperature was normal, and convalescence established in a period of two weeks from the initial symptoms.

CASE III. *Arum triphyllum*. (My most recent case.)

A young lady, age 15, had been sliding and skating on the ice. She complained of severe headache, chilliness and fever, with general soreness and "aching all over," sore throat, cough and general symptoms of la grippe. Bell. and Rhus given successively > her symptoms somewhat, but the fever continued, showing a temperature of 102 in morning and 104 in evening. Epistaxis, diarrhoea and tympanitis developed in due order, making the diagnosis certain.

After attending this case two weeks, suffering much perplexity, anxiety and a "threaten to discharge" from the parents, I sincerely wished that henceforth my cases could be "made to order."

Here was a case from a prescriber's standpoint "too obscure for any remedy" I could bring to bear upon it. Here was a case of anguish of mind and exaggerated mental and physical suffering, conditions which *Aconite* would not relieve!

Restlessness and sleeplessness which neither *Ars.* nor *Rhus* (given high or low), would >; moaning and groaning < by motion, which *Bry.* would not touch.

Choking and gagging—"something in the throat which she could not get up" (somewhat > by expectoration), which Ign., Lach., Lyc. Cina. or Asafoetida would not remove or >.

Thirst was not diagnostic of a remedy; wanted to be covered during highest fever; could not bear to be left alone a moment; pain in back running down left thigh and leg > by rubbing. In my perplexity, I have not been so tempted in years to give an opiate.

After rummaging my books for an hour, I gave Nux 1000—should have given it before, as there was a general > of symptoms; temperature fell 2 degrees on second day and continued to fall until it was normal in the morning. She still had some fever evenings, was restless and "cranky." I felt that I had not yet struck the "key note" to the case. Her throat still bothered her, hawking and trying to expectorate.

"If I could only get it up, Doctor, that is all my trouble." I asked the mother if she ever "picked her nose." (I had not observed that she did.) She said: "Doctor, that is just what she does all the time you are not here." There was no eruption about the nose so diagnostic of Arum triph., yet there was a catarrhal discharge from the whole schneiderian membrane and throat. I gave Arum triph. 30, when the storm passed and there was sunshine in the house. My patient greeted me next morning with a smile, the first since her illness, and convalescence was established. Had I waited for the "excoriated upper lip" I think the patient would have passed into other hands.

I spent nearly three years in the medical department of the army during our civil war. I saw very much of typhoid—all shades and conditions of it, as I recall these conditions. The treatment we gave then (the best we then knew) was opium, quinine and whisky, with the slight variation of turpentine for excessive tympanitis.

How crude it all seems from my present standpoint! Amid those hospital scenes my memory recalls the one, who calling for large draughts of water, was groaning and moaning because he had no Bryonia; others, with visions which

gave them expressions of fear, because they had no Hyos. or Stram.; another, picking and fumbling the bed clothes and stupidly muttering, because he could not get himself "together," just for want of a little Bapt.; a fourth disturbed because the imaginary "other fellow", in his bed was suffering more than himself, and he had no Petr.; a fifth one in silent grief because there was no Ign.; while a sixth was fearfully complaining because the meadow Anemone was not!

This is a sad picture, and it is sadder still when we recall the fact that a very large percentage of those who officiate at the bedside are unable to recognize or to interpret the language of distressed nature in her most intelligible calls for aid! Truly "the harvest is great" and the trained "laborers are few." The many must find their euthanasia in the hypodermic syringe until they cross the border.

In the treatment of typhoid (as in all other acute diseases) my testimony is this: that convalescence is established whenever I have found or discovered the homeopathic remedy for the given case, and this in whatever stage of development the disease may be—whether it be in a few days or a few weeks. The immediate cessation of the enteric symptoms is ample proof of the homeopathicity of the remedy.

In each of the above cases the diarrhœa subsided immediately on the exhibition of the remedy.

A Peculiar Mercury Case.

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

On March 14, 1901, Emma L—, a plump brunette of sixteen years, consulted me concerning an attack of sore throat, involving the eyes.

She had suffered occasionally from sore throat for several years, but was usually in good health, notwithstanding the fact that she has a tubercular inheritance. Her throat was red and much swollen internally, and so filled up that

she talked with considerable difficulty. Her voice was like that of one suffering from quinsy.

A characteristic symptom was a metallic or brassy taste in the mouth, and with this was marked salivation. On the roof of the mouth were fine yellowish vesicles, and the throat was so irritated and swollen that she felt that she must clear it almost constantly. It was very distressing to witness her efforts to relieve the throat. The uvula was markedly swollen and elongated. The eyes were red, swollen and watery, and they looked as if she had been on a drunk.

The lachrymation was profuse, burning and excoriating *in a warm room*, but there was *no lachrymation in the open air*.

It is needless to say that swelling caused pain in the throat, but what is remarkable is that *in a warm room* it also caused *pain in both eyes with lachrymation*. She also complained of a full feeling in the chest.

I prescribed Mercurius vivus dmm. and in three hours she was much better, and the next morning she declared herself well in every respect. I was somewhat surprised at the relief of *all* the symptoms so quickly, for I was not aware that *pain in both eyes with lachrymation or swelling in a warm room* could be cured with Mercurius. I have not been able to find this symptom under this remedy in any of the *materia medica* I have consulted. This case also shows the wonderful healing power of the dmm. potency.

Traumatic Affections of the Eye.*

W. B. KREIDER, M. D., Goshen, Ind.

In looking over my case book for a theme to present to our society, I came across this small piece of steel which made for itself a bit of history by flying from a cold chisel into the left eye of a lad, with history as follows:

Mr. H., aged 15 years, was assisting in repair of a wagon, a cold chisel being used from which this little particle flew, evidently with great force, as it entered the eye

ball. The point of entrance was on the nasal side, several millimeters from the limbus of the cornea.

The lad called at my office the following day after the injury, requesting me to examine his left eye as something had hit it but had not given him any pain or any special trouble. The eye looked slightly congested and had a line of redness on the nasal side as stated. The pupil was normal in size and reacted to light. I dilated the pupil with atropia, and made an ophthalmoscopic examination which revealed a foreign body in the substance of the crystalline lens in its lower third. The fine line of redness then must be the point of entrance, which was posterior to the one which was not wounded, and I had an evenly dilated pupil. The patient did not suspect a penetrating wound or that a flying missile could have lodged within the eye ball with so little pain or disturbance of the eye.

I advised an operation for the removal of the foreign body to which the lad assented; being late in the day it was postponed until the following morning. At this time the external eye had not materially changed since the day before, but a line of whiteness had begun to form immediately around the foreign particle in the lens substance, already indicating that a traumatic cataract was in process of formation.

I cocoonized the eye and made an incision in the lower section of the cornea with the keratome. In this opening I inserted the tip of a magnetized steel. The foreign body jumped to it with a click and readily held until it was removed from the eye.

The status of the interior of the eye now was a ruptured crystalline lens on which the aqueous solution had free access. Nature endows the crystalline lens in the youthful subject after its encasement is ruptured with the properties of being eaten up or absorbed by the aqueous. With this in view the pupil was kept in a dilated state under atropia for a period of four months, at which time the "needle lens," for such it was, had been absorbed and a clear pupil established. There was no inflammatory reaction of the

eye either from the injury or the operation, and made an uneventful recovery.

This case shows us an eye will admit of traumatism to a considerable extent when the wound is non-infectious, but woe unto the eye that receives an infectious wound, especially if it is located in the cornea, as is verified by the following case:

Master D., aged 17, in passing along the highway saw a glass fruit can lying by the roadside, and being unbroken could not resist the temptation of giving it a hit to break it, with the result that a piece of the broken glass flew into his eye and cut the cornea in its upper third. The cut in the cornea did not extend through all its layers as there was no escape of aqueous. I did not see the wounded eye until the following day, after the injury, which then had an angry look. My treatment in this case met with no good results, and on the third day pus had invaded the cornea and anterior chamber. Using all my efforts to stay the progress of an infecting ulcer, I absolutely had no results and on the eighth day after the injury I eviscerated the eyeball to save a long and possibly fatal suppurating process, or if not that, sympathetic ophthalmia.

These two cases are extremes; the first one had good surroundings and was a healthy lad, the second one smoked cigarettes and his surroundings were favorable for microbe culture. So our successes and failures may sometimes be due to the environments of our clients.

*Northern Indiana Society.

Final Examination in Physiology, Bering College

Freshman class, March 25th, 1901.

[There is a general impression among the physicians of the dominant school that homeopathic colleges pay little attention to the fundamental branches of medical science and that their students are not equal to State Board examinations. In 28 states a college diploma does not confer the right to practice medicine. The State Board gives that right and the students of this college are thoroughly drilled and fully understand they must master the subject. The freshman class passed

this ordeal with a general average of 94 $\frac{3}{8}$. Julia M. Orr, M. D., Prof. of Physiology and Histology.]

1. What structures does a typical cell contain?
2. Name the embryonic germ layers. What tissues are developed from the middle layer?
3. Mention the varieties of epithelium. What are the functions of epithelium?
4. In what structures is endothelium found?
5. Name the varieties of fibrous connective tissue. Which is most widely distributed?
6. What proportion does the weight of the blood bear to the weight of the entire body? Give the uses of the blood.
7. State some of the differences between the blood and the lymph.
8. Describe the red corpuscle and give its most important and best known function.
9. Mention the causes affecting the frequency of the pulse.
10. Describe the pulmonary circulation.
11. What are the principal functions of the pulmonary endothelium?
12. What are the changes in expired air?
13. Show how heat is lost from the body through the lungs.
14. Explain the chemistry of respiration.
15. What are the end products of complete oxidation?
16. What are the functions of the stomach?
17. Name the active principles of the digestive secretions and state how each affects the food.
18. How do the products of digestion find their way in to the blood?
19. Give the source, and state the character of the blood supplying the hepatic cells, and the two principal functions they possess.
20. What do you understand by the term nutrition, and what processes are comprised under it?

Clinical Cases.

S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y

NERVOUS DYSMENORRHEA (?): *Cactus*. On Sept. 18, 1904. Mrs. M., aged 25, related the following history.

Childhood delicate, often too tired to play with other children. In her 10th, 16th and 19th years, poisonings with ivy. Was not aware of ever having touched ivy. Of late less susceptible. During her 17th and 18th years frequent fainting, especially when standing; pronounced tuberculosis by Dr. R. During young womanhood, measles immediately followed by scarlet fever. Her throat, always sensitive, had been much improved for the two or three years following scarlet fever. In childhood her "vocal cords" had been pronounced "small," and a course in elocution was given to strengthen and develop her voice. Tonsillitis three or four years previous to report.

The sensations of the throat preceding scarlet fever had been dryness, tickling, etc., at the root of the tongue. Since marriage the sensations were those of constriction and choking. Choking had once accompanied an effort to drink, and was followed by unconsciousness. At times the constriction and swelling (sensation) were accompanied by great soreness of external glands and eustachian tubes. The pulse was usually below, and the temperature above normal.

The menstrual history was as follows:

Menses: normal at 14 years.

" intervals increased to ten weeks.

" no pain until after she had ridden on horseback during the flow.

" began scantily, increased with applications of heat.

stopped the third night, after which intermitted until sixth day.

pain began about ten minutes after flow started, pain at worst, desired to be alone, <by consolation.

pain began in uterus, extended upward by circular waves over hips to back; from that to chest,

inner arms and legs; from there to throat with the sensation of constriction and choking, when the patient went "all to pieces" and cried aloud. pain was a drawing sensation, and better by stretching the muscles.

pain during, was spiteful, cross, obstinate.

" were of good color, no odor, not acrid.

Attacks of spasmodic constriction at other times than during the flow. Vaginismus frequently preventing coition. Ascending, i. e., climbing, caused suffocation. The patient took cold easily, had a rough skin, acid eructations, and craved meat and coffee.

ANAMNESIS.

Constriction	}	throat.	}	Bell.,	Cact.,	Con.,
Contraction (sensation)				Ferr.,	Ign.	Lach.,
Choking				Mer.,	Nux,	Phos.,
				Plat.,	Plb.,	Puls.

Vaginismus, preventing coition: Cact., Fer., Ign., Mer., Plat., etc.

Weeping during menses: Cac., Con., Ign., Plat., Puls.

Ill humor: Cac., Nux, Plat.

Better alone: Cac., Nux.

Flow intermits: Cac.

Acid eructations: Cac.

Shortness of breath when ascending: Cac.

Menses, during, pain causes to cry aloud: Cac.

Consolation aggravates: Cac. Nat.

Sept. 23, 1894. One dose Cac. 74 m. (Fincke) to take after menses, then due.

Oct. 26, 1894. Menses: slight pain after jolting in horse cars. Had eaten well, slept "like a top," and had been without slightest bad feeling since.

Nov. 30, 1894. Menses the 24th, a week late.

" became chilled during, which caused constriction, until warmed again. Cac. 74 m. [Fincke.]

Dec. 28, 1894. Menses: two days earlier, easier.

" during, chilled again, choking >

by warmth. Sac. lac

“ well since.

Jan. 28, 1895. Menses: two days late.

“ preceded by a cold.

“ slow to start.

“ constriction one day.

“ during, irritable.

Vaginismus but slight, no sore throat, stomach trouble or leg ache after menses.

Improvement continues, no further symptoms, called herself “disgustingly healthy.”

The peculiarity of the menstrual pain seemed to be the marked spasmodic constriction of the circular fibres of the affected regions. The pain was described as moving upward like two opposing spirals, from uterus to throat.

Perhaps a long siege of local treatment, curettement, etc., would have been more quickly curative to the patient, but it is difficult to see how. At least a healthy woman was the result.

DYSPNŒA: *Tartar Emetic.* On Jan. 8, 1900. Miss F., old, feeble, disabled for years by a cervico-dorsal curvature, partial paralysis of the left side and right eye, and the result of a violent attack of pneumonia occurring many years previous, applied for relief from a cold.

The attack had—as usual—brought about such dyspnœa as to compel her to sit up in bed night after night.

Unable to give further indications it was a problem what to give. Turning to the repertory, under the rubric, “disorder of respiration, evening, night, lying, and in bed,” was found—*Ars. Tart. em.*

The characteristic restlessness and anxiety of *Ars.* were absent, the heart feeble, under which circumstances *Tart. em.* 25 m. was given in one dose, and gradually eased the conditions.

Ars. seemed the most strongly indicated in the given symptoms, but I dared not give it in such a case without the characteristics. Could I have done better?

VARICOSE ULCERS: *Pulsatilla.* On Aug. 14, 1899, Mr.

B., aged 70, called for a prescription. He was a very active man, weighing between 170 and 180 pounds. He walked a great deal, was back and forth from house to business, a full half mile distant, several times a day. He did the office work and superintended a brick yard, and, at this time, being an architect, he was overlooking the rebuilding of a house. He was also a user of tobacco and coffee in large quantities.

He gave a history of varicose veins extending over many years. Open ulcers of the left leg had been healed twelve years previously by the use of carbolic salve. The leg had remained swollen and troublesome at times, obliging him to bandage, or wear an elastic stocking. Five or six weeks before I saw him, he had stumbled in going up steps, striking the anterior ligaments of the ankle, causing swelling and threatened suppuration at that point. This finally dissipated, and the varicose veins ulcerated. His physician recommended rest, tonics, etc., without avail.

When examined, the left leg had several open ulcers upon the anterior and posterior aspect, one large and several smaller. The leg was swollen, purple, hot, and he described the pains as sometimes hard and digging, at others drawing, and at all times preventing sleep. His strength was becoming undermined, and although he bandaged and walked miles, he was becoming despondent, fearing the condition would necessitate his giving up a business upon which he depended for support.

He had always bathed the leg in cold water for relief, annointed it with carbolic salve to ease the itching and burning, and at night had wrapped it loosely to prevent soiling the bed, and left it on the *outside of the bed for coolness*. At times he had been obliged to bathe and annoint it several times in the night. He complained of < from the limb hanging down, and had a somewhat offensive foot-sweat. There was no sensitivity to touch. The < from heat and from the leg hanging down; the > from cold bathing, and apparently from walking about, left but one thing to prescribe.

On the 17th of August he received one dose Puls., cm

[Fincke] and plenty of Sac. lac. with strict injunctions not to use coffee or carbolic salve. Instead of the latter, for the heat and dryness of skin, to use cocoa-butter and continue the cold bath.

Within a week the relief was so great that he was boasting of the cure all about town. The ulcers were healing, and the limb nearer to its normal size than in 12 years.

Before I left town the Doctor begged to know ~~what had~~ been used to cause such remarkable improvement in so short a time. He acknowledged that the old school could not hope to relieve such conditions unless they could keep the patient at perfect rest. I told him Puls. cm., and gave him the indications for its use. Had I told him that the patient had received, at that time, but one dose he would have fainted.

On Oct. 1, 1899, Puls. cm. [Fincke] was repeated.

On Nov. 11, 1899, Puls. M. [Fincke] was sent, but taken somewhat later.

On Dec. 19, 1899, the following report was sent from Albany, N. Y., where the patient was then staying:

"Ulcers all healed. So proud of my leg. Some inflammation of lower third, which is sensitive to pressure of shoe-lacings."

April 28, 1899, the patient was seen, happy in the fact that the ulcers had not again opened, and the swelling and soreness had so much improved that he called himself well, and had returned to his coffee.

Clinical Cases.

B. LE'BARON BAYLIES, M. D., BROOKLYN, N. Y.

MALIGNANT PUSTULE: *Anthracin*. June 8, 1900. Mrs. Foel, a monthly nurse about 40 years of age, while in attendance on a woman in confinement, felt a bruised soreness on the palmer surface of the left hand at the junction of the wrist. About nine days later a small red spot appeared there, and two days later a pimple on the site of the spot, having a yellowish-green summit and surrounded by a bluish area. Her doctor cut this superficially by a very short incision or puncture.

After the cutting occurred swelling, which has become very hard, involving the hand, fingers and forearm until apparently two or three times their normal size; the skin is of a dark purplish color; there is also a large bleb just above the incision in extent—2 inches by 1½ inches—covered with thick cuticle hard to the touch, having a dark bluish base.

The patient states that ice was applied yesterday, and this besides uncovering the part made her chilly, and greatly aggravated the pain.

Head feels heavy while sitting, better lying down; is thirsty; could drink all the time, but is better by warm drinks; cold drinks chill her; can take a cup of tea or coffee at any time. She sleeps a little after 12 P. M., not before; walks a great deal during aggravation. As a rule the feet sweat profusely, stiffening the stocking, but not since the hand became sore. She is profusely unwell every three weeks.

The medicines which occur to mind for comparison are Arsenic, Silicea, Lachesis and Anthracin. Arsenic is opposed by time of aggravation and by the absence of fear or apprehension. Silicea does not accord with burning character of the pain or the temperament. Lachesis prefers cold drinks and is not worse from cool applications or uncovering; the part is not very sensitive to the touch. The description resembles that of Malignant Pustule, a peculiar form of carbuncle; the pains are burning and the objective

and subjective pathology resemble Anthracin as described by Hering in his Guiding Symptoms.

Accordingly for my first experience I prescribe Anthracin 30th potency (B & T) in solution every three hours.

June. 10. Swelling of hands and fingers and of forearm diminished, forearm of purplish color, much less pain during first part of night, no further than bend of elbow, relief about midnight; better applying dry heat. Quite profuse, yellow discharge where first incision was made, a small round opening like that of a boil. The bleb, above mentioned, contains serum and shows by transparence a very dark base. Anthracin 30th twice diluted by two half glasses of water.

June 11. Slept from 2 A. M. to 5:15 this morning.

June 13. Swelling of arm has abated. its purplish color has disappeared; pain does not now shoot through the forearm; is burning and stitching at intervals; base of the bleb still bluish, discharging rather thin, yellow pus quite copiously. Anthracin second contact potency of 30th if pain requires, otherwise Sac. lac.

June 20. A white, sloughy core about $\frac{1}{2}$ inch in diameter is separating from an ulcer, which corresponds to the base of the bleb. Sac. lac.

June 23. Hardly any swelling; nearly normal condition, except ulcer before spoken of, which is of florid color; clear and free from slough. Will heal in a few days. No medicine.

GASTRIC NEURALGIA. *Sanguinaria*. Dec. 19, 1899. Mrs. MacB. has been troubled with the following symptoms since April of this year. Burning like a "raw sore"; sensation in the middle of the chest, extending gradually down to the epigastrium across to the umbilical zone and upward to the left breast, at times with shooting in the breast and nipples. Pain sometimes shooting down the arms to the elbows, usually in the evening, attending the pain a hungry, hollow feeling at the stomach; if pain is not then very severe, eating will relieve it; empty eructations, better by

eructation of gas, nausea and palpitation. She is pale anæmic and emaciated.

Analysis of remedies: Burning under sternum, of chest and mammæ, Iod. Laur. Mez. Sang. and in the stomach, Mez. Sang. also in the region of sternum and umbilicus, Sang.

Sanguinaria can. 200, solution at three hours interval.

Dec. 21. Reports great improvement yesterday and today.

Jan. 5. Improved, sent Sanguinaria 45m [Fincke.]

Jan. 16. Had much less pain for a week, taking the medicine when pain began, gave her relief; the pain was of less duration; having no medicine for a week she was considerably troubled with pain behind the left breast and below the axilla, with desire to urinate, burning and scanty urine; a full feeling in abdomen below the umbilicus better by passing flatus freely; little pain in the stomach, good appetite.

Prescription: Sang. 45m when pain is troublesome.

Jan. 30. Little, and less frequent pain. Sang. 45m. a dose dry if required, to be repeated after five days if necessary.

March 4. Continuous improvement till now, the pains have entirely ceased.

COUGH: *Sepia*. Jan. 15. Clara Mahan, a very anemic young woman, age 19, whose brother, a stone mason, died of phthisis, presented the following symptoms: An anxious countenance and much anxiety when talking of her ailments, soreness below the right clavicle and on the right side of the chest down to the level of the sixth rib, felt when coughing, not by deep breathing; raising the right arm causes pain behind the right shoulder; a light chill yesterday morning at about eleven, lasting about an hour, followed by heat of the same duration with red cheeks; a suspicion of prolonged expiration, on auscultation of the right side of the chest, large mucous rattle, good resonance percussion. *Sepia* 90m. [Fincke].

Jan. 22. Soreness of the chest less when coughing; no pain in the scapula when raising the arm. No chills; yesterday a little heat in the face in the forenoon; has had no

thirst, none before or with the last chill and fever, which occurred a week ago to-morrow; cough during the day only, most after rising, none in bed; coughed this morning with raw, scraped feeling in the trachea, expectoration of thick, yellow mucus.

Sepia M. (Fincke), one dose, dry.

Jan. 29. Coughs very little after rising in the morning; rawness of the larynx, hawking of a little bloody mucus; general improvement. She is hopeful and cheerful.

Feb. 19. Entirely well of cough and trouble in the chest; has some nasal catarrh; Pulsatilla cm. This remedy effaced the nasal catarrh.

Homeopathic Apathy.

[In a recent lecture in the Post-Graduate course of Hering College, Dr. H. F. Biggar said that as a school we had ceased to be aggressive, little missionary work was done; we are all becoming surgeons and gynecologists; the laity complain of our indifference.]

Not long ago I was asked by parents (they had been afflicted over the loss of a child,) "Do the homeopaths treat scarlet fever differently from the old school? If so, how do you treat it?"

I told them how and with what success. Then they said: "Do you treat pneumonia differently from the old school?"

Here I had a pleasant little talk to tell them about pneumonia. I happened to be in a business block one night in Cleveland, and as I was going up in the elevator I met an old school doctor, a personal friend.

He said, "would you like to come and hear me lecture to-night? I am lecturing to some students and the subject is pneumonia." I said I would be delighted. It was a brilliant lecture, thoroughly scientific; nothing omitted as regards pathology; the etiology and diagnosis were complete. Then he said: "Gentlemen, as to the treatment I may say that we have no remedy which is good for a cough, good

for pneumonia in itself. We give strychnia, digitalis and digitaline; we give whiskey to stimulate, and quinine to keep up the heart's action; but we have no remedy for a cough. We have present a friend of mine who is a homeopathic physician and I would like to ask him if he has any remedies in the homeopathic school that are good for pneumonia or a cough." He said: "Do not tell us now that you give opium because we give opium to quiet but it is not curative; it is merely a sedative.

I hardly knew what to do. Perhaps I was more embarrassed than I was when I commenced here this morning, but it gave me an opportunity.

"Yes, we have remedies for pneumonia."

He said: "What are they?"

"We have Aconite, Veratrum viride, Bryonia, Arsenic, Phosphorus, Tartar Emetic, Sulphur.

He said: "Are those all good for pneumonia?"

"Yes."

"Will they cure pneumonia?"

"Yes."

"Well," he said, "have you any law, any rule for selecting them?"

"Yes."

"When you have a case of pneumonia in which those remedies cannot be used at all—"

"But we treat the patient for the symptoms presented, not pneumonia!"

"I know what Aconite is; I know what Veratrum is, that is a heart depressor. Do you ever give Gelsemium?"

"Oh! yes!"

"That is the rankest kind of poison!"

I said: "How do you give it?"

"Oh! we give it from 30 to 50 drops of the tincture."

If you would take the third or sixth attenuation you would have better results."

He said: "What is your Bryonia anyway?"

I explained to him.

“And this Tartar Emetic you speak of? I know what Phosphorus is, but I do not know how to use it!”

I had to be polite, because I was asked. I was a guest, and so I answered him as pleasantly as I could, and when he was lecturing he said the mortality of pneumonia is very great, it is over 23 per cent; and then he said to me: “What is you per cent in pneumonia?”

I said: “Doctor, I have been practicing now some years; I do not like to say how many years because then you would know how old I am; but I have not yet lost a case of pneumonia.”

Now, I speak of this to show you the benefit of Homeopathy with regard to a disease as formidable as pneumonia; but I told you where we are backward and what we ought to do. There is a great deal of mechanical work, as the lady who inquired of me said about the condition of scarlet fever:

“When I was a young girl, my mother used to read me tracts in regard to Homeopathy:—what it was; and what it did; what it cured; and we became homeopaths, because it is most successful in the severest diseases, such as typhoid fever and Asiatic cholera. Now, I hear none of this now-a-days, at all. I think it is all surgery with you homeopaths. You do not give us any literature, no information with regard to what you are doing.”

We are reprehensible, and we should be severely censured because we do not give the publicity we should, in regard to cures we make, for it would develop interest in Homeopathy ten-fold more than in writing up the cures of a case under homeopathic surgery. We have ceased to educate the people.

[In response to this appeal for more light, for popular literature, we publish in this issue a comparison of “Homeopathy and Allopathy” by a layman. The type of this article will be held for one month to see how many want such a leaflet for the office table as a missionary document. They will be furnished at cost of printing. A prompt response will confer a favor on the publisher. For every dollar expended in the education of the people ten-fold will be returned, besides many valuable lives may be saved. What response will be made to Dr. Biggar’s appeal? The harvest is awaiting the reaper.—ED.]

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Homeopathic Pharmacy, the honesty of its proprietors and the reliability of its remedies, has been, until recently, the boast of our school. But one by one they appear to be falling from grace; sorely tempted by commercial greed. The purity of our remedial agents should be above suspicion, for on their absolute freedom from adulteration, the success or failure of the physician, often the life of the patient, depends.

But when our pharmacies begin to manufacture combination tablets and other satanic abominations, all their remedies are open to suspicion, for the almighty dollar not the purity of the remedy is the objective. Not only the reputation of the physician but the welfare of his clientele is at stake; for when the purity of the remedy is assailed, the confidence of the physician sooner or later is lost. He can readily see that the descent from the combination tablet to the proprietary mixture is an easy and natural one, and he is liable to draw the legitimate conclusion, "false in one, false in all."

We sincerely regret that the circular of a New York pharmacy, proclaiming the virtues of a suspicious compound, has been issued; but we uphold the righteous indignation of our correspondent and gladly publish his "open letter," for we had supposed these "fake" pharmacies flourished only in the Mississippi valley, not in the cultivated east. The difference between a homeopathic pharmacy that sells allopathic mixtures and an allopathic pharmacy that sells homeopathic medicines is not great. Let them both alone.

AN OPEN LETTER.

Omaha, Neb., May 31, 1901.

GENTLEMEN:--I am in receipt of your soliciting letter of the 27th,

and also the circulars "Bursol" and "Sabalsandal." The latter I am sorry to see. It is such schemes that injure Homeopathy and mislead the practitioner. It cannot be true that Bursol, Sabalsandal or Lydia Pinkham's remedy will ever be reliable, and your house ought to be above such methods. It was for better work than this that Dr. Humphrey was expelled from the American Institute of Homeopathy. I believe your pharmacy will do better to stick to honest methods than to descend to the tricks of Luyties and Munyon, and you will then certainly not unsettle those who might in time make good homeopathic physicians.

Very sincerely yours,

H. P. HOLMES.

Boericke & Runyon, New York.

Our columns are open for the other side, if there be one.

The International Hahnemannian Association meets at Niagara Falls, June 25, 26 and 27. The sessions will be held at "The Dufferin" on the Canadian side, and from the number of papers and the reputation of the writers, promise to be both instructive and inspiring, and the enthusiasm obtained will lighten the labors of the year. No homeopath, whether a member or not, can afford to miss the meeting. More applications for membership have been received by the Board of Censors than in many years, and more enquiries and investigations into the use of the single remedy and a better therapeutics and an earnest desire to do better work than ever before. This augurs well for the opening year of the new century. You will regret it if you fail to be there. The M. C. Pan-American train, leaving Chicago at 6 P. M. on Monday, lands us at the hotel at 7:30, Tuesday morning. See time table in the advertising pages.

Helpful Hints in a Nutshell.

[The editor is desirous of making this department practical and of genuine service to the general practitioner, especially. Every subscriber is urged to contribute to it in as brief and pithy a style as possible. Macauley says: "That nothing can be too insignificant for the attention of the wisest which is not too insignificant to give pleasure or pain to the meanest, is the essential spirit of the Baconian

philosophy." Specialists particularly are asked to make suggestions.]

One of the hardest things for nurses to learn is not to prescribe for their patients. Many pride themselves on carrying out the doctor's directions. This, many of them do; but unless the doctor is careful to tell them what not to do he often finds that they have taken all sorts of liberties in doing things that the doctor did not order and that he wished left undone.

F. I. C.

One of the commonest objections made by patients to nurses is that they have bad breaths. If they cannot keep their breaths sweet either by health or artifice, let them be reminded not to breathe on the patient. This is the least that they can do to make amends for a foul breath.

R. S. V.

Many doctors, like ministers, fall into the habit of imitating Abraham Lincoln in allowing everything that is said or done to remind them of a story. Remember that this is a perquisite of the great, and ordinary individuals are very apt to make bores of themselves by so doing. Few people are good story tellers and still fewer are good listeners.

L. D.

In obstetrics, I have found that by not "rupturing the membranes as soon dilatation is complete" as the books say we should, the water in the sack makes an efficient opening wedge shortening the second stage of labor.

R. G.

Patients who gag under the touch of even a wire tongue-depressor may be made to open their throats by looking at them themselves in a hand-glass, when the physician can simultaneously obtain an unobstructed view.

C. B. H.

I want to give a gentle hint to physicians who are called in consultation, specialists in particular. Don't talk too much about your own cases, even if they be somewhat simi-

lar to the case in hand. The patient and his family and the attending physician want you to talk and think and act on that case alone. Anything else will be taken as irrelevant and of no interest to them, when they are so anxious as to resort to counsel. You are paid to give your undivided attention to that patient during the few moments that you are supposed to be earning your money.

G. P. M. D.

When prescribing a trituration at the bedside to be put in water the usual way, do not shake it from the vial into the hollow of your hand, but measure it out into the teaspoon or a powder paper. These little dirty tricks are noticed by the finical and a trifle small, as that has been the cause of many a physician losing the patronage of a patient.

G. B.

New Publications.

Index to Homeopathic Provings, by T. L. Bradford, M. D., author of "Life of Hahnemann," etc., etc. Pp. 305; cloth, \$2.00.

Every lover of his homeopathic library and every student of his materia medica will thank the author for this addition to his works of reference. Here he can find the names of the provers and the record of the provings extending over a century; and here too he can find the names of the workers, but not of the drones in the profession, for some have labored for the gold it yielded, and others, like Hahnemann and Hering to perfect the science they loved. What a grand legacy these two pioneers have bequeathed us may here be found. It begins with the *Fragmenta de viribus* of Hahnemann in 1805 and ends with the last addition to our remedies Jan. 1, 1900.

In concluding the Preface the author adds: "In this age of fantastic pharmaceutical compounds, let us not forget that the cure is made easier and more complete by the selection of the simillimum according to the directions laid down by Hahnemann, than by floundering about with empirical doses of chemical extracts given according to eclectic fancy

and not by the certain law our school possesses the Law of Similar."s."

The work is not intended as a direct aid in the cure of the sick, but when some enquirer asks how many proved remedies we have, where he can find a record of the provers of a particular remedy, you can answer an honest question

Principles of Surgery, by N. Senn, M. D., Ph. D., L. L. D., Professor of Surgery in Rush Medical College in affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago, etc. THIRD EDITION, enlarged and thoroughly revised. With 230 wood-engravings, half-tones and colored illustrations. F. A. Davis Co.: Philadelphia and Chicago. Pp. 700.

This is the third edition of the "Principles of Surgery," with the addition of a chapter on "Degeneration" and another on "Blastomycetic Dermatitis," bringing the work up to date in all that pertains to the principles of the science. The illustrations, many of them new or not readily accessible, *illustrate*, especially those of the pathogenic organisms.

In the Preface to the first edition the author plainly states his object, and each successive edition verifies it. "Which should serve the purpose of a systematic treatise on the causation, pathology, diagnosis, prognosis and treatment of the injuries and affections which the surgeon is most frequently called upon to treat. The successful study and practice of any branch of the healing art require a thorough knowledge of the principles upon which it is based." This aim is not too high and it cannot be too strongly insisted on, for the student who has mastered the principles of surgery, or any other branch of medicine, will have little difficulty in applying them in practice. The publishers have done their part well; the typographical work is well nigh perfect.

Proceedings of the Homeopathic Medical Society of Ohio. 1900.

This is a compact volume of only 170 pages, but contains the usual number of papers of more than average ability. There appears to have been very little discussion, or

perhaps the discussions, often the most instructive part of the paper, were not reported stenographically.

An Illustrated Dictionary of Medicine, Biology and Allied Sciences.

Including the Pronunciation, Accentuation, Derivation, and Definition of the terms used in Anatomy, Medicine, Surgery, Obstetrics, *Materia Medica*, Therapeutics, Gynecology, Pathology, Pediatrics and every division of medical science and the sciences intimately related to medicine, such as Bacteriology, Botany, Chemistry, Microscopy, Pharmacy, Electricity, Hygiene, etc. By George M. Gould, A. M., M. D., editor of *American Medicine*, etc., etc. Fifth edition with additions and corrections. Pp. 1633. Royal octavo, double column. Philadelphia: P. Blakiston's Son & Co. 1900.

Not the least part of this splendid volume will be the valuable illustrations, which often make clear what words fail to do, and to the vast majority of students these illustrations *illustrate*. We are much pleased with the work, its accuracy and completeness, for in few works in modern literature to which we have access there is scarcely a work in which so complete and so practical a summary of bacteriology, surgical operations, parasitology, of various tests, etc., is to be found. It is a good, practical, medical lexicon, and should be found on every office table or in every reference library. The publishers have apparently spared no expense to bring it out in an attractive dress, and we do not see how it could well be improved.

Pulmonary Consumption, Pneumonia, and Allied Diseases of the Lungs; their etiology, pathology and treatment, with a chapter on physical diagnosis. By Thomas J. Mays, A. M., M. D. Professor of Diseases of the Chest in the Philadelphia Polyclinic, Etc., Etc. Illustrated; pp. 540: Cloth \$3.00. New York: E. B. Treat & Company, 1901.

This is a readable and instructive book and though "not in exact accord with orthodox teaching," is the result of 30 years' study in a single line of work, and contains the ideas, convictions and experience resulting therefrom. These are the propositions on which it is built.

1. That pulmonary phthisis in the large majority of cases is primarily a neurosis, and that the pulmonary disintegration is secondary;

2. That any agent, influence or condition which undermines the integrity of the nervous system will engender pulmonary phthisis, or some other form of pulmonary disorder:

3. That the remedies of value in the treatment of pulmonary phthisis are those which appeal to and act through the nervous system;

4. That of special value in the treatment of phthisis is the counter-irritant action of silver-nitrate introduced hypodermically over the vagi in the neck; and

5. That acute pneumonia, and other forms of acute pulmonary disease, are closely affiliated with disorder of the nervous system.

The theory that pulmonary phthisis is a neurosis is on the same pathological plane as eczema and other diseases of the skin, and synonymous with Hahnemann's dynamic theory of a century ago. But a therapeutic remedial agent applied on such a general and indiscriminate basis as "those that act through the nervous system" is too general to be of value, for do not all remedies "act through the nervous system."

The contagion of consumption is disputed and the evidence adduced seems to prove conclusively that this danger is extremely small. The records of a number of sanatoriums for consumptives as well as the statistics of Drs. Schnyder, Flint and Loudst on the contagiousness of this disease between man and wife dissipate this fiction.

"Moreover, the opinions of the leading authorities on this disease in the world have been quoted respecting the contagiousness of consumption. They comprise such names as Laennec, Portal, Ancell, Aufrecht, Dettweiler, Bachmer, Ransome, Leaming, James, Powel, Wilson-Fox, Williams and (Gregg); and with singular unanimity, not one gives his unqualified endorsement to the contagious theory."

The chapters on physical diagnosis of pulmonary diseases are excellent and should be studied by physician specialist or general practitioner. But the cold compress renewed every five minutes, or ice bags to the chest in pneu-

monia, and the silver-nitrate and strychnine subcutaneous injections in consumption are purely theoretical, and can only end in failure. But perhaps this may be overlooked in the general excellence of the work and its many original observations.

Jousset's Practice of Medicine, third edition translated from the author's unpublished manuscript by Dr. Arschaouni, is in press, and will soon be ready for delivery. The author is well known in homeopathic literature, was president of the last International Congress in Paris and is perhaps the foremost consulting physician in France.

Those who have had the pleasure of reading "Jousset's Clinical Lectures" translated by Ludlam in 1880, will recall the fact that sometimes he preached pretty straight Homeopathy. He says: "It is not necessary for me to tell you that an internal and an unknown cause are synonymous; we do not confound the conditions which may favor the development of a disease with the cause of the disease itself. Cold is not the cause of rheumatism, pneumonia, or quinsy; it is the accident which favors their development. The cause is in our own bodies, which are more or less likely to contract this or that disease. The internal cause of disease is unknown, and that if it is unknown we cannot reasonably expect to find its opposite." Before giving an antidote you must know the poison." We trust this edition will not be in the form of lectures, which however charming and entertaining, are not adapted to reference at the bedside.

Dr. H. F. Biggar, in a lecture at Hering Post-Graduate course said: "If you want a good work on mental diseases, if you will get Dr. Talcott's little book, you will get more of an idea about the brain, anatonically and physiologically, than you can get from any other work, in such small compass. It is one of the most enjoyable books I have ever read.

News Items.

Dr. David Duncan has removed his office to 1209 Masonic Temple.

Dr. T. H. Winslow greeted the editor's sanctum recently. He is on his way to Sweden with Mrs. Winslow with whom the climate of California does not agree. His many friends in Chicago will be pleased to hear that the journey may prove successful.

Dr. H. R. Stout, of Jacksonville, Fla., has met a severe calamity in the recent terrible fire. He saved a part of their clothing, silver, some paintings, most of his medicines and instruments and a large part of his library which he buried; but his home with its contents was destroyed. He will have the sympathy of many friends in the Institute who will miss him very much from the annual meeting

Dr. George H. Helmcamp, (Hering, 1900) died at his home in Alton, Ill., May 26th, one of the best students who ever entered or graduated from Hering College. Well equipped with a collegiate education, he took a high standing in his classes; always prompt in attendance and always prepared for recitation, he was a general favorite with faculty and classmate alike and graduated with honors. Earnest, honest, faithful, exemplary in all the relations of life, and keenly alive to its duties and responsibilities; cut down in his early manhood as he was just entering upon what bid fair to be a successful professional career will be a sad blow to friends and colleagues by whom he was loved and honored.

Ohio State Society had a very successful meeting, over 100 members being in attendance. The papers and discussions were of an unusually high order. The officers elected were:

President—Dr. T. M. Stewart, Cincinnati.

First Vice Pres.—Dr. G. D. Grant, Springfield.

Second Vice Pres.—Dr. J. P. Hirschberger, Lancaster.

Secretary—Dr. A. B. Nelles, Columbus.

Treasurer—Dr. T. T. Church, Salem.

Necrologist—Dr. D. H. Beckwith, Cleveland.

The next meeting will be in Columbus, May 14 and 15

1902

THE KENDALLWOOD.

Richfield Springs, N. Y.

Special rate of \$2.00 a day to physicians and their friends during the American Institute of Homeopathy.

THE KENDALLWOOD is situated within a few hundred feet of the famous Sulphur Springs and Bathing Establishment. The rooms are newly furnished, unusually large and airy. The verandas are broad and high; the lawns shaded and smooth. The house is lighted throughout with gas and electricity, is equipped with the best modern appliances, and has always attracted an unexceptionable class of guests. Furnace heat makes the house desirable for the early and late season, while a distinctive feature of the west parlor is an enormous fireplace; where huge old audirons support a crackling backlog.

The cuisine has always met with deserved praise, the Kendallwood farm supplying fresh vegetables daily. Dinner is served at 6:30 o'clock, a custom that has met with great favor.

The elevation of about 1750 feet causes Richfield to be absolutely free from malaria or any of the diseases peculiar to a low situation.

The drainage is perfect, the ground being high and gently rolling, and to this is added a superior system of sewerage, making the sanitary arrangement of Richfield beyond criticism.

The water supply is amply abundant, and is drawn from pure mountain springs; located 180 feet above the village, which embrace an area of about 40 acres.

Richfield springs—"Richfield," writes one who has visited most of the places worth seeing on both continents, "is the ideal spot for a summer vacation." What more can be said? Hidden among the hills of old Otsego, whose very name brings to mind visions of the green woods and shimmering waters of the tales of Fenimore Cooper, "Fair Richfield," as its admirers love to call it, ranks high among American summer resorts for its charming situation, cool, bracing air and romantic drives.

Of the latter Richfield is especially proud, and with good reason. Winding in all directions, broad and smooth, with a new vista of beauty to greet the eye at every turn, small cause to wonder that sojourners here find one of the chiefest pleasures in swiftly bowling alongside sparkling sheets of water, or through the fragrant pine woods. Of these the favorite is decidedly the Lake Drive—12 miles in extent—which lovingly encircles Canadarago, and is said to be one of the finest in point of beauty and variety of scenery in Central New York. The Lake itself is within a short half-hour's walk from the hotels, and being furnish with unusual facilities for hunting and fishing, is not the least of the attractions about Richfield. Another famous drive is eastward to Lake Otsego, (Cooper's far-famed Glimmerglass—well deserving the name,) presenting a pleasing diversity of hill and dale.

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The Aspect.

E. B. NASH, M. D., CORTLAND, N. Y.

SULPHUR.—A delicate appearance, with long fringed eye lashes and brilliant eyes often serves to point out the tubercular diathesis. To the eye of the practiced observer such a face will immediately call attention to the form or build of the person. If, in addition, such a subject is lean, stoop-shouldered and walks or sits bent over, especially if it is a young person, with such a face and figure, *Sulphur* comes to mind.

If, again, such a subject has a dirty or filthy appearance of the skin, is prone to eruptions, hates bathing and feels generally worse after it, we may look further and will often find that the lips, eyelids and meatus are unnaturally red. Observing still further it will be noticed that such a subject will look around for a chair; he *never wants to stand up long*. He must sit or lie down. He never stands still, but is continually changing on his feet from one to the other, or walks around. *It tires him so to stand*. Such is the face, figure and general appearance of the *Sulphur* subject, and being led by it to enquire we find that all his ailments, past, present and prospective, will correspond to or greatly resemble the pathogenesis of this remedy. It is a psoric constitution and Sulphur is the "king of anti-psoric remedies."

Probably no remedy stands nearer to Sulphur than the now well-proven and verified nosode:

PSORINUM.—With this remedy the skin is as dirty in appearance and as prone to eruptions as with Sulphur. It is

dry (sometimes like parchment), inactive, *rarely sweating* (except it may be that the patient is convalescing from some acute disease, like typhoid or other fever, when he sweats profusely upon the least exertion); it looks very dirty, as if it was never washed, and especially is there to the *body a filthy smell*, even after bathing: although the patient does not so dread water as the Sulphur subject. Further observation will disclose that this subject *is very sensitive to cold air*; wants a shawl or overcoat or fur cap on even in warm weather. (Silicea wants head wrapped warmly).

Now all this is on the outside, and these two remedies, carefully differentiated and skillfully administered, may eradicate, or rather prevent, tubercular development in such a diathesis within the patient, and to the third and fourth generations.

Next in order for such subjects comes another nosode:

TUBERCULINUM OR BACCILLINUM.—This remedy, by a course of proving, and especially careful clinical use, is coming into our knowledge to a degree that warrants us in using it. It seems to act best in persons of the blonde rather than brunette complexion (though this is not imperative). Tall, flat and narrow-chested, active, mentally-precocious, but physically weak, people,—especially with a tuberculous family history.

Tuberculinum patients *emaciate rapidly and take cold easily*, don't know how or why. They are often sick, sometimes of one thing and sometimes another. The physician never knows what is coming next or where it will locate. "*Symptoms ever changing*," is characteristic.

Various skin troubles do not contra-indicate it; on the contrary, if the tuberculous diathesis is pronounced it will cure when Sulphur and Psorinum may fail. The wonderful powers of Psorinum and Tuberculinum so far as known, should turn the attention of the profession to more proving and experimenting along clinical lines with the nosodes.

CALCAREA OSTREARUM.—Leuco-phlegmatic, blonde hair, light complexion, blue eyes, fair skin; tendency to

obesity, especially in childhood or youth; pale, weak, timid, easily tired out.

The upper part of the head is large, with prominent forehead, out of proportion to the lower part of the face. This gives the child an old-mannish look, the bones of the head and face, and in fact of the whole system, are unevenly developed, crooked, curved or otherwise deformed.

The temperament of Calcarea is altogether different from that of Sulphur. You remember the lean, stoop-shouldered sulphur subject. The Calcarea patient is constitutionally fat, over-fat, or strongly inclined to obesity. The soft tissues seem trying in over-development to compensate for the lack of development in bony tissues. The color of the skin is white, watery or chalky pale. If it is a child the head is sweaty and the fontanelles are too open. If in young people, they grow too fat (not too tall, like Phosphoric acid), and seem to lack frame to hold themselves up well.

A Calcarea patient is easily recognized, especially in childhood, and if not interfered with then by proper medication this diathesis follows through life. Even if not very apparent in the adult, a history of the early child-life will discover the indications for the proper remedy. To neglect or overlook such a history often leads to endless prescribing for oft-recurring ailments which might have been prevented by the proper use of the *constitutional remedy*.

LYCOPodium.—The door bell rings. Here come two patients at once (unusual); an old man and a child, evidently grandfather and grandchild. They look alike, that is, the child looks old. Its forehead is square and prominent, but the lower face is thin and furrowed. The complexion is sallow or shaded on the yellow. Emaciation is marked in the face, neck, chest and arms, or especially in the upper part of the body. Looks jaded and tired out.

The same picture covers the old man's case, only it is noticed that the feet are swollen. His shoes will not lace up closely. Both man and child look morose, long-faced, apathetic. It is the face often found in connection with abdominal or liver diseases.

Listen! you hear rumbling in the abdomen, which looks full or bloated. This is a picture of *Lycopodium* and enquiry will elicit all that is necessary to justify the choice of the remedy. This condition may be found in both sexes, and especially at the extremes of life.

IODIUM.—Again; a woman and her child, dark eyes, dark hair, dark complexion, cachectic appearance, glands on neck swollen. Mother has a goitre; both are emaciated, look starved and appear weak, short-breathed on exertion. Mother flat-chested, no mammæ, a picture of Iodine, and examination into all the symptoms will generally confirm it. *Lycopodium* and Iodine are often complementary.

These few remedies are thus portrayed to show how far one may be led in the direction of a choice of the appropriate remedy from observation of the general aspect of patients, even before a question is asked.

There are, of course, a number of other remedies that are as well known as these, as China, Phosphorus, Pulsatilla, Graphites, Sepia, Silicea and others. I have lately cured a very obstinate case of skin disease with *Lycopodium*, being guided to its choice more by the general aspect of the patient than by the local manifestation. I found afterwards that the skin symptoms were in the case, though I had not recognized them before.

The large place that that which is known as "constitution and temperament" holds in the choice of the curative must be recognized if the best results are to be attained.

The Homeopath's Burden.

S. E. CHAPMAN, M. D., NAPA, CAL.

For the information of ADVANCE readers who do not read old school journals, I desire to make a few introductory statements. *The Medical World*, an old school monthly publication, is managed upon principles wonderfully liberal and unique. The editor, C. F. Taylor, M. D., is a truly fearless, fair-minded, progressive man, as evidenced by the publication he is giving articles from the pens of many

homeopathic physicians. In the last issue of *The Medical World* was published an article from me under the title of "The Evolution of a Homeopath," in which I give an account of how I, like Topsy, "grew up." It did not occur to me at the time of writing said article that it was likely to strike the medical heart with particular force, but it seems to have stirred the other camp considerably, and I am in daily receipt of letters from old school physicians all over the United States, Canada, etc., asking me innumerable questions about our system of medicine. It has imposed a tremendous task upon me, but I put in all my spare time with them very cheerfully. They complain that all they have ever seen of our materia medica is a mass of endless, senseless symptomatology. And so it is to the man who does not understand the use of the repertory.

The straws in these times are all blowing hither-ward. The progressive men of all schools are coming our way, and will soon be flocking as doves at our windows. Are we ready for them? They will be a keen-eyed, honest lot of seekers after the truth, and woe to the man who is not ready to give a reason for the hope within him when they fall foul of him. I have met many homeopaths who had been converted from the old school ranks, and as a rule they burn all the bridges and become the most enthusiastic of Hahnemannians. Now the old school is sure to "discover" the law of Similia one of these bright mornings, and when they do catch the divine afflatus—well, Blessed are those who are ready! The man who is but a half-hearted homeopath, doing all sorts of unhomeopathic things in the name of Homeopathy, upon what ground will he stand when these men come leaping over the walls by thousands, full of enthusiasm. seeking the way? Will they not extinguish him, sit upon him if he be found a false light?

Nearly all these old school men who are writing me complain that they see no such work done by the homeopaths about them as is described in my paper in the *Medical World*. So far as they have been able to observe the homeopaths use old school methods, and they had been forced to

the belief that no homeopath really believed in the tenets of his school, and was but trading upon a name. One of them writes me to know if anything can be done for chronic malaria by our school. He has suffered from said trouble many years, has exhausted old school therapia without benefit. He has changed climate several times with but temporary relief. Some years ago, in his extremity and desperation, he consulted a celebrated homeopath—I will not mention his name. This bright and shining light in our ranks assured him that the potentiated drug was powerless in the management of chronic malaria, and blandly advised him to take sixty grains of quinine per diem for a few days. Is it any wonder that he left that man's office with a heart filled with loathing and contempt for us and our boasted law of cure? He is probably coming into my hands for treatment. My opinion is that he is suffering more from chronic effects of massive dosage than from chronic malaria. If I can but succeed in curing this man do you not think he will become an enthusiastic homeopath? And won't he carry the news to the other camp? Why, gentlemen, this thing is more contagious than the measles! Thousands of them are coming down with it, and even the mighty prophylactic of Antitoxine cannot prevent them having a severe attack.

One of these writers says that the old school has made no advancement in the past forty years on therapeutic lines. "In pathological and bacteriological research we have done wonders, Doctor Chapman; but I am bound to confess that we can do no more so far as healing of the sick is concerned—and that is, of course, the practical part of the business—than we could when I was a callow fledgling. There is a ring of honesty and correctness about your article which inspired me to write you. If you homeopaths really have a law of cure, or a definite rule to guide you in the selection of the 'indicated remedy' in any and all cases, for the love of humanity do all you can to help us into a knowledge of the truth."

And this is the homeopath's burden. We must show

our faith by our works. In the July—possibly August—issue of the *Medical World* will appear an article which I have written in answer to Dr. E. M. Pyle of Jersey City. Dr. Pyle mailed me a copy of a paper written by himself, entitled “An Education of Responsibility.” How to fit the title to the subject matter is beyond me; but the author succeeds to the complete satisfaction of himself in proving that we have no law of cure. I endeavored to point out the vulnerable spots in the gentleman’s argument, and closed the article by throwing down the gage of battle at the feet of the old school in the following manner: I gave a description of a case from practice, and have asked physicians of all persuasions to prescribe for said case. How many of the old school men will respond I cannot imagine, but I sincerely hope to hear from them by the thousands. There should be no question as to the remedy indicated from our stand-point; but from their stand-point—well, just wait and see the mix-up.

I sincerely trust that every reader of this journal will feel it to be a duty to keep an eye on this little “rekus,” and send the name of the indicated remedy for my case to the editor of the *Medical World*. My object is patent, I think, to anyone. I simply wish to compare methods, and demonstrate the fact that we are governed by law in the selection of the remedy; hence we can agree as to what is the thing to do for this extreme case. And what is better than all, we can cure him! Probably the majority of the old school men will prescribe a casket. But I must not anticipate. Wait until you see the case. [If every Homeopath who reads “The Homeopath’s Burden” would promptly subscribe for the ADVANCE and carefully study it for a year he would learn a Homeopathy to which he is now a stranger and by which he can cure his patients without allopathic methods. ED.]

Consistency in Principle.

DR. CARROLL DUNHAM.

Nothing will gain the confidence of a patient so surely as *success*. His confidence, once gained by *success*, cannot be shaken by the form of your dose! Yes; it may though! If he sees that while your doctrines require you to give small doses, you yet dissemble and juggle, and, by using large pills and lozenges and mixtures, try to make it appear that you are giving as large doses as your Old-School neighbor, he will suspect that your faith in the system you profess is not really strong, and he will have doubts of both you and your system. The sick man who feels that you are *curing* him, cares not a straw for the logical improbabilities of your doctrines, nor for the scientific difficulties attending the explanation of the action of your little dose. Large or small—much or nothing—if under your auspices his health return, he will have faith equally in yourself and in your methods.

Patients are like soldiers; they believe in a man who believes in himself. We say this with all humility, for, in a matter of science, belief in one's self is faith in the laws one has undertaken to carry out in practice. And if the physician show confidence in his methods, his patients will yield themselves implicitly to his guidance. The prejudice in favor of large and many doses is a relic of past ages, when the practitioner was paid not for his skill and personal services, but for the medicines he furnished.

A homeopathic cure is as beneficial to our patients as an allopathic one; and if it be quicker, surer, safer, and more pleasant, why not cure him homeopathically?

Homeopathy (?) Versus Homeopathy.

HORACE P. HOLMES, M. D., OMAHA, NEB.

July 20, 1898, I was called to see a young man of twenty years, suffering from acute muscular and articular rheumatism. He had been for seven weeks under the care of a representative homeopathic (?) physician, an ex-preside of

our State society. This physician had gone on a hunting expedition, leaving no one to take charge of the case.

I found the remnants of two glasses of medicine which had been taken in hourly alternation, a quantity of two-grain tablets of salicylate of soda, and, in addition, a supply of oil of wintergreen to take three times a day. This is known as scientific (?), liberal homeopathic (?) treatment. A fine theory, but an abject failure.

The patient, a naturally courageous, robust blonde, had lost his courage the night previous and had a good crying spell. There was evidence of tears in his eyes when I saw him, and his mother said he had suffered enough to make anyone give up and cry.

Both arms were swathed in cotton to the tops of the shoulders. Shoulders, elbows and wrists were badly swollen, his wrists being as broad as his hands at the metacarpophlangeal joints. While both arms showed severe suffering, yet the pain was principally in one, and this had been oscillating from one to the other. The pain had several times changed from one arm to the other, although the swelling would remain and with it much of the sensitiveness in the less affected arm. The ankles were also considerably swollen, though the patient said he could stand that part of his trouble if his arms could be taken care of. He was extremely sensitive to the cool air striking the affected parts, yet craved fresh air and felt suffocated if the windows were not open. His nights were particularly bad and with but very little sleep. He said the doctor had given him some "quieting medicine" at night, but I did not learn what it was. The patient asked me to be sure and leave him something to make him sleep.

My prescription was a few powders of Pulsatilla 200. The next morning his mother met me at the door with a smile, said her boy had had a splendid night's sleep, and she believed he was much better. He was, and continued to gain. Occasional doses of Pulsatilla soon enabled the patient to get out of doors.

August 10th there was a slight return owing to over-

exertion in walking, and chilling. Rhus cm was given, and the patient was in charge of an exhibit at the Trans-Mississippi Exposition in just a month from the time I took charge of his case.

There has been no return, though the young man endured the exposures of a trip to the Alaska gold fields and spent some time there. This case was cured without salicylates, without alkaline drinks, without local applications save olive oil, without anodynes. The similitum covered all of these and did the work. I find my books show an earning of \$565 as an outgrowth of the work done in this case.

Thus endeth the lesson of "Homeopathy (?) versus Homeopathy."

The Antidote to Carbolic Acid.

[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. This is a discovery made by a homeopathic surgeon and if every physician will instruct his patients and the public in its use many lives may be saved and much suffering prevented.—ED.]

THE ANTIDOTE TO CARBOLIC ACID.

EDMUND CARLETON, M. D., NEW YORK.

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 opportunities 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 antiseptics. 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 of the profession.

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, MIDDLETOWN, N. Y.

December, 1893.

“ At seven o'clock in the morning of August 4, 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 ante-dated 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.

Differential Diagnosis of Cerebral Abscess and Brain Tumor.

FRANK C. TITZELL, M. D., PROF. SURGERY HERING MEDICAL COLLEGE, CHICAGO.

Causes of Abscess.—This usually follows a suppurative disease elsewhere in the body. Fully fifty per cent of these cases are an extension, metastasis or complication of an otitis media chronica. Compound and punctured fractures of the skull with infection are also responsible for many cases. Necrosis of the bones of the skull, with extra-dural abscess and erysipelas of the scalp, are not infrequent causes of this terrible malady. Brain abscess without suppuration in other parts of the body is rare.

Tumors.—In the brain, as elsewhere, the cause of tumors is not known. The majority of brain tumors, however, are of syphilitic or tubercular origin. The patient's constitutional taints and family history sometimes aid us in clearing up a puzzling case. In some instances it is well to remember, too, that the history of the case might be positively misleading, as when the patient has suffered from trauma.

SYMPTOMS; Abscess: Initiatory Stage.—The pains in this stage are of a burning and neuralgic character resembling those of lepto-meningitis. There is an increase of temperature with rigors and a high pulse. The patient has nausea and vomiting. The bowels are constipated and the tongue furred. The symptoms are all acute and the patient is sensitive to noise, light and impression.

Second Stage: Fully Formed Abscess.—During this stage the pain apparently grows less and the sensibility becomes blunted. Mental perception is greatly reduced and the mind is befogged. The patient stares and is unable to concentrate the attention and gets lost in the middle of a sentence. Many of them assume a typhoid condition and have been diagnosed as typhoid fever.

Tumor.—Remember in the first place that a patient with a tumor has a constant and persistent headache. This is a "red-liner" for brain tumor. The headache is worse from pressure over the region of the tumor and is not relieved by remedies. It continues night and day. This patient also vomits but has no nausea. The vomiting is cerebral and projectile. Like the headache no remedy seems to control it, and the patient vomits until thoroughly exhausted.

Vertigo is another prominent symptom and this is especially annoying when the patient is recumbent. Epileptiform convulsions are usual and generally confined to one side of the body, depending, of course, on the location of the tumor. There is impairment of mentality, the mind is weak, the patient irritable, and gets lost in familiar places.

TEMPERATURE: Abscess.—During the first stage we have a high temperature. In the second stage it gradually comes down to normal or goes down even to sub-nor-

mal. If the temperature remains normal or sub-normal for a time, with the above symptoms pointing to abscess, and we have a sudden rise in temperature, it indicates a rupture of the abscess and the beginning of a septic lepto-meningitis. This is accompanied with renewed acute pains, restlessness, squinting, flushed face and twitching of the muscles. It is in fact the beginning of the end.

Tumor.—The temperature is normal unless the patient is tubercular, in which case we may have the evening temperature of that diathesis.

PULSE: Abscess.—Is high in the first stage but gradually lowers after the formation of pus, to normal or even sub-normal; in some cases going down to 30 or 40 per minute, depending upon the amount of intra-cranial pressure from the pus. This simulates compression from depressed fracture or hemorrhage.

Tumor.—The pulse is rapid and irritable early and becomes depressed only when the size of the tumor becomes sufficient to produce the necessary pressure. Many of them never have a slow pulse, but do have the irritable, quick pulse until death. Especially is this true when the tumor is located at the base of the brain in the medulla or pons.

EYES: Abscess.—When the abscess is in the temporo-sphenoidal lobe, the pupil is small, contracted and stable on that side. When pressure is on third nerve we have ptosis. Strabismus, with fixed dilated pupil, is also common.

Tumor.—Choked disc in one or both eyes, depending on location of tumor. Paralysis of eye muscles or spasms of the same is quite common. The pupils in tumor are usually dilated.

Capsicum: A Few Notes.

S. L. GUILD-LEGGETT, M. D., SYRACUSE, N. Y.

Hahnemann remarks that "in both Indies, where Capsicum is indigenous, it is chiefly used as spice." That when it was introduced into England, France and Italy, and finally into Germany, it was "as a spice or condiment." He says that Bergius first mentions cures made with the drug, i. e. "old agues," but that Bergius having the "mixture craze" combined it with bay-berries, and, like most of his colleagues, neglected to particularize the kind of agues cured. Hahnemann lastly points out the fact that the diseases mentioned as curable by Capsicum are those found in people of lax fibre. Understanding homeopathic proving of drugs we deduce that prolonged use, or over-dosing will cause lax fibre, flabby muscles, vertigo, awkwardness and an easily irritated temper.

An old school authority notes that it has been used effectually in beef-tea, or brandy, in the cure of delirium tremens.

The Symptomen-Codex points to its use in Intermittents; Nostalgia; Hysteric cephalalgia and Megrin; Amblyopia amaurotica; Angina aphthosa; Angina pharyngea maligna, gangrenosa; Heart-burn, especially in pregnant women; Spasm of the Stomach; Tympanitis and flatulence; Colica flatulenta; Hernia ventosa; Diarrhœa; Dysenteria; Burning and blind hemorrhoids; Tenesmus of the bladder; Gonorrhœa with spontaneous hemorrhage from the urethra; Secondary gonorrhœa; Tabes of the testicles; Influenza; Bronchitis maligna; Pneumonia complicated with bronchitis; Asthma flatulentum, etc.

Hering has added to this list:

Typhus and Yellow fevers; Pertussis; Otitis; Scarlatina; Coryza; Cancrum-oris; Diphtheria; Catarrh of the stomach; Gastralgia; Pleuro-pneumonia; Cystitis; Spinal curvature complicated with coxalgia; Cough; Measles; Paralysis; Neuralgia of children; Sea sickness; Cholera, etc.

In running over the above lists one can see how it became so useful an adjuvant in domestic medicine. In that

sphere it has been many times effectually prescribed in the common nasal and throat symptoms caused by colds, and in many varieties of colic. One can also see reason for the invariable prescription of the stewards on ship-board, in seasickness, who give to their patients only specially prepared bouillons made hot with cayenne pepper.

In this long list of diseased conditions in which Capsicum has proved curative, one questions why we now so rarely find cases reported as cured by it. Is it that there are no longer phlegmatics who are lazy, irritable on slight provocation, etc., or that the physicians are less conversant with this medicine than with others of its like? A review of some of its peculiarities may show that a greater familiarity would, in some cases, by its use, have wrought prompter cures than the measures employed.

All records reiterate that the patient must be phlegmatic, and of lax fibre, and most that he must be of blond type. Further study shows that he is subject to homesickness, taciturnity, obstinacy—the latter a very common symptom in the phlegmatic—and that he becomes quickly irritated at trifles. Even while contented and apparently happy he is inclined to get angry at the slightest cause. This is a sufficiently strong symptom to indicate its use in delirium tremens, as above mentioned. Who has not seen an inebriate, apparently happy and content, suddenly, without warning, become irritated over a trifle and take everything in bad part. Then too, the power of Capsicum to produce a reeling vertigo and intoxication further verifies its usefulness in this disease. The strongest mental and sensorial symptoms were brought out by Hahnemann, than whom was never a more acute observer of the morbid effect of drugs.

The awkwardness, as recorded in the provings by Hahnemann, seems rather to belong to the sensorium, and be caused by the dullness and dizziness of the head which makes the patient heedless, knocking against things that seem in the way. Hering records of the phlegmatic that they are "awkward, easily offended, indolent and melancholy."

Further symptoms of bursting headache, sore head, etc., still point to effects of intoxication, as well as to congestive conditions occurring in bronchitis, pneumonia, fevers, etc. These might cause this remedy to be confounded with Bry. were it not remembered that Capsicum was better from warmth and motion, while Bry. is worse. The stitching pains in head, the sensation of enlargement and the pressure in the brain from behind forward, are all Bry. symptoms, unless the reverse modalities are strictly noted. Caps. is >during motion and < during rest.

Burning, "a sensation as if the parts were sprinkled with pepper," (Hering & Symptomen-Codex) has been found characteristic. This symptom has occurred at the various orifices of the body and on the skin, and other things being equal, has led to prompt and efficient cures. This symptom in the mouth and fauces has led to the cure of diphtheria; in the nasal passages, to the cure of hay-fever, catarrh, etc.; in the rectum and anus, to the cure of hemorrhoids;—(these phlegmatic, lazy people usually have hemorrhoids); in the urethra, to the cure of urethritis, cystitis. etc.

Carleton Smith, an acute observer, compares the general burning of Capsicum with that of Arsenicum but differentiates by the restlessness of the latter *not found in Caps.* Capsicum has intense burning in the stomach but it has also the opposite symptom of coldness. Smith says we need not be surprised to find "one day our patient complain of burning, and the next of coldness in the stomach."

There is another place where Capsicum exhibits this coldness, i. e. coldness of the scrotum with impotence and shriveling of testes and spermatic cord. Of gonorrhœas it has cured when the pus-like discharge was followed by a flow of blood.

The most peculiar of its eye symptoms relates to vision: "all objects appear *black*. A few remedies have the symptom: "objects appear dark," but none have been mentioned in which objects appear black. Catarrhal symptoms, with burning, redness and lachrymation, are also present.

The symptom of pain, soreness and swelling of the

mastoid brings this medicine within the realm of inflammation and carries off the mastoid, usually treated surgically and not always benefited thereby. A peculiar symptom of the ear which points to its use in Catarrh is: "a pressing pain as if it would burst *during* the cough."

The burning, crawling, tickling in the nasal passages with a hot red tip leads us to think of it in similar cases of hay-fever, and when these symptoms are found in phlegmatic, lazy, irritable people having cool red cheeks alternating with paleness, etc., it promises a rapid and brilliant cure.

The pains of the throat, caused by Capsicum, are < between the acts of swallowing, like Ign. and a few others. Food tastes sour, and drinking is followed by *shuddering*, and a desire for stool. Heart-burn, water-brash, is a prominent symptom, and this remedy has been found especially useful when occurring in pregnant women. Hemorrhoids with the above described physical characteristics, and the burning of the parts as if sprinkled with pepper, have yielded to this remedy.

The tenesmus of rectum and bladder at the same time likens Caps. to Mur. ac. This tenesmus begins in the bladder, and causes involuntary stool under Mur. ac. This is not so stated under Caps. but the Caps. patient has a much deeper pathological disturbance than has Mur-ac. Aloe, Arg.n., Canth., have produced variations of the same symptom.

The cough causes pains in the distant parts; ears, hypochondria, neck of bladder, and even from hip to knee and foot. "With an explosive cough there escapes a volume of fetid air."

The skin is sensitive and < by *touch* in many ailments of the body. Itching is greatly < by *scratching*. Wm. Jefferson Guernsey says of its mental and skin symptoms: "that as the medicine is 'peppery' so is the patients' disposition, and as we can imagine the local application of it to affect the skin, so does the internal proving of it produce burning and itching, the latter not relieved by scratching

any more than would an ordinary rubbing remove the dust of pepper from it."

Capsicum has probably been more frequently used in intermittent than in any other disease process. In intermittants its peculiarities stand out prominently. Its chill begins between the scapulæ, slowly spreads to the extreme points of the body, and as slowly recedes. The patient needing Caps. has thirst for cold water before and during the chill, but drinking causes *shuddering* and desire for stool. He always knows when the chill is coming on for he begins to drink, like *Eup. perf* and *Nat.m.* He is relieved by applications of heat between the shoulders, and by walking out of doors, i.e. motion.

To sum up: The Capsicum patient is phlegmatic, lazy, blonde, easily offended, "peppery"; subject to violent irritations at all the orifices of the body, so violent in the urethral and rectal canal as to cause agonizing tenesmus in both regions at the same time; so sensitive of skin, as to be irritated by touch no matter of what he ails, so < by cough that he is hurt in various parts of the body; so characteristic in his intermittents that, the location and progress of his chill, the thirst with < from drink, the > from motion and heat, he who runs may read.

Now, if brief attention to this medicine, one of the condiments common to our tables, leads to a clearer perception of its qualities and more distinct knowledge of its uses and differences from its similars, my end is accomplished and we are ready for its verification.

Fur Moschata.

J. C. WHITE, M. D., PORT CHESTER, N. Y.

Mr. D. Quinland, age 30, was admitted to hospital Aug. 16, 1896, in a semiconscious state; in consequence of a gun shot wound of the head. A loaded cane, with which the servants were "fooling" (did not know it was loaded) was placed close to the head and discharged. The charge entered the brain through the right parietal eminence at the

anterior portion. The aperture through the bone was a little enlarged to admit cleansing.

The brain substance was found to be broken down entirely to the extent of an inch in depth and one and a quarter inches in diameter. A full charge of fine bird shot was removed together with the debris of bone, hair and broken tissues. Some of the shot which had penetrated beyond the broken tissues were discharged by nature two and three months after his discharge from the hospital.

There was nearly complete paralysis of the right upper extremity, the lower was partly at command. He gradually regained the use of his limbs and now considers himself "able bodied," though is not as strong in the arm.

During the second week of his illness he complained of intense headache, moaned and made severe demonstrations of pain. The matron in my absence had given him $\frac{1}{4}$ Morphine and Atropia without apparent relief, the pain being evidently of traumatic origin; I felt at a loss as to the remedy, Belladonna and Arnica failing.

Incidentally at this time I was reading in one of our journals (which, I cannot remember, nor the author of the article) of a proving of Nux Moschata in which the headache was intense and the pain was > by pressure—*hard pressure*—so much so that he wanted the attendant to "sit on his head." This symptom accorded so well with that of my patient who wanted the nurse to apply both hands to his head and "to bear her whole weight," that I gave him Nux Moschata two or three times every half hour with such > as to call forth expressions of gratitude. On withholding the medicine the pains returned and were again > by the medicine. The third experiment was made with the same result as the first and second. The remedy was then continued as required for several days, in the second and third potencies the patient being entirely relieved of headache.

He was discharged September 27, being in hospital about six weeks. After losing all track of the journal which suggested the remedy, I was lead to look up the symptom in "Hering's Condensed and Allen's Hand Book"

of *Materia Medica*. I was surprised at not finding the symptom recorded in either, nor is it given under the rubric in any repertory I have seen, including Knerr's. Hering gives the symptom "head feels full as if expanding." Parts of recorded symptoms by Allen such as "head seems bulky, swollen sensation, full and expanding, heaviness of head extending toward the occiput, rush of blood obscuring the sight, feeling as if head was twice as thick as natural, and contraction in vertex with pressure inward, and rising of warmth towards it, etc."

These symptoms being given in the pathogenesis of *Nux Moschata* would suggest the symptom *> by pressure*, even that it might be italicized. I do not remember whether I gave notes of this case to the *North American* or that I had intended so to do.

[NOTE.—The Guiding Symptoms have: "Sensitiveness of the head as from soreness, especially sensitive to slightest touch in a draft of air (wind), *<* from cold and from lying down; *>* from hard pressure (Mag. C.) and from external heat. This particular symptom has been often verified by the editor, and is marked up in small caps in our copy of the work.—ED.]

Manoah, A New Tonic.

HORACE P. HOLMES, M. D., OMAHA, NEB.

And he arose and spake unto them a parable, saying: "There was once a poor but honest pharmacist who caught the spirit of Mammon and took him up into a high place and beseeched him thus: 'Show me, O, Mammon! how I may attain great wealth.'

Mammon fixed his silvery orbs upon him and said: 'Go to, and make a tonic.'

So the poor but honest pharmacist went. He hied him to his homeopathic cabinet, where he kept combinations multifarious, and to himself reasoned: "If one of Schüssler's remedies is good, it is plain to any one but a homeopath that five will be better."

So he chose a tablet triturate of Calc. phos., Sod. phos., Magn. phos., Ferr. phos. and Kali. phos.

Next he mused: "The dear people have great faith in Ole. jec. asc., the nasty stuff, and we must cater to their whim. Did not the Frenchman, Mary Anna, make Erythroxyton coca famous? Faith! we cannot spare that. Then to catch the tonic-loving doctors of both schools there is nothing to compare with Cinchona officinalis, so we'll add a dash of that. The greatest hoodoo of modern tonics, so prized by the soda fountaineer, is Kola, but we will call it by another name lest our tonic smell not so sweet. For menstruum superb, there is naught that can compare with rare old Maderia from the vine-clad hills of East Missouri. Compound magnificent! and now for a name. From whence came the greatest strength? Surely, the father of Sampson was none other than Manoah, and is not my tonic the father of strength also? Verily my tonic's name shall be Manoah*, and I shall be exceeding glad to sell it for \$4.00 per gallon." So would we all!

Thus, abridgedly, states a modest pamphlet with its gaudy, tri-colored title page demurely placed on its hinder part. The lines are double-leaded and under-leaded, while splashes of red faced type give the job work a pied appearance typifying the good, red blood corpuscles created by this indispensable Manoah. Oh, that we had a physician's share in this physicians' stock company's tonic.

*This is not the real name. It's a better one.

Clinical Cases.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

DIARRHŒA: *Causticum*. Stool scanty, yellow, frequent, painful, with cramping in rectum during motion < by movements of body, feels better after stool.

Abdominal aching after drinking.

Great weakness.

Relaxed sensation in rectum, feels as if he would have an involuntary action if he went to sleep.

Goes to sleep with difficulty; restless at 4 A. M.

SPRAIN: *Pulsatilla*. Stye on lower lid; wrenched her chest two years ago, since which has nausea and vomiting after lifting or hard work.

Ache in right temple with nausea and blindness, worse from heat of day and in afternoon.

Constant drowsiness.

Menses, late with pain at start.

Feels better in open air.

HEART AFFECTION: *Crotalus cascattella*. Prickling in lower legs and feet < by riding in cars or sitting; > walking. Feet burn at night.

BLUE VISION when laughing.

Brow ache better by free flow from nose.

SCIATICA: *Ferrum*. Heaviness in legs.

Dislocative pain, < by sneezing, turning over in bed, standing, descending, everting foot, and motion.

If he sits still, limb becomes stiff.

Loss of ambition.

Gushing, sputtering stools, which are worse if he is tired or nervous.

MAL-NUTRITION: *Luesinum*. Emaciation with anorexia.

Menses have odor of decaying flesh.

Albuminous leucorrhœa.

Nausea and vomiting after eating.

Sharp pains in left temple.

Lumbar backache.

Bad taste in the morning.

Easily chilled.

Sharp pain in hypogastrium.

Blood boils.

PEMPHIGUS: *Arum tri*. Epidemic pemphigus, broken vesicles ooze an ichorous fluid, which produces rawness

wherever it touches; *children pick in a nervous manner* at the eruption until it bleeds. A few cases were complicated with follicular tonsillitis, salivation and swelled sub-maxillary glands. No other remedy was necessary.

Arum, Lachesis, and Rhus are about the only remedies needed for this disorder.

INTERMITTENT FEVER: *Arsenicum*.

Chill, creeping, from 7 to 8:30 A. M., ameliorated by heat.

Heat, without thirst.

Sweat, during night, in sleep only; on upper parts; aversion to uncovering.

Cough at night, dry, hacking.

Constipation. Thirstless in general.

Indefinite cravings, especially for cold, sour or highly seasoned foods.

Aphthæ.

Mental restlessness; restless after 2 A. M.

HAY FEVER: *Rumex crispus*. Patient must keep mouth tightly closed to exclude air. Went to sleep after two doses; next night one dose sufficed; this ended the attack for the season.

HAY FEVER: *Scilla*. Lad, aged 7, third yearly attack; teeth show black marks; continually rubs eyes and sneezes; eyes and face bloated; loose cough; relieved promptly.

TRIFACIAL NEURALGIA: *Leusinum*.

Cutting pain from base of tongue to ear.

Aching in right tonsil, boring in right ear and sharp neuralgic pain over right eye, < by protruding tongue and at night.

COUGH: *Tarantula*. Cough with a shortness of breath, > by smoking tobacco This is the second patient that I have cured when the modality specified was present.

INDIGESTION: *Arsenicum*. Sensation as if food lodged in end of œsophagus, and of a sore spot in epigastrium.

Cramp in stomach after drinking water or eating cold food; better from coffee.

Bad taste late in afternoon, very thirsty for cold water.

Great lassitude on waking.

Sweet food causes burning in stomach.

Occasional vomiting of solids only.

Sharp pain in spleen.

Feels better in air.

PULMONARY CONGESTION: *Kali Nit.* Right lung so full of blood that all sound seemed absent. Could hear almost nothing over its entire area; left lung seemed normal.

Pulse, full, large and hard, temperature but slightly elevated; patient sat upright in bed, with rapid gasping breathing; says he feels cold, objectively; the chin was very cold; complete relief in twenty-four hours.

CONGESTIVE HEADACHE: *Lobelia.*

Universal profuse cold sweat.

Great sleepiness, vomiting and continued nausea.

Aching in vertex.

Face of an ashy color.

GALL STONE COLIC: *Lobelia.*

Must have door open to breathe.

Sense of lump in throat.

Nausea and vomiting.

Acidity of stomach.

LOBELIA relieved this attack promptly, but did nothing towards a cure, and at the next attack was not indicated.

DIARRHOEA of nine months's duration in a consumptive.

Thuja:

On swallowing water hears it gurgle audibly down œsophagus and through bowels, but it does not produce an inclination to stool.

Urging to stool every time *she turns on her left side.*

Constant sense of being in a swing, even while lying down.

Choice lay between Phosphorus and Thuja.

TYPHOID FEVER. Typhoid exhibiting a violent onset with high temperature, rapid pulse, great nervous erethism; often neuralgias during prodromal stage. Lippe remarked that phthisis preceded by neuralgic symptoms presents a very unfavorable outlook. It has also been said that the same holds good in scarlet fever. Personally I think it true of all zymotic diseases, they invariably prove to be intractable when preceded by *neuralgic or nervous treatment*.

Nux vomica.

COUGH WITH ERUCTATIONS. This symptom occurs under Ambra, Ang. Ant. t. Arg. n. Arn., Bar. c., Calc. hyp., China, Kali bi. Lact. ac., Lob. Plat., Raph., Sang., Staph. Sul. ac. and Ver. Of this number I have succeeded only with Kali bi. and Sang., the former seeming to be the preferable remedy in most cases. The symptom often occurs in beer drinkers which is an additional indication for its use.

TIBIAL ULCERS. Patient aged 67, ulcers for eighteen months with burning, < at midday and before midnight. Also, stinging pains and sensation of some thing flowing through ulcers; swelling of parts, which is > if she moves about: in general they are < when near the fire. Bad taste in morning.

Aching in the epigastrium < by walking.

Ulcers very sore, can hardly bear any touch; they are very large covering nearly all of the anterior tibial surface of one leg.

Flocculent urinary sediment.

Pulsatilla cured.

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The International Hahnemannian Association, the Materia Medica and Clinical Society of the Homeopathic School, held its twenty-first annual session at Niagara Falls, June 25-28. The papers were admirable and the discussions—the individual experience of the members—very instructing and helpful. It was an old-time enthusiastic medical “love-feast,” and demonstrated emphatically that the Homeopathy of yore, as taught by Hahnemann and Hering, as far from being forgotten, but was the Homeopathy that is destined to emancipate scientific therapeutics from the empirical thralldom of the present and place it among the exact sciences where it justly belongs. The officers elected were:

President, Dr. T. Dwight Stowe.

Vice President, Dr. E. B. Nash.

Secretary, Dr. J. B. S. King.

Cor. Secretary, Dr. W. P. Wesselhoeft.

Treasurer, Dr. Franklin Powel.

Thirty-one new members were elected and the attendance was larger than at any session since the fatal year of 1893. The President and Secretary may be congratulated on the success of the meeting. The next session will be held at the Chicago Beach hotel, one of the best known summer resorts in America, and no effort will be spared by the officers to make it the largest meeting in the history of the Association.

* * *

The American Institute of Homeopathy opened the new century by a memorable session. The place of meeting was ideal; the hospitality unbounded. The papers were of unusual merit and the discussions, perhaps more so than for

years, had the ring of genuine homeopathy—an augury we hope of a growing interest in a better because a purer practice—a return to the original principles and practice of the founders of the Institute. But there was an undercurrent of dissatisfaction among the members that, unless corrected, bodes serious trouble in the near future for the best interests of this grand old society, which has done so much to give us professional recognition in America. The methods of work must be rearranged. More time must be allowed the general practitioner; more time for discussions, and if necessary fewer papers and consequently better ones. It is also doubtful if the appointing of some one supposed to be especially qualified to “open the discussion” is the most successful way to obtain the personal experience of the members. But a committee report was made proposing to change the bureaus into sectional societies, and no effort will be left untried to advance the interest of the members of all sections and all societies, including that minor section devoted to the healing of the sick, so that the greatest good to the greatest number will be the rule. There were 218 new members added to the roll, which shows prosperity at least.

* * *

The Politics of the Institute is far from creditable to a scientific body of professional men and women, and at Richfield Springs the personalities approached the borderland of the disgraceful. At the present rate of “political progress” few members whose labors in the Institute and whose standing in the profession would confer honor upon the position, will allow their names to be used, although it is one of the most honorable and responsible positions in the power of their colleagues to bestow. The President of the American Institute of Homeopathy should be a homeopath of the the homeopaths, a recognized leader proud of his principles and prepared to defend them, a man to whom every homeopathic physician can point as a representative man of the school. In the recent election there are grave doubts if either candidate reached this ideal.

The President Elect is a member, or fellow, of the British Gynecological Society, which like all allopathic societies in Great Britain is jealous, and justly so, of its rules and its principles. The application for a fellowship reads: "This form must be signed by at least three fellows of the society, one of whom must be personally acquainted with the candidate and his mode of practice."

In explanation of his election the President elect has said that he simply presented his card to the late Dr. Tate, of Birmingham, England, in which no reference was made to his principles or his practice. The CARD

As it was presented:

JAMES C. WOOD, M. D.,
Professor of Obstetrics and Gynecology,
University of Michigan.

As it should have been:

JAMES C. WOOD, M. D.,
Professor of Obstetrics and Gynecology,
Homeopathic Department,
University of Michigan.

Thus it would seem he abandoned his principles, his Homeopathy, for the coveted toga of the British Gynecological Society. Is it probable, is it even credible, that if this part of the title—"Homeopathic Department"—had been on the card there could be found three fellows of the British Gynecological Society who would have signed the recommendation for a homeopathic professor in the homeopathic department of a State University to become a fellow. We fear the verdict of history will be that the President elect sold his birthright for a mess of (allopathic) pottage.

* * *

But this is not all; it is not even the worst. As President elect of the American Institute of Homeopathy he is not only the recognized leader of the Homeopathic cohorts of America, but is Professor of Gynecology in the Cleveland Homeopathic College, our alma mater, and is receiving unstinted praise from "our friends, the enemy," for his adoption of allopathic methods and practice, as shown by the following excerpt from the *Therapeutic Gazette*.

It is one of the encouraging signs of the times that those persons who are wont to designate themselves homeopathic practitioners are of their own free will using more and more each year those measures which

increasing experience in the realm of regular medicine has proved to be efficacious.

Our attention has once more been called to this matter by an article in the *American Journal of Obstetrics* by Dr. James C. Wood, who describes a method of treatment in gynecological cases which he has found of use. Many of these cases are suffering from minor gynecological ailments, and therefore do not need any very radical treatment, but every practitioner is aware of the fact that women suffering with these symptoms are apt to come to his office for local treatment. Much of the local treatment has at times been inefficacious or harmful. For these conditions Dr. Wood describes the methods which he carries out, which are all of them anything but homeopathic, although he is Professor of Gynecology in the Cleveland Homeopathic Medical College. It is because these methods of treatment seem rational, and not limited to any peculiar ideas in regard to influence of drugs in disease, that we call the attention of our readers to them.

Dr. Wood states that he is much dissatisfied with the methods of swabbing and tamponing, and strongly recommends the method of hand-spraying originally commended by Dr. Skene. Whether the leucorrhœa be due to gonorrhœa or other causes, he sprays the vaginal walls through a fenestrated speculum with a fifty per cent solution of peroxide of hydrogen, and it is then wiped away, so that the parts are left clean and blanched. This is followed by an antiseptic spray as follows:

Boric acid, 4 grains; Thymol, 1-16 grain; Sodium borate, 1 grain; Sodium bicarbonate, $\frac{1}{2}$ grain; Oil of pine, 1-6 minim; Eucalyptol, 1-10 minim; Oil of gaultheria, 1-10 minim; Oil of peppermint, 1-10 minim; Alcohol and glycerin, of each, 2 fluid ounces.

This may be scientific (?) gynecological treatment, but it certainly is not representative homeopathic treatment such as one would expect from the President elect of the largest body of homeopathic physicians in the world. Is this just, is it honest to the college, the cause, the profession or the Institute?

* * *

Name the Colleges for the information of both preceptor and student, that "carry water on both shoulders:

"As a result some of the homeopathic schools now confer upon their graduates two degrees: one, that of Doctor of Medicine, and the other, that of Doctor of Homeopathic Medicine, and claim that by so doing their graduates have an ethical right to practice whatever they please, with a touch of homeopathic practice whenever that is desirable. These privileges have, of course, always existed for regular practitioners.—*Therapeutic Gazette*.

The therapeutics of the schools are diametrically opposed to each other. One is guided by law, the other by empiricism; and if a physician has adopted Homeopathy from principle why should he not practice it from principle, as well as the best interests of his patients. Such statements should be considered a disgrace by a homeopathic college.

* * *

The Chicago Homeopathic College "has opened its doors to women," is the startling announcement. For many decades it has maintained the affirmative of the question that "brain power depends on sex." Hence we fear it was policy, not principle, that impelled this departure from its well known position. On enquiry we were informed by the president that the change was made to accommodate thirty members of the senior class of Dunham Medical College, of which many are women, who have applied for admission. This announcement is even more startling, as it was generally understood that the student's magnet was recently imported for the special benefit of the latter college. Under the circumstances both the college and the class are to be congratulated.

* * *

How the Remedy Cures received a renewed interest to many by a paper presented at the recent session of the I. H. A. by Dr. Baylies, of Brooklyn. The idea is of "the neutralization and annihilation of the drug and the disease forces, the one by the other, when in homeopathic relation, on the principle of *interference*, as do under similar conditions the undulatory vibrations of light and sound." This is a new and original idea, which places this dependence of the homeopathic remedial agent—in reality of Homeopathy—upon a law of physics. "Similia Similibus Curantur" is an axiom, not the law itself.

"Bring Up a Homeopath in the way he should go, and when he is old he will not depart from it." Teach him how to find the remedy in the most obscure and desperate acute or chronic cases, and how to use it after he has found it,

then he will be independent and self-reliant, will never be tempted to the demoralization and principle destroying measures of empiricism, which always compromise the doctor and without benefiting his patient degrade him in his own estimation and in the estimation of his friends. Hering College will teach a student how to do this so that he may be honest with himself and true to his principles and to his patients, whose lives are entrusted to his care.

The Antitoxin Fad.—In nearly every State Homeopathic Society for the last two or three years this isopathic method borrowed from the empirical schools, has been in evidence. The papers of Dr. Houston in the Illinois, and Dr. Gorman in the New York society were especially noticeable, and the discussion pro and con very earnest, one physician even going so far as to say: "that a man who does not use it is criminal." Others maintained that the best recorded results did not even approach that obtained by a strict adherence to the simillimum of Hahnemann. Here are some facts on the allopathic side of the question. Read them carefully:

Deadly Serum.—Have our readers heard of the terrible serum disaster at Milan? Twenty diphtheria patients, treated with serum, developed tetanus and died, victims of the "latest scientific discovery."

A great pothor has been made over this occurrence. Another case of locking the stable door after the horse is stolen. The Milan institute has been closed, the use of the serum prohibited throughout Italy, all in the market called in, and all in course of preparation destroyed. But these precautions will not call the dead to life.

The antitoxin manufacturers apparently did not know what they were furnishing the public. They say that the diphtheritic serum may have contained tetanus germs, or that they may have got mixed up and furnished anti tetanus serum. Those excuses do not excuse. The incident is characteristic of what may happen at any time when physicians use decaying filth as a remedial agent. In all probability the serum had developed a poisonous ptomaine, which caused the attacks of tetanus. But Ephraim is so joined to his idols that doubtless some far-fetched excuse will be found upon which to saddle responsibility for these murders of a charlatan science, and its exponents will go on experimenting on the people.

It has never yet been demonstrated that horse serum is of the slightest utility in diphtheria. Unless the serum could be taken from the artificially infected horse and transferred direct into the waiting patient's system, without the addition of any drug whatsoever; unless this experiment be many times multiplied, with prompt and favorable results in 11

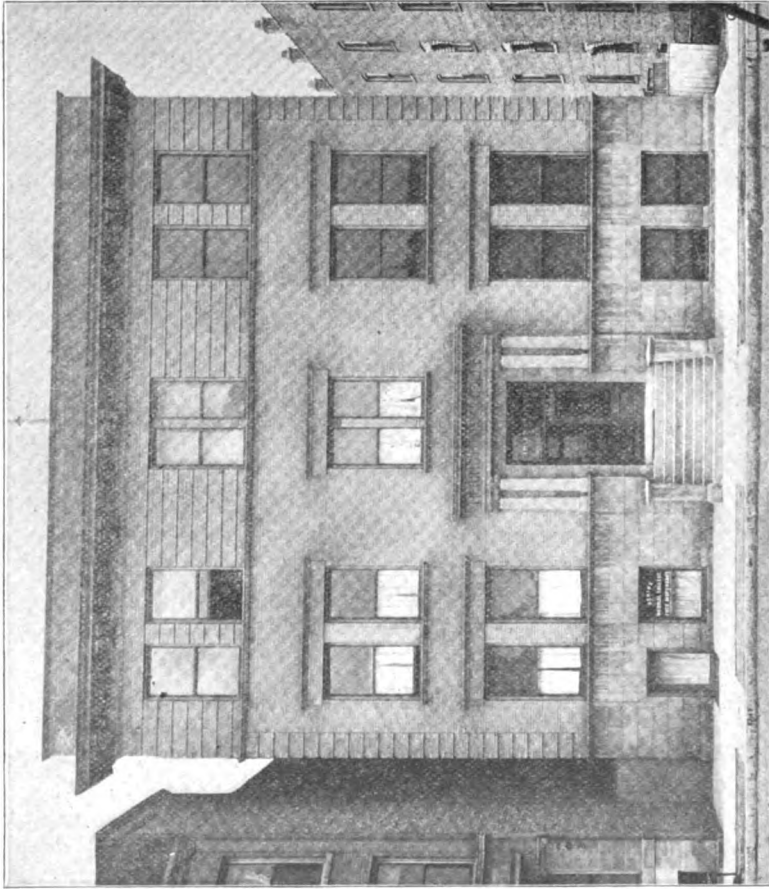
cases, the antitoxin has had no real trial. To add carbolic acid, a remedy of known therapeutic worth in diphtheria and throat troubles, then give the serum indiscriminately with a prepossession in its favor, is no test at all.

As for laboratory experiments on rabbits and mice, they are not worth the paper they are written on. The merit of any medicine must always be determined by its clinical record, and its effects must be watched by keen, critical, conscientious eyes. The laboratory juggling of men seeking to substantiate theories is not worth a rap to practitioners who must cure their patients to get reputation and make a living.

Antitoxin is like a gun. It may or may not be loaded. The doctor who uses it takes deadly chances. A few disasters like that at Milan would make an American town too hot to hold the doctor who turned such a pestilence loose on a community. We have not the continental faculty for dressing up facts and deceiving ourselves. It savors of malpractice to employ a dangerous and deadly substance, of which we know nothing except a fanciful and elaborate hypothesis, in the treatment of sick people.

Let the deadly serum alone. You can get all the benefit from pure solutions of carbolic acid (one-eighth of one per cent.), and you will not run the risk of killing somebody, as you must do every time you inject antitoxin.—*Medical Brief*.

When an editor of an allopathic journal can honestly say: "It savors of malpractice to employ a dangerous and deadly substance, of which we know nothing," does it seem as if a change in practice were imminent? A well read and able allopath, one Samuel Hahnemann, wrote almost the same identical words in reference to the empirical use of all improved crude drugs, one hundred years ago. If he persist in using such language in regard to the practice of the dominant school of today, he may be ostracised as was Hahnemann. And yet some professed Homeopaths eagerly seize an allopathic method that has been tried, found wanting and abandoned by the ablest men of the school. How honest and consistent.



HERING MEDICAL COLLEGE AND HOSPITAL

Tenth Annual Catalogue of the Berling Medical College.

1901.

SEPTEMBER 16.—Preliminary Course Begins.

OCTOBER 1.—Regular Course Begins.

NOVEMBER 28.—Thanksgiving Recess, beginning Wednesday evening.

DECEMBER 18, 19, 20.—Semester Examinations.

DECEMBER 24.—Holiday Vacation.

1902

JANUARY 1.—Lectures Resumed.

FEBRUARY 12.—Lincoln's Birthday.

FEBRUARY 22.—Washington's Birthday.

MARCH 25.—Final Examinations Begin.

APRIL 11.—Hahnemann's Birthday and Graduation Exercises.

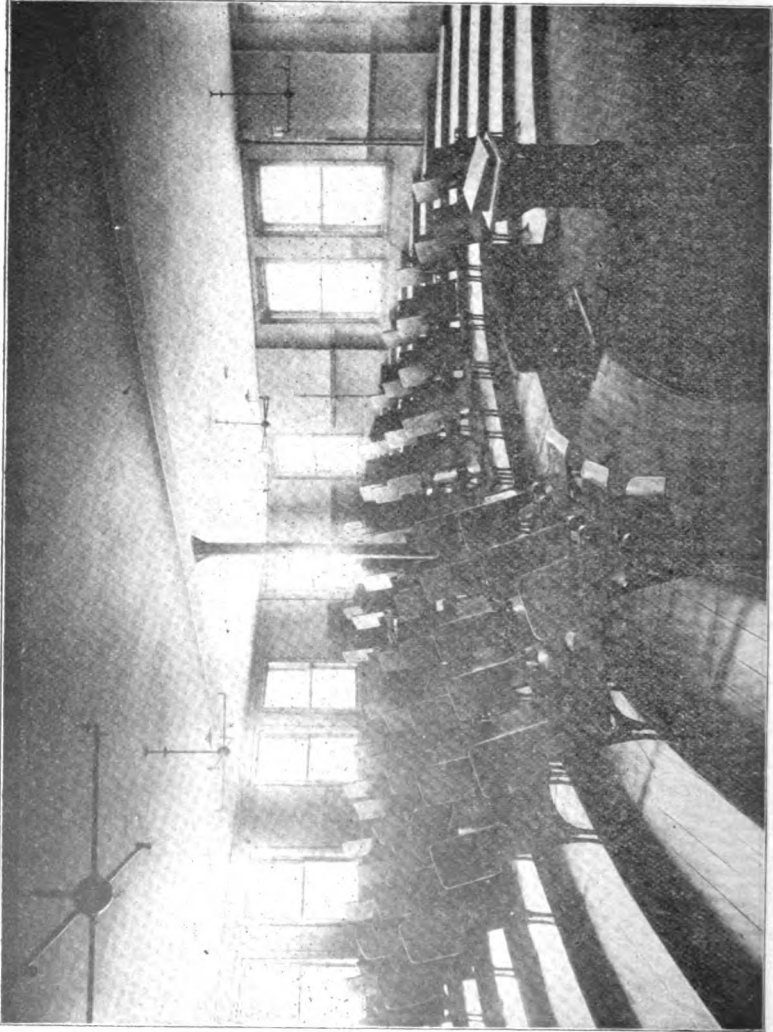
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LECTURE ROOM—Hering Medical College and Hospital.

Faculty.**Materia Medica.**

- H. C. Allen, M. D. 5142 Washington Avenue
Professor of Materia Medica and the Organon
- J. A. Tomhagen, M. D. 103 State Street
Professor of Materia Medica
- E. A. Taylor, M. D. 63d and Parnell Avenue
Professor of Materia Medica and Clinical Therapeutics.
- S. E. Chapman, M. D.
Professor of Materia Medica and Therapeutics.
- Flora M. Watson, M. D. 3946 Drexel Boulevard
Lecturer on Materia Medica

**Theory and Practice of Medicine.**

- T. G. Roberts, M. D. 99 E. 37th Street
Professor of Pediatrics
- R. N. Morris, M. D. 103 State Street
Professor of Diseases of the Chest
- J. H. Allen, M. D. 219 42d Place
Professor of Skin and Venereal Diseases
- Frank G. Wieland, M. D. . . . 3000 Michigan Boulevard
Professor of Renal Diseases and Uro-analysis
- J. B. S. King, M. D. 31 Washington Street
Professor of the Theory and Practice of Medicine
- H. F. Smiley, M. D. 7834 Hawthorne Avenue
Professor of the Practice of Medicine
- Stafford T. Mitchell, M. D. . . 2720 N. Hermitage Av.
Professor of Physical Diagnosis
- Paul Pollach, D. D., M. D. . . . 585 W. North Avenue
Professor of Diseases of the Nervous System
- Ernest Cadwell, M. D. 2452 Wentworth Avenue
Lecturer in Pediatrics

Faculty—Continued.

C. B. Hall, M. D. - - - - 293 E. 53d Street
Lecturer on Dietetics and Sanitary Science

~
Surgery.

John R. Boynton, M. D. - - - Clifton Springs, N. Y.
Emeritus Professor of Operative and Clinical Surgery

J. J. Thompson, A. M., M. D. - 31 Washington Street
Professor of Operative Surgery

Frank C. Titzell, M. D. - - - 6413 Kimbark Avenue
Professor of Principles of Surgery

Mark M. Thompson, M. D. - 805 W. Monroe Street
Professor of Surgical Diseases of the Rectum

R. H. Von Kotsch, M. D. - - - 457 42nd Street
Lecturer on Fractures and Dislocations

Wm. Maclay Lyon, M. D. - - - 5000 State Street
Lecturer on Minor Surgery

~
Gynecology and Obstetrics.

J. J. Thompson, M. D. - - - 31 Washington Street
Professor of Operative Gynecology

Rhoda Pike-Barstow, M. D. - - - 2455 N. 41st Court
Professor of Obstetrics

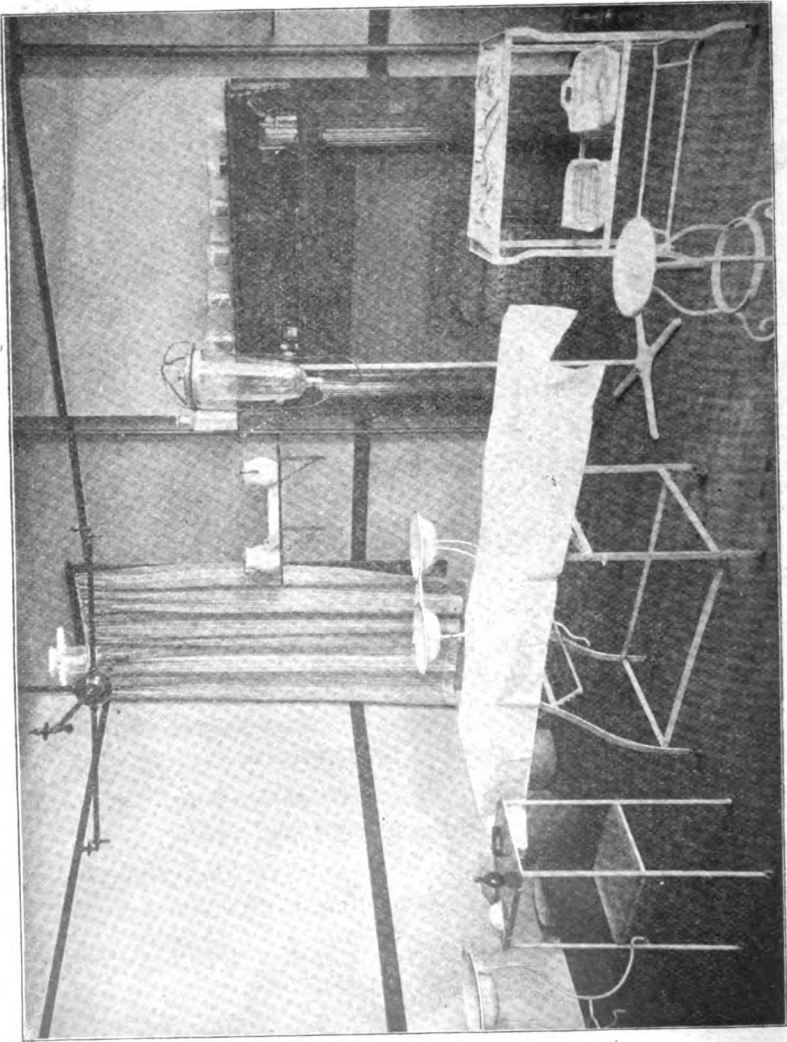
Elizabeth Trumbull M. D. - 59th and Halsted Street
Associate Professor of Obstetrics

Belle Gurney, M. D. - - - 6854 Wentworth Avenue
Associate Professor of Medical Gynecology

Amanda A. Decker, M. D. - 9150 Commercial Avenue
Lecturer on Obstetrics.

~
Ophthalmology, Otology and Laryngology

L. A. L. Day, M. D., O. et A. Chir - 103 State Street
Professor of Ophthalmology, Otology, and Laryngology



OPERATING ROOM—Hering Medical College and Hospital

Faculty—Continued.

Anatomy

Mary K. Mack, M. D. 4120 Vincennes Avenue
Professor of Anatomy

Elizabeth Trumbull, M. D. 59th and Halsted Street
Lecturer on Anatomy

Edward R. Lindner, D. O.
Lecturer on Osteology and Manual Therapeutics.

Max Kuznik 429 Oak Street
Demonstrator of Anatomy

Physiology

Julia M. Orr, M. D. 105 S. Central Avenue, Austin
Professor of Physiology

Herbert R. Allen, M. D.
Lecturer on Bacteriology and Histology

Pathology

J. A. Kirkpatrick, M. D. 396 E. 43d Street
Professor of Pathology

Chemistry and Toxicology

J. B. S. King, M. D. 31 Washington Street
Professor of Chemistry and Toxicology

Medical Jurisprudence

S. W. McCaslin, Esq. 100 Washington Street
Attorney-at-Law

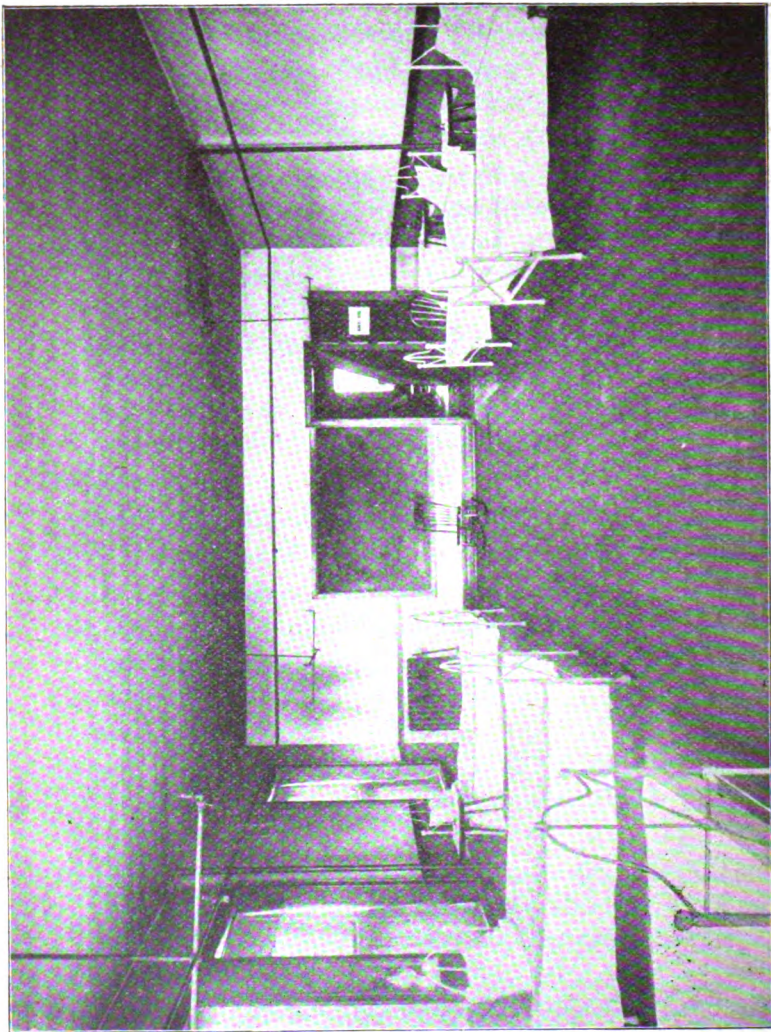
Frank McC. Cox, M. D. Resident Physician

Susan E. Gearheart, M. D. Supt. of Hospital

Text Books

- Anatomy.**—Gray, Morris, McClellan's Regional Anatomy
Shield's Surgical Anatomy; Weisse.
- Physiology.**—Foster, Flint or Kirk; Essentials of Histology, Schaefer; Practical Microscopy, Smith.
- Pathology.**—Green's Pathology and Morbid Anatomy.
- Chemistry and Toxicology.**—Simon's, Avery's or Fowne's Chemistry; 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; H. C. Allen on Fevers; Cabot or Da Costa on Physical Diagnosis; Stengel's Pathology, Green's Pathology.
- Obstetrics.**—Guernsey; Leavitt.
- Gynecology.**—Wood; Penrose; Kelley.
- Medical Diseases of Women.**—Guernsey; Minton; Eggert.
- Pediatrics.**—Fisher; Guernsey; Raue.
- Ophthalmology, Otology and Laryngology.**—Norton's Ophthalmic Diseases and Therapeutics; Houghton's Clinical Otology; Ivins's Nose and Throat.
- Medical Jurisprudence.**—Ewell.
- Skin and Venereal Diseases.**—J. H. Allen's Lectures on Dermal Therapeutics; Shoemaker, Hyde and Montgomery, Morrow.
- 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; Talcott.
- Medical Dictionary.**—Dorland; Gould.

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.



HOSPITAL WARD—Hering Medical College and Hospital

Courses of Study

In accordance with the recommendations of the Inter-Collegiate Committee of the American Institute of Homeopathy, and the requirements, not only of the Laws of the State, but also of good scholarship and thorough training, Hering College makes attendance on four full courses of Lectures and Clinics obligatory upon all its students.

The studies of these years are arranged as follows:

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.

Courses of Study—Continued.

Obstetrics.—Didactic and Clinical.
 Medical Diseases of Women.
 Medical Jurisprudence.
 Dental Surgery and Therapeutics.
 Materia Medica and Organon.

Senior Course

Practice of Medicine and Clinics.
 Surgery.—Operative and Clinical.
 Obstetrics.—Operative.
 Gynecology.—Medical, Surgical, and Clinical.
 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.

1901-1902.

Hering Medical College was organized and started upon its career in 1892, with the idea of opening to the world a college more distinctively homeopathic than any at that time in existence. Its express and distinctive purpose was to teach Homeopathy, as set forth in the works of Samuel Hahnemann, and as verified and amplified, but not altered by those who have followed in his footsteps.

A reform was needed to rescue our principles from extinction, for it had become plain to all who studied the history of Homeopathy, that the practice of the pioneers of our school, based strictly on the principles of the Organon, the single remedy in the potentized form and the minimum dose, was now seldom taught from the college rostrum, or exemplified in the clinics, and, as a necessary consequence, not practiced by the large majority of graduates.

In its place the unscientific practice of alternation was either taught or permitted. External applications of a suppressive character were advocated and used in clinics. The routine use of drugs based on diagnosis, such as Quinine for Intermittent, Ergot for Hemorrhage, Laxatives for Constipation, were recommended, in direct opposition to the teachings of the Organon.

As a natural and direct consequence, graduates left their alma mater without true knowledge, without enthusiasm, without faith in their methods, and with each advancing year sank deeper into the mire of a false and empirical system of prescribing. Against such teaching and against such practice Hering Medical College is a protest and an appeal, a cry to halt and an effort to reform. It has frequently been said that there are too many colleges, but in this field, Hering College, so far from being crowded, stands alone.

One of the direct results of the entrance of our college into the field is that greater attention is being paid to the

claims of *Materia Medica* in all our colleges. The *Organon* is now a text-book.

~ Principles.

Hering college provides 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 of its departments. Anatomy, Physiology, Histology, Pathology, Chemistry, Microscopy, Diagnosis, Sanitary Science, and all of 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 of the special organs and regions of the body is also 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; how to select the remedy in an obscure or difficult case; the temptation to alternate remedies or resort to palliatives, foreign to our school, is removed.

The distinctive method of teaching is to advance *Materia Medica* and Therapeutics and the Philosophy of Homeopathy to their proper place of eminence.

In the clinics the students see practical demonstrations of the principles taught in the didactic lectures. The faculty, composed of men zealously devoted to the truths of Homeopathy, is necessarily in harmony, which insures an orderly, systematic and harmonious presentation of the broad subject of the Science and Art of Therapeutics.

Students who have a leaning toward Homeopathy, or an intention of studying it, are earnestly requested to consider the above facts, and if they conclude to study it at all are urged to study it in its purity.

Remember what Hahnemann said: "When we have to do with an art whose end is the saving of human life, any

neglect to make ourselves thorough masters of it, becomes a crime."



Requirements for Matriculation.

These are practically the same as required by the rules and regulations of the Illinois State Board of Health and recommended by the Intercollegiate Committee of the American Institute of Homeopathy. They are:

1. A 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 a high school, or
3. A certificate of successful examination by the faculty of a 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 in Latin will be given one year in which to qualify themselves (the college furnishes an instructor free of charge) 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.



Advanced Standing.

Graduates of recognized colleges of Dentistry, of Pharmacy and of Veterinary Medicine, which require as a condition of graduation, attendance on a course of two or more full years, may be allowed one year's advanced standing on a four years' medical course, on condition that they comply with the entrance requirements of the Hering college. Graduates of medical colleges recognized by the Illinois State Board of Health may be admitted to any class without examination on showing their diploma to the Registrar.

Graduates of colleges not fully recognized by the State Board of Health will be admitted to examinations for advanced standings.

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 walls of the library are adorned with about three hundred artistically colored engravings of medicinal plants.



Hospitals and Clinics.

The Hering Medical College Hospital is described as a special feature on another page. 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, zoölogy, 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.

Location.

The college is conveniently situated at 3832-3834 Rhodes Avenue. It may be quickly reached by any of the main north and south street car lines, transferring on Thirty-ninth Street, or by the South Side Elevated Railroad.

Board and Rooms.

Hering Medical College is well 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 room can be obtained 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.

Students should report at the college upon arriving in the city. Full information may here be obtained with reference to rooms and boarding, enrollment, baggage, etc. The Registrar and Treasurer will be at the college building during the first ten days of the term to receive and enroll students, and in their absence the janitor will give information about boarding, etc.

Preliminary Practitioner's Course.

On Sept. 16th the college will open with a PRELIMINARY COURSE lasting two weeks. This course will deal chiefly

with *Materia Medica* and *Therapeutics*. It is free to all whether students or practitioners. Immediately thereafter on Sept. 30th the regular course begins.



Departments.

Materia Medica and Philosophy of Homeopathy.

All the classes in the 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 sick. The *Philosophy of Homeopathy*, as taught in the *Organon*, is the basis of all *Homeopathic* treatment, and hence the *Organon* was adopted as a textbook from the very start of the college. The well-known teacher and prescriber, Prof. H. C. Allen, attends to this part of the work.

He, in connection with Professors J. A. Tomhagen, E. A. Taylor and Flora M. Watson also presents a systematic and careful study of the various remedies of the *Materia Medica*, so as to reveal the genius and personality of each drug in bold outline, to which the student may easily add from time to time those lesser details which are the work of other than college years. In the clinics the student sees demonstrated how to select the single, simple, similar remedy and how to apply it so as to obtain the best results. Four years of such work cannot but insure such a practical knowledge of *Homeopathy* that the foundation for the life-work of the physician is laid strong and deep.



Theory and Practice of Homeopathy.

This department, which in one sense covers the whole field of medicine, is divided up so that each sub-department is in the hands of a practical and experienced teacher and physician. Great attention is paid to diagnosis, both physical and clinical, the etiology, pathology and diagnosis of the

nervous system, thorax, abdomen, fevers, specific, exanthematous and acute and chronic diseases of the skin. The latter receive from Prof. J. H. Allen a careful consideration in the flood of light that the psoric and sycotic miasms throw upon this difficult subject.

The department is divided among the following well-known teachers:

PROF. T. G. ROBERTS

PROF. J. H. ALLEN

PROF. R. N. MORRIS

PROF. J. A. KIRKPATRICK

PROF. PAUL POLLACH

PROF. J. B. S. King

PROF. STAFFORD T. MITCHELL

PROF. HIRAM E. SMILEY

PROF. S. E. CHAPMAN.

LECTURER ERNEST CADWELL

LECTURER CHARLES B. HALL

~ Surgery.

The student's work in becoming proficient in the technique of modern surgery will begin with the sophomore year, where a course will be given in minor surgery and bandaging, with clinical work, unexcelled in any college.

In the junior and senior years lectures will embrace surgical anatomy, principles and practice of surgery, operative surgery and gynecology and surgical therapeutics.

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 amphitheater surgery, the students are arranged in sub-classes of convenient size and receive practical instruction and drill in the administration of anesthetics, etc., etc.

The professors of this department are:

PROF. J. J. THOMPSON

PROF. FRANK C. TITZELL

PROF. M. M. THOMPSON

LECTURERS R. H. VON KOTSCH AND WM. MACLAY LYON

Gynecology.

The ability to make a correct diagnosis in this interesting and difficult class of diseases is carefully taught, and especial attention will be paid to the recognition and treatment of the more common diseases of women, met with in every day practice. Practitioners are invited to bring or send their operative cases to the gynecological clinic for the benefit of the students. Courteous and delicate treatment is assured patients of this class.

Obstetrics.

The anatomy, physiology and embryology of obstetrics will occupy the time and attention of the students during the junior year. During the senior year the theory and practice of obstetrics and obstetrical operations will be taught. Charitable material out of clinics and hospitals will be utilized as far as possible for instruction. The homeopathic therapeutics of the gestative and lying-in periods will receive especial attention. Professors Pike-Bartow and Elizabeth Trumbull will have charge of this department.

Ophthalmology and Laryngology.

This course includes the anatomy and physiology of the eye, ear, nose and throat, their most common diseases, together with the etiology, diagnosis, prognosis and treatment. Three clinical lectures each week and regular quizzes will be given by Prof. L. A. L. Day.

Anatomy.

The study of anatomy is carried on in some form in every class. The dissection of at least one lateral half of the body is required. The chair is in the hands of Professor Mary K. Mack, and Lecturers Elizabeth Trumbull and Max Kuznik.

Physiology.

This subject goes hand in hand with anatomy, and is at the foundation of a sound medical education. Professor Julia M. Orr has charge of this department.

Chemistry and Toxicology.

The science of Chemistry is a kind of lofty tableland from which one may survey the whole field of science. It contains the general principles of all the particular arts and sciences whatsoever and easily descends into the details of each one. The time is divided up between lecturers and laboratory drill, and will very thoroughly cover the necessities of a medical education. Professor J. B. S. King and will attend to this work.

Renal Diseases and Uro-Analysis.

Renal diseases will be considered in the junior year after the course in uro-analysis has been completed. Every student will be obliged to make examinations of the urine for sugar, albumin and urea, and make quantitative tests as well. Prof. Frank Wieland will have charge of this department.

Sanitary Science.

The subjects of contagion, the nature and modes of infection, water supply, drainage, sewerage, pollution of streams and house sanitation will be thoroughly treated of and illustrated wherever possible. Infant hygiene is included under this chair. Lecturer CHARLES B. Hall.

Bacteriology.

Chiefly laboratory work with the microscope, with sufficient lectures to group the practical details into a science. Incidentally to this the student becomes familiar with the details of the use of the microscope.

Medical Jurisprudence.

The aim will be to make the lectures of special value from a practical point of view. They will cover all the medico-legal relations likely to arise in the physicians life. Lecturer S. W. McCaslin, Esq.

Pathology.

Under general Pathology the student will be thoroughly instructed in the nature of disease, emphasizing the relations to the normal physiological process. It will be shown how the abnormal functions of the human system operate according to fixed laws and that all remedial measures must be in harmony with nature's plan for the removal of Toxines, whether generated from within or introduced from without; and that the repair of cell structure in disease is a physiological or vital process, requiring time, proper nutrition and favorable environment to effect a cure.

Special Pathology will be taught by clinical analyses of cases and every modern appliance used to arrive at the true nature of local diseases, and its various special causes in order to show its relation to the constitution or general vital derangement. Prof. J. A. Kirkpatrick,

Special Lectures.

At convenient intervals during the winter, short courses of lectures will be inaugurated by eminent men and well known homeopathsists.

Dr. E. B. Nash of Cortland, N. Y., will deliver a series of lectures on selected topics in Materia Medica; an occasional evening lecture upon special or scientific subjects.

Dental Surgery.

This course is limited to the general principles of dental surgery. The application of the homeopathic remedy to diseased conditions of the mouth and teeth will be included; the subject of the hygiene of the teeth both in adults and children will also receive careful attention.

Examinations.

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 evidence 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.

Examinations *cannot be held before the designated time.* Not more than two examinations will be held in a single day. *Students not in their seats at the time of roll call, will be counted as absent.*



Requirements for Graduation.

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.

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.....	\$100.00
For <i>Materia Medica</i> and the <i>Organon</i>	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.



Bering Medical College Hospital Training School.



In connection with the college and hospital a training school is maintained that offers a two years' course of training to women who desire to engage in professional nursing.

The course of instruction comprises practical work in the care of patients in the hospital, theoretical work in the class-room and lectures on the various subjects.

The course extends over a period of two years, including the probationary month,—each nurse being allowed two weeks vacation each year and such other days as the superintendent may grant, the same being allowed as a part of the two years. Time lost by sickness or from other causes must be made up.

A diploma signed by the hospital committee, superintendent and lecturers, will be given each nurse upon the completion of the course.



Courses of Study

Junior Year—Elementary Anatomy and Physiology, Ma-

teria Medica and practical nursing, embracing the whole care of medical and surgical patients.

Senior Year—Obstetrical nursing, care of new-born infants, care of children, special nursing, care of operatives, private duty, surgical technique, operating-room work, the examination of urine and advanced medical and surgical work.

During the senior year nurses are allowed to do outside nursing for the hospital.

Physicians are also supplied with nurses for private cases, on call.



Requirements for Entrance

1st. A certificate of good moral character, signed by one physician of good standing in the profession, and a minister, and reference from two persons residing in the city or town whence the applicant comes.

2. A diploma or certificate of graduation from a high school, or

3d. A certificate of successful examination by a faculty of a university or college, by a state superintendent of instruction, or a teacher's certificate. Lacking all of these, the applicant must pass a satisfactory examination in the common English branches.

4. The applicant must be over eighteen and under thirty years of age.

5th. All applicants must serve one month on probation, at the end of which time they may be dismissed for cause, without question, by the superintendent or hospital board.

During the probationary month the hospital furnishes board, lodging and laundry. The probationer furnishes her own dress. After being accepted as a pupil, uniform and text-books are furnished by the hospital.

6th. All applicants must agree, upon entering, to remain, if accepted, until graduation, unless sooner excused for good reason, by the superintendent and hospital board, but when so excused no diploma will be granted.

Requirements for Graduation.

1. The candidate must be of good moral character.
2. She must be at least twenty years of age.
3. She must have had two full years training in the hospital.
4. She must have passed a satisfactory examination upon all branches of the prescribed course.
5. She must have passed the required tests in general and special hospital work.

Matriculants 1900=1901.

Aldrich H. L., Kansas.	Lewin O., England.
Axel O. F., Sweden.	Lyon W. M., Kansas.
Bowman F., Missouri.	Lindner E. R., Minnesota.
Bergolth C., Illinois.	Messmer M. L., Kentucky.
Baxter M., Kansas.	Mathews Mrs. C. C., Indiana.
Blood J. V., Michigan.	Milford E. S., Iowa.
Beatty E., Illinois.	McCutcheons J. E., Ohio.
Cosimi S., Italy.	Nair B. P., Pennsylvania.
Carr I. K., Illinois.	Paul W. C., Illinois.
Carr C. T., Illinois.	Roy D. G., Ohio.
Cox F. McC., Ohio.	Rummel L. T., Ohio.
Donohue H., Illinois.	Szwaba John, Illinois.
Ellis K. M., Illinois.	Spring L. G., Illinois.
Feltz L., Missouri.	Simons Chas., New York.
Fread W. R., Illinois.	Skinner H. O., Indiana.
Gupta G. L., India	Thomas L. W., Indiana.
Griffing C. M., Illinois.	Tuholky L. S., Russia.
Guy E. L., Illinois.	Tenly W. G., Illinois.
Hopkins V. M., Illinois.	Thornett Ada, England.
Huffman R., W, New York.	Van Dyne A. L., Canada
Isaac E. L., M. D., Russia.	Walsh James, New York.
Isaac J. V., Russia.	Weimer R. F., Wisconsin.
Kendall A., Kansas.	Wylie C. B., Pennsylvania.
Koethen E. A., Illinois.	Weeks W. W., Minnesota.
Kuznik Max, Illinois.	Williams C., Illinois.
Kuhn A. P., Illinois.	

Graduates of 1901.

Olof Teodor Axell, B. Sc., Sweden.	(Lond.) England.
Elizabeth Beatty, Illinois.	Wm. Maclay Lyon, Kansas.
Frank McCollum Cox, Ohio.	Ethan S. Milford, D. O., Iowa.
Ganendra Lal Gupta, India.	Luella Z. Rummel, Ph. B., Ohio.
Elizabeth E. Isaac, M. D., Kansas.	A. Marion Thornett, L. S. A. (Lond.)
Addison Kendall, Kansas.	L. M., England.
Octavia M. S. Lewin, M. B., B. S.	Louis S. Tuholky, Russia.

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The True Cause of Typhoid.*

H. C. ALLEN, M. D.

Since the first edition of "Intermittent Fever," more than twenty years ago, the author has devoted much time to the investigation of the true cause of typhoid. The labor has been expended in the therapeutic verification of the truth of Hahnemann's theory of chronic diseases in the line of symptomatic pathology, until the suspicions of former years have ripened into the conviction that when he promulgated his psoric theory he "builded better than he knew." He did not fully realize that he had made a discovery in therapeutics co-equal with the law of cure and the dynamic remedy. Neither did he even dream that as valuable and indispensable in the cure of chronic diseases as his psoric theory has become, it is of even more value in the management of acute diseases.

The author has verified its truth in hundreds of cases, all forms and types of acute and chronic disease, especially in all types of fevers, and in the last twenty years has not seen a case of continued fever of any type—from mild ague to malignant hemorrhagic typhoid and typhus—that has not occurred in a patient with a psoric or tubercular history. And the more pronounced the psoric miasm (diathesis, dyscrasia), the more severe and fatal the disease. The more the vital force (vitality) is weakened by the psoric and tubercular diathesis, the more susceptible the patient becomes to

* Introduction to "Fever," in press of Boericke & Tafel.

all external dynamic morbid influences and consequently the less the vital resistance to the onset of typhoid or other fevers.

Still, ever since its publication in 1830, Hahnemann's work on chronic diseases, like the law of cure and the dynamic remedy, has met with ridicule and vituperation from the dominant school, and we regret to say the majority of professed homeopaths have neither examined its truth, demonstrated its falsity, nor accepted its teaching. And strange as it may seem in both schools of practice, those who have studied it least, and know little or nothing of its practical value in the cure of the sick, have been its most bitter opponents. Will this attempt to introduce it and apply it in acute diseases meet a similar reception? We fear it will, for it is so much easier to prescribe for typhoid fever, than to carefully individualize the case and treat the patient.

Organon, § 73. As to acute diseases, they may be classed under two distinct heads. The first attack single individuals, and arise from some pernicious exciting cause to which they have been exposed. Errors in diet, either excess in eating or drinking, or a want of proper food, severe physical impressions, extremes of cold or heat; fatigue, dissipation, strains, etc.; psychical irritations, severe mental emotions, are the most frequent causes. *But in reality they are generally only a transitory outburst, an explosion of a latent psoric affection*, which returns to its former dormant state when the acute affection is not too violent, or when it has been promptly cured.

In the Organon and Chronic Diseases Hahnemann mentions only three constitutional miasms or diatheses—sycosis, syphilis, and psora—including under the latter what we know at present as the tubercular diathesis, which, while an aggravated form of psora the later investigations in pathology and the discovery of the tubercular bacillus entitle it to the rank of another and a distinct miasm, dyscrasia or diathesis with which we have to deal in acute affections.

This psora is the only real, true and fundamental cause that produces all the other countless forms of disease, which under the names of nervous debility, hysteria, hemicrania, hypochondriasis, mania, melancholia, madness, imbecility, epilepsy, and convulsions of all kinds, rickets, caries, softening of the bones, cancer, fungus hematodes, malignant organic growths, gravel, calculus, gout, hemorrhoids, jaundice, dropsy,

cyanosis, amenorrhœa, hæmorrhage dysmenorrhœa, from the nose, lungs, stomach, kidneys, bladder, bowels, uterus, of asthma and ulceration of the lungs, of impotence and sterility. megrim, deafness, amaurosis, cataract, paralysis. defects or loss of the senses, pains of every kind, etc., appear in our works on pathology as peculiar, distinct, and independent diseases.

An "outburst of latent psora" may, according to the exciting cause, produce any acute disease, any form of fever. Hence the value of a well taken anamnesis; for a patient in whose personal or family history any of these diseases may be traced, or who has a record of asthma, hay fever, croup, bronchitis, pneumonia, appendicitis, peritonitis, eczema, or other skin disease either active or suppressed; erysipelas, glandular swellings, tonsillitis, quinsy, especially at change of seasons; acnè, catarrh, otorrhœa, typhoid or other fevers, or a marked susceptibility to every epidemic influence, has this constitutional dyscrasia. A person whose vital force is handicapped by a psoric inheritance is peculiarly susceptible to psychic impressions. Here a severe mental shock, anger, chagrin, fear, mortification, grief, financial reverses, loss of honor or reputation, all dynamic in character, may convert a mild into a severe or even fatal typhoid. And thus far science has no instrument sufficiently delicate to measure such a psychic dynamis which would have no effect on a healthy individual.

THE TENDENCY TO RELAPSE.

The tendency to relapse is found in all acute diseases, and in most fevers this "outburst of latent psora" assumes a periodicity—occurring every 3, 5, 7, 14, 21, 28 days—and pertains to the *patient*, not the *fever*. In the mild forms it is this periodic return of the paroxysm to which the name quotidian, quartan, tertian, etc., has been given; in typhoid, typhus and some malarial fevers the relapse assumes a weekly or monthly aggravation.

The first prescription selected for the totality of the symptoms of the febrile attack, may be Aconite, Arnica, Baptisia, Belladonna, Gelsemium, Rhus, etc., and may not only remove the group for which it was given, but apparently restore the health of the patient when the original

cause which still remains uncared for, produces a return of fever.

As the falling apple arrested the attention of Newton, this relapsing tendency of acute diseases set Hahnemann thinking, and he says:

I spent twelve years in investigating the source of this incredibly large number of chronic affections, in ascertaining and collecting certain proofs of this great truth, which had remained unknown to all former or contemporary observers; to establish the basis of its demonstration and find out at the same time the principal anti-psoric remedies.

At the first relapse, when the symptoms are taken for the second prescription, the family history should be carefully examined, for here will be found the key with which to unlock this tendency. It may be appendicitis, typhlitis, quinsy, croup, pneumonia, ague or typhoid fever; the name is not important, the patient is everything. It may be and often is Sulphur in which "complaints that are continually relapsing" is a marked characteristic. When Sulphur or the best selected remedy fails to relieve or permanently improve, Psorinum or Tuberculinum selected from the symptoms and peculiarities of the family history and inherited diathesis will cut short the acute attack and prevent a future relapse. This has been verified in scores of patients and all forms and types of fever and is entirely reliable. It is one of the most precious gifts bequeathed us by the genius of Hahnemann; but, like his theory of chronic diseases, it may never be applied in typhoid or other fevers, and for the same reason, viz., "we do not believe it, hence we will not investigate it; and we will not investigate it because we do not believe it."

The author's attention was first called to the use of the antipsoric remedy in typhoid by a case in the *American Homeopathic Review*, by Dr. P. P. Wells, in 1863. But it was not until 1876 that the hint was put into practice. The following is the case:

A girl, aged 10, light complexion, slender, mixed nervous and lymphatic temperament, whose mother had frequent attacks of facial erysipelas, and the father was psoric or scrofulous. There was in the early stage no notable characteristic, except the rapidity with which the case reached the state usually met in the last stage of the severe forms



of the fever. On the sixth day, through an uninterrupted downward course, the patient had come to insensibility; profound coma with staring eyes; involuntary unnoticed evacuations of feces and urine; subsultus; when the eyes were open reaching after objects and picking at the bed clothes; entire loss of hearing and apparently of sight; diarrhœa, liquid, brownish and very offensive; pulse 130, small, weak, quick. (In consultation with Dr. A. F. Haynel, on whose advice the patient got four globules of Psorinum 30). In twelve hours, having had no other dose, and no other medicine, she answered questions loudly put, the diarrhoea was less frequent, the pulse 120. The dose was permitted to act, and the improvement to progress for forty-eight hours when she again became insensible with involuntary evacuations and an increase of the remaining symptoms, though slighter than before Psorinum was taken. She now got Sulphur 3d. cent. a half grain. The improvement was prompt, the convalescence rapid and complete. No other dose of medicine was required or given.

SANITATION—THE SICK ROOM.

The sanitary surroundings of the fever patient cannot be too scrupulously guarded. The temperature, as far as possible, should be adapted to the comfort of the sick, the room freely ventilated in the day time, especially when the sun shines, and at all times an abundance of fresh, pure air maintained. Other things being equal, a room with a southern exposure is preferable. If a cool, or even a cold, room should be preferred by the patient, the attendants and nurses should protect themselves with sufficient clothing; for if there be a rule as to temperature it is that which is most grateful to the patient.

To disinfect the room flood with fresh air, protecting the patient from drafts and undue exposure. The so-called disinfectants in general use—Chloride of Lime, Carbolic Acid, Platt's Chlorides, etc.—are chemical abominations, worse than useless, often positively injurious. It is a bungling attempt to destroy a theoretical germ by chemical agents, and should never be permitted in the sick room. If other disinfectant than pure air be required, the similar dynamic remedy meets every requirement of science, and is absolutely safe.

Bathing is essential in every stage of typhoid, especially during the fever exacerbation. The warm or tepid bath is most beneficial and generally most grateful. The

bath cloth or wet towel, not a sponge, should be used; and if very sensitive or perspiring, under the clothes. Never use the cold or ice bath to reduce the temperature, it is always harmful, often fatal.

The bedding should be well aired and frequently changed, as quietly and gently as possible.

Never waken a sleeping patient; but never forget that the stupor of delirium is not sleep.

Hering says: Tubs or pans of water under the bed will, in most cases, prevent decubitas. Try it.

The wet compress—cold or warm as the patient prefers—on the abdomen, when painful or sensitive to touch, will be both grateful and beneficial. I generally apply a towel wet with cold water and wrung dry over the abdomen or around the body in this region, covered with dry woollen cloth to protect the clothing and retain the heat, and allow it to remain until it dries before renewing or changing. In a few minutes it becomes warm and grateful, often bringing refreshing sleep to a nervous patient.

THE DIET OF THE TYPHOID.

“All roads lead to Chicago.” Every physician, irrespective of the school of practice or the condition of the patient, has a favorite diet on which he relies in typhoid. The conditions and indications are essentially the same in all cases, viz., the diseased mucous membrane of the digestive tract and the ancient academic demands of the schools to “sustain the strength of the patient” until the fever expends its force or runs its course. Apparently the diet of fever patients, one of the most essential factors in the treatment, is without rule, reason or science; although nature’s indications are as clear and her demands as imperative as the law of similars in therapeutics, or of gravitation in astronomy.

Absolute rest of the digestive organs is just as necessary for safe and speedy recovery in continued fevers as it is in iritis, in a surgical wound or in a broken bone. If food can neither be digested nor assimilated enforced feeding is

very unwise, to use no stronger term. No fever patient will starve for want of food that cannot be appropriated.

Nature endeavors to make this plain. She points to the heavily-coated or dry, parched tongue, the complete revulsion at the sight or even the smell of food, the rapid pulse and rise in temperature after eating, with entire loss of appetite, as a protest against the custom which is worse than useless; in fact it may be the straw that overpowers the vital force and hastens what we are trying to prevent, a fatal issue. We do not compel the inflamed eye to perform its duties, when light, its normal pabulum, only irritates the organ; we order a dark room and absolute rest. Then why force the sensitive and inflamed glandular structure of the digestive tract to work when it is incapable of performing its functions, or when even a partial attempt may produce severe irritation or a fatal hæmorrhage?

Pure water, ad libitum, is the best and safest *diet* for the fever patient, until the tongue is clean, the appetite—nature's call for food—returns, and the pulse and temperature are nearly normal. The best results are generally obtained by *hot* water if it can be taken; if luke-warm, it often nauseates. Cracked ice or melted ice is injurious, and if cold water is given the patient it should be cooled by ice around the outside of the vessel. Ice water should not be used internally or externally in typhoid, typhus or yellow fever.

This diet may, and sometimes does, become monotonous, when it may be varied to suit the taste of the patient by adding the juice of orange, grape, raspberry, strawberry, watermelon, current, etc., but not lemon or vinegar. As the tongue cleans and appetite returns rice water, unseasoned dried apple water, or toast water may be allowed. Stale bread well toasted should be put into boiling water while hot and allowed to cool in an earthen vessel. Barley, cracked wheat, or oatmeal gruel well cooked may be allowed later. The late Dr. Woodruff, of Detroit, fed his fever patients on codfish water. The so-called Extract or Essence of Beef is an abomination, contains no nourishment for the typhoid patient, is always injurious and harmful, and in

typhus and yellow fever often fatal. Alcoholic stimulants are rarely advisable, although Hering recommends pure American or Hungarian wine during convalescence, but prohibits port. It is a better and safer practice, however, to correct abnormal hunger or a total want of appetite by the indicated medicine rather than diet or stimulants.

Chronic Gonorrhœa.

BY E. E. REININGER, M. D.

Associate Professor of Materia Medica and lecturer on the Organon at the Chicago Homeopathic Medical College.

Much valuable data have been collected in recent years, establishing the fact of a chronic gonorrhœa. It was not till after the discovery of the gonococcus by Neisser, in 1879, and subsequent investigations by others, that there has been demonstrable proof published to the world that such a condition existed and that it is a constitutional chronic infection.

Hahnemann's¹ teaching of sycosis eighty years ago is being verified by these investigations. He was right in what he taught, that "It was a chronic disease of a peculiar character, that it was ineradicable by the vital force without proper medicinal treatment."

The truth of which is acknowledged by his followers and others give him credit for his wise observations regarding this chronic infection.

Specialists, as well as general practitioners, have verified the enormity of its prevalence in cities as well as in the country at large.

There are men in the practice of medicine to-day who make light of the existence of chronic gonorrhœa; who will ridicule the fact and call it nonsense for an acute gonorrhœa to be followed by constitutional symptoms; they argue, when the acute symptoms subside, that it is the end of the trouble, and no infection can be transmitted after subsidence of such acute symptoms.

That the antiseptic local treatment kills all germs and therefore the disease in its incipency, before it can become constitutional. During the last winter, in one of the Medical Colleges of Chicago, a teacher of venereal diseases made the statement, in his class-room, "that no harm can follow an acute attack, if it is promptly treated locally by antiseptics."

The majority of the medical profession at large have believed this to be true and the laity have been taught so, by them. Is there any wonder of its frequency in the face of such wrong teaching?

I will cite a few cases showing that the gonococci are found distributed in the tissues throughout the system and remain latent for a while, until aroused by some cause, producing acute disorders and death. A woman about twenty-five years of age, was admitted to Cook County Hospital, her past history was bad in that it showed a continuous gonorrhoeal infection of several years standing, no syphilitic history in evidence, a user of stimulents to excess.

Present condition, that is, at time of admission to ward, was suffering from an acute septic peritonitis with an endocarditis. Diagnosis; septic peritonitis due to rupture of a pus pocket in pelvis, emptying into abdominal cavity, of undoubted gonorrhoeal infection, from which sepsis, she died a few days after admission.

At post-mortem examination, pathological specimens were taken from her heart and valves of heart, the latter were thickened and nodular, in these nodes gonococci were found.

A young man about thirty years of age, was admitted while suffering from an acute rheumatism with an endocarditis, died shortly after admission; at post-mortem examination of this case pathological specimens were taken from nodular valves of heart, fibrous tissues of knee-joints, and pia-mater, in all of which were found the characteristic gonococci.

The following case is of interest, a man about forty years of age, married, was admitted to wards afflicted with

a chronic rectal affection for which he received surgical treatment, urethral sounds were passed on account of prostatic enlargement, the sounds were sterilized by boiling, in the usual manner in vogue in hospital practice immediately prior to use in this case, precluding infection from this source; within one week after operation an acute urethritis developed, which could not be accounted for, the patient denied a recent acute infection, but did have an acute gonorrhœa about twenty years ago and not since.

A microscopical examination was made of urethral discharge which demonstrated the infection to be an acute gonorrhœa.

In the judgements of Ricord and Lewin—and the statistics of the German army verifies them—eighty per cent of men in large cities are infected with gonorrhœa; that ninety per cent of the cases are not cured and that of a hundred women who married men with supposed gonorrhœa only ten per cent will be found sound.

Prof. Saenger³ of Leipzig, in a paper read before the German Gynecological Congress held in Berlin recently, found that twelve per cent of all cases of pyosalpinx and other surgical diseases of women, gonorrhœa was the primary cause. This estimate is too low in accordance with the experience of other observers.

The most frequent cause of these forms of pelvic peri—and parametritis as stated by Noeggerath,³ in connection with peritonitis is gonorrhœa. Bandl states, that ninety per cent of all pelvic inflammations have their origin in a gonorrhœal infection.

The⁴ argument might in fact be brought to bear in every case of post puerperal septicemia that the woman had previously been infected with gonorrhœa, such is undoubtedly the case in many instances.

In the proceedings of this society, there is a paper published, written by Dr. G. W. Serbino,⁵ entitled, "Can Gonorrhœa Kill?"

In the discussion of that paper some interesting facts were related, by men of integrity and experience, from

which I have selected the following extracts that acute and chronic gonorrhœa can kill, when it becomes chronic it is constitutional and it then was an inferno to treat; that if treated strictly in accordance with the individually of the case from the start of the infection it could be successfully eliminated from the system; that when the stage of acute urethritis was passed the disease was not cured; that the local manifestation is not all there is of the disease; that it has a period of incubation before any acute symptoms appear; that a person once infected and no signs appearing in the urethra even for years, a similar pus discharge can be re-established if case was not properly treated in the beginning and that that discharge can infect others; that latent gonorrhœa will manifest constitutional symptoms every seventeen years, following the original infection; that cases treated from the start symptomatically never have stricture or orchitis; that the warty excrescences can be successfully cured by the internal remedy.

Dr. Max Kahne⁹ states, that the existence of gonorrhœal affections of the nervous system is not only possible but most probable, that it causes a condition expressed by the term gonococci-pyemia, just as pyemia by infection through continuity of structure can produce lesions of joints, synovial and serous membranes, so is it possible that gonorrhœa may cause organic nervous disturbances.

At a meeting of the French Association of Urology held in Paris Oct. 21st 1898, Drs. Julian and Seibert stated that considering the frequency and the severity of the complications of gonorrhœa we are justified in calling the affection a general disease and in such cases the gonococcus is found in the blood.

In reference to the longevity of gonococci I will state one case from my own observation.

A young man about twenty-eight years old, consulted me regarding a rheumatism in joints of entire body from which he could not get relief.

After an examination I concluded his trouble was chronic gonorrhœa. The acute infection was contracted

about eight years previously. Had been married four years. His wife had not been infected thus far of their married life.

I warned the patient that in all probability there would re-appear an urethral discharge, which did happen during the third week of treatment, if it did occur, not to have connection with his wife in such an event she would probably become infected.

My warning was not heeded and the worst happened. She became inoculated; an acute gonorrhœa developed and was treated by me for months thereafter. Here is an interval of eight years from the time of the first infection, to the time of re-appearance of an acute gonorrhœal discharge from urethra.

No infection was conveyed to his wife during the four years of married life, until re-appearance of an acute urethral discharge brought on by treatment.

This case demonstrated to me that the gonococci remained latent, in his system for eight years, till reproduced as stated, and infected his wife by coition.

I will now quote from others upon the life of gonococci in the human body. Dr. Heberda¹, a German investigator declares, in regard to the question of infection in chronic gonorrhœa he believes can develop an acute gonorrhœa in another person, this belief was confirmed by Finger and Wertheim by inoculation experiments.

Wertheim² says: that male and female with chronic gonorrhœa will cause an acute gonorrhœa in a person with whom he or she cohabits. The probability therefore points to the fact that an acute exacerbation in a case of chronic gonorrhœa is produced in such a way.

Baunn said: that the time is coming when the term of latent gonorrhœa will be dropped by those studying the etiological factors of gonorrhœa with culture media.

In microscopical examinations of gonorrhœal shreds found in urine of persons afflicted with this affection Galls³ examined 1046 cases of chronic urethritis varying in dura-

tion from four weeks to six years and more, found gonococci in 178 cases.

I might say that it is an exceedingly difficult matter to discover gonococcus in the shreds by the cover glass method.

Another authority declares that he has made repeated examinations of the same specimen without results but when a culture was made with the agar-chest-serum media plus Gramm's method of staining, the gonococci can be found if present.

Neisser⁷, the discoverer of the gonococci reports, out of one hundred and forty three cases varying in duration between two months and eight years, found gonococci in eighty cases.

Landstromm⁷ examined fifty cases finding gonococcus in cases of two years duration.

I will mention some of the symptoms I have noticed in persons suffering from this chronic complaint. They do not all have these same symptoms but modifications of them. I will add that in most of the cases, the worst of them, coming to my notice, the injection method of cure was used. I call the patients thus treated victims of maltreatment.

The mental state is far from being a happy one. The minds of some of these victims, takes on a hopelessness that is depressing to say the least.

Especially so when the real facts regarding their physical conditions are made known to them. The shame of being victims of such an unclean disease and the likeliness of infecting the innocent either a prospective wife or having already infected the wife and unborn babe, cannot be described.

Think of a child being born into the world and in the act of its birth it becomes a victim of a disorder that shall probably rob it of eye sight for life.

Our eye specialists as well as general practioners can tell you of the frequency of gonorrhœal ophthalmia neonatorum.

If the vision is not entirely destroyed it is impaired to the extent of a partial disability for life. I will say here that none of the cases of this kind coming under my observation, in time, have failed of cure by strict homeopathic medication.

Soon after the suppression of discharge the sufferer complains of lameness, stiffness, soreness, swollen and painful joints, some of the time, or all of the time.

All of the fibrous tissues of the body become diseased; the endocardium, arteries and veins undergo changes. I look with suspicion upon every case of synovitis as being an infection of this kind.

The characteristic pains are sharp, cutting and excruciating, they are worse during cold, damp and changing weather; from exposure or on suddenly becoming chilled or wet; from over indulgence, in eating, drinking; from labor either mental or physical or venery.

The thickened joints are from the enlarged ends of bones plus swollen fibrous tissue.

There is a characteristic sweating of single parts or of of the whole body; it is cold, clammy and exhausting, of a peculiar odor and stain, either by day or night, in warm or cold weather.

They easily catch cold, are subject to aggravations in forms of catarrhs from all mucous membranes of body, which may be at times bland, excoriating or purulent.

The skin also comes in evidence, in shape of warty growths. I have seen them frequently of different kinds and have removed them with simple homœopathic remedies; some of the results obtained have astonished me.

One case of a man sixty-five years of age, who had contracted an acute gonorrhœa more than forty years previous to my treatment, had been a sufferer from the after affects, principally rheumatism of joints, since infection. In the course of my treatment the patient noticed irregular lumps developing on his back and called my attention to them. They were warty growths, about forty of them, varying in size as large as my thumb, an inch long to that of an average sized grain of wheat.

I wish to state one fact in connection with this case, improvement began about the time the warty growths appeared. All of them vanished during subsequent treatment.

I well remember one young man who had an excrescence appear on penis just back of corona, the size of end of my little finger an inch long, that was cleared up by one prescription of a few powders of Nitric acid in less than two weeks. This same young man had a wart of a similar character on opposite side of glans penis removed with scissors by a well known surgeon of our city, who stated that such growths can not be removed in any other way than by scissors or by cauterly.

What about the constitutional taint, is it removed when an excrescence is thus snipped off?

The warty growths appear on skin and on mucous membrane. They are spongy and compressible. If on skin their color is dark brown, rough in appearance and smaller at base than at apex, after their absorption leave a dark brown spot. If on mucous membrane they are pinkish-white in color, smooth in appearance and serrated at ends. I have seen two cases where there were so many of them in vagina as to exclude from view the mucous membrane.

Of all the misery entailed on woman this infection leaves its mark. Ovaritis, salpingitis, pyosalpinx, pelvic abscesses, metritis, peri- and para-metritis, peritonitis, leucorrhœa spurulent and excoriating.

I know of two cases of contraction of bladder in women due to ulcerations following gonorrhœal infections contracted from their husbands.

In males we have a long list of diseases following the suppression of this infection, so commonly known to practitioners that it seems a waste of time to repeat them here.

It is generally accepted that this disease is contracted only by an unclean sexual connection. Innocent persons have been infected by unclean instruments. This being a fact, can not an infection be conveyed otherwise? The range of age in an acute infection. I will state, that several years ago a child only three years of age was brought to

examining rooms of Cook County Hospital suffering from an acute vaginitis; an immediate microscopical examination was made by myself of discharge taken from inflamed parts of child and found to be a gonococcus infection, the person who brought child to hospital was from the lower walks of life.

The oldest person coming in my range of observation presenting himself for treatment for an acute gonorrhœa was a man seventy-seven years of age.

Several years ago two children were brought to examining rooms of same institution, a girl and boy about five and seven years of age respectively, who were both infected with an acute attack of gonorrhœa. One of the internes questioned the father of these children as to the possible cause of infection of children. He frankly acknowledged that he was undoubtedly the cause of their misfortune; their mother had died six weeks previously, and since that time the children had slept in same bed with him; he had contracted an acute gonorrhœa two weeks ago and that there was a free discharge of pus from urethra; that he had not protected the children from infection by proper cleanliness of his own person, not realizing that they could become infected so easily.

In this instance there is a reasonable certainty of infection from unclean linen.

In my present service at Cook County Hospital a child eleven years of age was brought into hospital with an acute gonorrhœal infection. Examination of genitals revealed rupture of tissues clearly indicating recent sexual relations, which undoubtedly was the cause of the infection. The pus was microscopically examined, proving this case to be gonorrhœa.

Can anything be done by the physician to check this indiscriminate spreading of so terrible a disease? Is there no way whereby control of such a dire evil can be effected?

In Germany the government is instituting public lecture courses under the auspices of medical men who tell the people in plain language the accursed consequences of an un-

clean sexual life. Such a propaganda is bound to do good.

I have selected two cases from my practice, the first one given, illustrating the consequences of suppressing an acute attack of gonorrhœa, the train of disorders following such suppression during the subsequent four years and results obtained from a strict homoeopathic treatment.

Charles F., aged thirty-one, consulted me on February 28th, 1892. Complains of a painful and inflamed rectum, burning and itching in rectum while passing stool; the burning is like fire, as though caustic had been applied. Does not recover from pain and prostration induced by stool for several hours thereafter; a feeling in rectum as though could have a stool at any time.

When seating himself on chair does so with care to avoid pressure on anus; can sit only on one ischium at a time on edge of chair; coming down stairs and lifting aggravates rectal trouble, lying on back relieves. Has an excitable, irritable, melancholic state of mind; sleeps good till midnight, then wakeful till about 3 A. M., after that has only cat naps; when getting up in morning is tired and stiff, which passes off after getting in motion; burning in urethra on passing urine; sweats profusely night and day; sweats all over body; changes underwear before leaving store to avoid getting chilled on way home; exercise increases sweat, which is cold, clammy, of fetid odor and stains yellow; feet sweat, changes stockings daily on account of discomfort from sweat.

His past history was good, until contracted an acute attack of gonorrhœa four years ago, which was treated by injection of a zinc solution. The treatment stopped the urethral discharge in a short time.

Soon after urethral discharge was checked an acute attack of rheumatism followed, involving all the joints of body, heart and main arteries. Rheumatism was treated with salicylic acid; after its subsidence an acute attack of gonorrhœal inflammation of the right eye followed, confining patient in an eye and ear hospital for three and one-half months; soon after its relief, the left eye became involved,

confining patient in hospital for three months longer.

In all, this unfortunate man was disabled from his occupation for fifteen consecutive months immediately following suppression, then followed intervals of rheumatism in different parts of body, sensitiveness and painfulness of eyes, bladder trouble, sweating and rectal difficulties.

There were intervals of days and weeks when he was unable to attend to business on account of his afflictions, up to the time he consulted me

Could this sufferer be promised any relief? The rectal condition; the sweating with its concomitants; the mental state; the urethral complaints; the time of aggravations presented a picture, an individuality strongly pointing to *Nux Vomica*, which was given.

Improvement followed in rectal and bowel distress, as well as in mental state, until March 17th. Reports knee joint trouble, sensitiveness of eyes and urethral burning still present. *Sepia* was given.

Reports improvement until May 21st. Night sweats and some rheumatism for the last three nights only. *Sepia* was given again.

June 5th, reports improvement. Some sweating only on exercise; stiffness in knee joints without pain; when quiet all symptoms subside. *Bryonia* was given.

June 25th, reports improvement. No night sweats. "It must be a hot day to cause sweating"; some stiffness in knees. No medicine.

Reports show no medicine and improvement without interruption until November 19th, 1892. Complains of stiffness in knee joints. *Bryonia* was again given.

This man's condition was greatly improved in less than ten months' time, by the simple method taught by Hahnemann, of only a few powders in each prescription and of the higher potencies.

He removed to California after his recovery. During the year following treatment he voluntarily wrote me that his health remained good, and expressed his gratitude for relief obtained.

The second case is given mainly for the microscopical examinations that were repeatedly made of the urethral discharges and gonorrhœal shreds found in urine, to ascertain whether treatment would successfully remove the gonococci and shreds; most important accomplishment of all was healing patient of the disease.

A physician in active practice presented himself for treatment September 2d, 1899. Was infected five years ago. Has tried everything known to the profession without relief. Eleven physicians having been consulted and prescribed for him, one of them being a specialist in venereal diseases, who had him in his care for over one year without relief, before submitting his case to me for treatment.

His mental state was the worst feature of his case. Broods over his misfortune; gloomy about his health and the future; easily embarrassed, bashful, confused, of a highly sensitive nature. Depressed and hopeless continuously, even after my best assurance that he can be relieved. Better out of doors, craves the fresh air. Pain in the lower lumbar region almost constantly. Is easily fatigued. Urethral discharge is yellow and bland. Pain in perineum sacral region and back; burning in character as though a hot iron was lying on them. Pulsatilla was given.

Oct. 8th. Reports no better. Bacteria are in discharge and shreds in urine. Burning of urine on passing and pain in prostate, shifting rheumatic pains here and there. No medicine.

Oct. 14th. No change. No medicine.

Oct. 28th. Awful blue. No medicine.

Nov. 6th. Found shreds in urine and bacteria galore with epithelial exfoliations. No medicine.

Nov. 18th. Cutaneous eruption on fore skin; in perineum felt much dull pain. Constipation; stool only after much effort. A stain of blood on linen; shreds in urine continue. Nitric acid was given.

Dec. 1st. Mental depression much worse; urethral discharge copious. Had a temperature of 103 yesterday. "Before this trouble came on me I was of a cheerful and happy

disposition." Slight pain in right knee, dragged out feeling; feel worse about 4 P. M.; feel exhausted of late. Pulsatilla was again given.

Dec. 23d. Something is going on in urethra posterior part, it pains me there. I can feel one spot where it aches. Have shreds in urine each time I urinate. Pulsatilla.

Jan. 11th, 1900. Feel better. Still shreds in urine. Mental symptoms have not disturbed me of late. No medicine.

Feb. 7th. Microscopical examinations made of shreds in urine since last report shows bacteria still present. No medicine.

Feb. 19th. Had a high temperature again. Was confined to bed for several days. Think it was due to absorption of pus in prostate. Pulsatilla was again given.

Feb. 24th. Mental state worse than ever. Urethral discharge contains epithelia, both squamous and columnar, and gonococci in profusion. Shreds still present in urine. Dull pain in perineum in region of prostate. Pulsatilla 1. M. Fincke, one powder was given.

March 1st. Mental symptoms much better. No medicine.

March 9th. Better still. No medicine.

There has been a steady improvement for over two months until May 27th. Complains of intense pain in sacrum and in fourth and fifth lumbar vertebæ; can not straighten up; burning pain in perineum and running up spermatic cords; pain in testicles. Not so many shreds in urine, no bacteria. Mental symptoms still present. Pulsatilla was again given.

Reports show improvement, symptoms as last complained of gradually disappeared.

July 12th, Mental symptoms better. Pain in spermatic cords passed away, am fagged out. No medicine.

Aug. 27th, There is a thick yellow creamy discharge containing leucocytes and numbers of gonococci and shreds come away, first the shreds then the urine. Pulsatilla.

Nov. 9th, A perceptible discharge and shreds in urine loaded with bacteria and gonococci. No medicine.

Nov. 25th, Many colonies of bacteria and gonococci, also many pus corpuscles and leucocytes. A full feeling in urethra at prostate. Nitric acid.

Dec. 3rd, Think the abscess has cleared up. No medicine.

Jan. 14th, 1901. There is quite an improvement in all symptoms. No medicine.

Jan. 25th, No morning discharge. Very small shreds in urine now, no other condition to report. No medicine.

Feb. 15th, Think am getting along finely. Microscopical examination showed only one or two bacteria that I was sure of. No medicine.

June 1st, The last time I saw the doctor he reported that discharges ceased and no more shreds in urine and no gonococci. Mental symptoms gone, and considered himself well.

The last case was under my observation for nearly two years, and probably shall remain so for another year.

Conclusion:—No case ought to be pronounced curable, unless the patient will continue medication for at least three years, or longer as the case may require.

No case can be cured unless the most careful individualization is made and the minimum dose is given.

The subsidence of constitutional symptoms and disappearance of gonococci are the only signs of a cure.

1. Hahnemanns' Organon of Medicine, paragraph, 79.
2. Homeopathic Recorder, vol. 12, page 82.
3. Cyc of Obs and Gyn. vol. 12, 141.
4. American Text book of Gyn. 141.
5. International Hahnemannian Association, 1887, 183.
6. Klin, Ther, Woch. 1898. vol. 5, pp, 40, 80, 120.
7. Internaticnal Medical Annual, 1898, 248.

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The Pulsatilla Brunette.

BY C. E. FISHER M. D., CHICAGO.

The first *Materia Medica* lecture I ever heard was on *Pulsatilla*, and I remember particularly the impression that was made on my mind as the temperament of the drug was delineated. I was younger then, thirty years ago, and had left a blue-eyed, light-haired, fair-complexioned and tearful young girl behind me when I went a thousand miles away to medical college, a very long journey in those days, and all too plainly could I see her tearful farewell as the professor portrayed the *Pulsatilla* picture and as I in her recognized its type.

“Fair hair, blue eyes, gentle disposition, lax fibre, yielding temperament, never spunky, easily moved to tears.” This was his *Pulsatilla*, and it is the *Pulsatilla* of all the text-books. Hundreds of times, perhaps thousands, in these thirty years have I thrown down the *Anemone* because of its typical disposition and temperament when many striking symptoms seemed to call for it, and I have no doubt that many of my colleagues have done likewise, so great is the stress which has been placed upon the fair hair, blue eyes, clear complexion and gentle disposition indices in its temperamental pathogenesis.

But experience has taught me that *Pulsatilla* has also a relationship to brunettes, and that the fact that the temperament is the opposite of the *Pulsatilla* type is not a contra-indication to this remedy if characteristic and totality symptoms are present to call for it. A single symptom never outweighs a totality.

Miss W. is a brunette of brunettes. Her hair is black as the coat of a raven, her eyes of the darkest brown, her skin swarthy. She is forty and of rigid fibre, at times crotchety, but usually well-dispositioned and fond of her friends and of little people. She has long been a sufferer from dysmenorrhea, pseudo-membranous enteritis, constipation and catarrh, has a slightly enlarged right ovary, and has withstood the best efforts of many of the best prescribers, osteopathic manipulators and other healers of Chi-

cago in their attempts to cure her, which she has seconded by a faithfulness and intelligence that have deserved a good reward.

She is an exaggerated symptomatologist. Her aches are worse than those of any body who ever suffered. Her pains are more plentiful and punishing than those of anybody who ever had pains. Her constipation is more obdurate than that of any one constipated before her time. She has more fine stings and stitchings and shootings and lancinations than bees and needles and guns and scalpels could cause, and is altogether wretched and miserable and unhappy, though she delights in bringing happiness and pleasure to others.

Furthermore, when in pain she can't tell of it without weeping. Her lips will quiver and her eyes fill with tears as she recites her sufferings, and sufferings innumerable, both real and fanciful, she certainly has.

Over a period of years almost all the remedies likely to help such a case have been tried. Nux, Ignatia, Belladonna, Caulophyllum, Cimicifuga Magnesia phos., Psorinum, Plumbum, Sulphur, Lycopodium, Chamomilla, Sepia, Senecio, Viburnum, Arsenicum, Platina and others are now recalled, all used with little or no advantage. She had also been dilated, curetted and generally, orificialized.

Pulsatilla had several times come to mind, but the patient's type and physical temperament forbade its use. Finally the quivering lip and tearful eye, strikingly dark though both were, seemed so plainly to call for it that "To the dogs," said I, "with the fair hair, blue eyes, light complexion and gentle disposition indices; here are the tears and the quiver and Pulsatilla goes." And it went, and straight to the mark.

One dose of the one-thousandth, prepared by Boericke & Tafel, was given ten days before the menstrual epoch, and for the first time in many years the flow came on without pain, always agonizing heretofore, it stealing in upon her like a thief in the night, so quietly as not to disturb her

rest. She passed a painless menstruation and reported, 'I, have had the prize period of my life.'

During the next inter-menstrual interim another dose of Pulsatilla, this time the one-millionth, was given by Dr. Allen, with placebos at night, and now the report is changed to read, 'I have passed the prize month of my adult life, and my second painless menstruation.'

And thus it will be seen that Pulsatilla will annihilate its symptoms in other than gentle-dispositioned blondes, and that when its pathogenesis is pictured in the patient its powers for good are not negated by race, color or previous conditions of servitude.

Fads and Fanaticism.

BY C. B. HALL, M. D., CHICAGO.

How to deal with fanaticism in the healing art appears to be a difficult question to decide justly and at the same time logically. We homeopaths, who hold up our hands in holy horror at what we style the criminal ignorance of Christian Scientists and Dowieites, must not forget that the Regulars have not entirely ceased to regard *us* with almost exactly the same emotions and lack of respect for our knowledge of anatomy, physiology and pathology as well as for the efficacy of our therapeutics.

I doubt not that much less complaint would be made against these modern fanatics were they to *do* something or *give* something that is tangible, material or even audible. So materialistic are our tendencies. I infer this because the believers in their own ability to cure all maladies by those more understandable agencies: Hydropathy, Electropathy, Osteopathy or Suggestion are almost through with their period of persecution, and are in a fair way to being pretty generally tolerated, with an ever increasing following and a general admission on the part of others, that there is a limited sphere for each.

The great crime, or mistake, if you please, of all fad-dists is not that they claim to be able to cure by their meth-

ods, but that they claim to be able to cure all forms and kinds of ailments, that formerly sought relief from either drugs or the knife. But those who put their faith in drugs and the knife only are just as unfairly prejudiced, if not so narrow, as the faddists. We need everything that is good; and then we often fail.

The rational mind admits that one's body and soul affect each other for better or for worse. Only less in degree is the influence of other people's bodies and souls—of one's clothing, housing, diet, occupation and everything with which one comes into physical or psychical contact. Then is it strange that any or all means may be required to effect a cure, or that we all sometimes fail?

We homeopaths believe that we can demonstrate both theoretically and practically, that in drug therapeutics we have the most scientific, humane and speedily effective system yet discovered. But diseases take many curious forms, and drugs alone will not always effect a cure. So it seems that it is not fads but fanaticism which is pernicious. But without enthusiasm how could any new idea gain a hearing, to say nothing of an endorsement? Enthusiasm is all right; it is excessive enthusiasm or fanaticism, that, like the little learning out of which it grows, is "a dangerous thing." However, we can no more legislate successfully against it with justice and reason than one can legislate successfully against the old women, drug clerks and the rest of mankind, who always have a prescription ready for any ailment of which one may complain. These unlicensed healers are practising every day. The number of prescriptions filled daily at any druggist's that have no doctor's signature attached far exceeds those with it.

Is fanaticism which gives no medicine any worse than ignorant presumption which gives the wrong medicine? Still we have tolerated this abuse of reason, privilege and humanity from time immemorial. Could we legislate against it effectively? Possibly, but hardly with justice in all cases. It would be far better to educate the masses in the rationale of the thing. Teach them to reflect that while doctors con-

fessedly do not "know it all," it stands to reason and experience that they know more than those who have not given their lives to the study of the science and art of healing. Ask them if it is not true that a painter, a plumber or a carpenter can do better work, each in his special line, than one without experience? Teach them that common sense dictates that as their lives and the lives of their children are the most precious possessions they have in the world they should seek treatment for their ills from one who is supposed to know how to administer the "cheapest, best and quickest" cure of them. These and other arguments can be put forth that will in time bring about an "age of reason" that will protect "the rights of man"—and of physicians.

A Case of Laryngo Trachitis.

J. C. WHITE, M. D., PORT CHESTER, N. Y.

Mrs. B., age 26, of sanguine temperament, black hair, blue eyes, light complexion, of average height, weighing 140 pounds. She was a strong, healthy girl, but has been nervous and somewhat anæmic of late, having borne four children during the past seven years. The youngest being eight months and nursing from the mother's breast.

On this April 10th, A. M., she complained of sore throat < left side, empty swallowing, < warm drinks, > by cold and extremely sensitive to pressure or even to touch. Examination revealed but slight redness and little or no œdema. Two or three small points of white deposit were noticed on the left arch and tonsil. She also complained of severe headache, which she either would not or could not define. The only modality observed was that it was > cold bathing.

Thirst for cold water was a prominent symptom and grew in intensity. She would hold the glass of iced water in her hand sipping it continually, said she "wanted a stream going down her throat all the time."

Feared to go to sleep, that she "would suffocate or not awaken." This latter symptom also grew in intensity. She

also complained of a sense of "oppression" of the chest, which made her anxious and added to her fear of losing consciousness in sleep. The temperature was nearly normal, respiration 30, with a soft, toneless, hacking cough.

April 10th, A. M.—Lachesis 30 in water, teaspoonful every two hours.

April 11th, A. M.—Symptoms same as yesterday but more intense, respiration increased to 40, no swelling of the parotid or sub-maxillary glands but considerable œdema over the region of the trachea. This region being exceedingly sensitive to the slightest touch even of the clothing. Had slept none. Lachesis 1m a powder dry on the tongue every three hours until symptoms were >. I saw her again in the evening; she had taken three powders with the result that she had slept some and felt more calm. The white points had gone from the throat. Swallowing not painful in the pharynx, but was so in the œsophagus in the region of the trachea. Cough was painful in this region and yet toneless. Respiration 40 to 45. Pulse 110.

April 12th, A. M.—Feels better in every way except breathing and cough. There is no "crowing" or croupous breathing but a sense of insufficient air,—she must breathe deep and rapidly in order to get oxygen enough; yet she has but very slight cyanotic appearance. This condition lasted until evening when with cough and efforts to vomit combined she expelled a $\frac{1}{4}$ teacupful of tough translucent membrane, parts of it in cylindrical casts, others in pieces or shreds. There was immediate and entire relief from dyspnoea. The after symptoms of which the cough (now not toneless) was most prominent called for Phosphorus. She made a good and uneventful recovery.

The case was evidently one of fibrinous inflammation of the larynx and trachea, probably extending to the large bronchi.

The case is unique in my experience of 35 years practice. The fact that there was at no time really marked croupous breathing, yet the voice was lost entirely to audible expressions.

The usual remedies for membranous croup such as Acetic acid, Spongia, Kali bi, Iodine, Bromine and Chlorine were lost sight of in the most expressive demand for Lachesis.

The white points of deposit in the throat suggesting at first diphtheria is excluded by the fact that the glands of the throat were not involved. Also that the membrane discharged was thinner, translucent and smooth on both surfaces. The immediate, appreciable and permanent relief after expulsion of the membrane or fibrinous deposit and the absence of blood in the matter expectorated.

Whereas in diphtheritic laryngitis the glands of the throat are always involved. The membrane thicker, rough on the adherent surface and not transparent. The exfoliation is always attended with or followed by bloody expectoration. The constitutional dyscrasia is further emphasized by the slower recovery. The diagnosis in this case is further borne out by the fact that this patient nursed her child throughout her sickness and resumed the care of her children as soon as relieved without infection resulting. The claim of many physicians that fibrinous laryngitis (membranous croup) is identical with diphtheritic croup is untenable.

Natrum Muraticum.*

J. W. KRICHBAUM, M. D., DANVILLE, KY.

Common, every-day salt is the long sought for elixir of life, according to Professors Loeb and Lingle of the University of Chicago. These gentlemen claim that salt administered in certain solutions, produces "Ions" or electric currents which act so marvelously upon the heart, that the organ may actually be stimulated to action after it has been stilled in death. If the theory of these learned professors can be successfully worked out, we certainly need not dread old age nor fear death from heart failure. With the proper percentage of the mixture in one pocket, and a nice aseptic

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hyperdermic in the other, we may safely defy the grim "Reaper."

However, it is not as a stimulant, a condiment, or the latest importation of the scientific world, that I desire to call your attention, but to the remedy *Natrum Muriaticum*. As a preface, I may remark that there are no constitutional effects from crude salt. Some scrawny individual may be taking salt in great quantities, yet growing thinner. There is a salt starvation, or *Natrum Muriaticum* inanition. One would be foolish to endeavor to supply the salt for such a constitution. You cannot supply the system with salt any more than our allopathic brother can the lime, by giving lime water. When *Natrum Muriaticum* is administered in such a shape that the inner man can appropriate the salt, the inanition soon passes away. Our dose does not provide in itself what the patient needs, but it establishes order out of chaos, and then the required salt is taken from the food.

I do not consider *Natrum Muriaticum* a remedy until it has been potentized up to, or beyond the 30th decimal. Further, experience has taught me that the higher the potency used, the more efficacious it becomes in healing the sick. Again I may suggest that it is not to the crude material things that we must look for aid in restoring the health of our patients, but to that force not alone discovered by Hahnemann, but hinted at by the great Physician, when he said "The wind bloweth where it listeth, we hear the sound thereof, but we know not from whence it cometh or whither it goeth."

Objectively, the *Natrum Muriaticum* patient is pale and waxy, the face having a shiny appearance as if it had been greased.

The skin above the nails crack producing hang nails.

Emaciation takes place from above downward, the collar bones becoming especially prominent.

There is quite a long chain of mental symptoms.

Hysterical conditions, weeping, alternating with laughter.

Laughter followed by tearfulness and great sadness.

No matter how cheerful her surroundings may be, the patient is gloomy and sad.

She appears to bid for sympathy, but is disturbed and resentful when this is offered.

Headaches are often induced by these attacks of melancholia.

Hysterical girls calling for *Natrum Muriaticum* are very prone to fall in love.

In mental symptoms where *Ignatia* temporarily benefits, but does not cure, *Natrum Muriaticum* will pick up the dropped stitch and complete the work.

The patient experiences great difficulty in thinking, in fact thinking aggravates the whole economy.

Excitement is often followed by a throbbing headache. [Glon. Bell. Mel.]

The pains of *Natrum Muriaticum* are sticking, electric-like, convulsive, jerking, and generally made worse by a warm room; the patient wants the open air, like *Pulsatilla*.

The characteristic discharge from the mucous membranes is watery or thick, whitish, like the white of an egg.

He hawks up a thick white discharge in the morning.

There is a gluey oozing from the eyes.

The leucorrhœa is white and thick.

Gonorrhœa of long standing, when the discharge is gleety.

The *Natrum Muriaticum* headaches are awful.

Bursting, compressing, as if the head were in a vise, attended with hammering and throbbing.

Headaches on awaking, or beginning about ten or eleven o'clock in the morning and lasting three or four hours.

Headaches of those living in malarial districts.

Headaches from the various disturbances of vision often encountered in school girls.

Taste under *Natrum Muriaticum* is impaired or lost. [Puls. Sepia, Nit. ac.] Mouth and lips dry.

Small painful blisters on lips with colds.

Throat feels dry but hawks up clear mucus in the morning.

The stomach and liver fall in line under this wonderful remedy.

The appetite may be ravenous, followed by distended stomach, and attended by the passing of much flatus.

After eating, the sensation of a lump in the stomach causes acute distress.

The great craving is for *salt and bitter things*.

There is a slowing down of the action of the bowels, the stools are very difficult, and pass in hard masses mixed with blood.

The anus is fissured, leaving a sensation of much soreness after stool. Or diarrhœa may appear with the characteristic flatus. The desire to pass stool like Aloes, must be guarded.

Summer complaints of children who emaciate rapidly about the neck.

The bladder is relaxed, hence there is difficulty in passing urine; the patient must wait a long time.

Cannot pass urine in the presence of others.

Also urination may be involuntary when coughing or sneezing, [Caust. Cup.]

Further, there may be continued urging, he must pass urine often and brick dust sediment is frequently found under Natrum.

This remedy is useful in Menstrual troubles. The variety here is endless. Menses too scanty or too free, too late or too soon. We must individualize from the constitutional state and not the irregularity of function met with.

The heart and pulse are profoundly affected. Palpitation shakes the whole body; indeed so hard are the pulsations that they frequently awaken the patient from sound sleep.

The sleep is unrefreshing.

Under Natrum Muriaticum the patient will dream that robbers are in the house, and she holds to the fancy even after being aroused, so vivid is the mental picture.

In Intermittent fever this remedy has scored some of its greatest victories. It is suited to those cases occurring near

shoals or rapids or where stagnant water is found. Especially too do we find it indicated after the abuse of Quinine, or after eating much salt pork.

The chill starts about ten or eleven A. M. every day, every other day, every third day, or fourth day. Begins at the extremities which become very blue. There is throbbing pain in the head, the face is flushed and there may be delirium. Thirst for cold water during the entire attack. The cold is not ameliorated by heat or by applying bed covers, but he wants cold drinks. The teeth chatter, he tosses about, bones ache as if they would break, and vomiting often ensues.

In the fever he is almost scorched so intense is the heat.

The sweat relieves the bone pains first, then gradually the headache disappears, and the attack is over. This is strongly Natrum Muriaticum.

In the great malarial districts of our country, this remedy is a giant of colossal proportions. For this one phase of humanity's ills, it is well worth exhaustive study. I have merely outlined some of its ramifications and marked characteristics.

Painful Menstruation.

DR. AMELIA L. HESS, PHILA., PA.

Miss A. S F., age 36 years. This case demonstrates clearly what our Homeopathy can do for this much dreaded disease. You see from 17 to 36 years this woman suffered excruciating pain once a month, and then a so-called homeopath prescribed whisky which brought relief, fraught with much danger but no cure. After typhoid was the added misery of catarrh of the stomach and bowels which was in itself enough to make her weary of life. Now after all these years true Homeopathy proves again that it is a healing art.

Jan. 20th, 1897. Tall, slender; light hair and eyes.

Freckles; face, a dirty greasy look.

Painful menstruation—must always go to bed two or

three days. Large doses of whiskey the only thing that will give relief. Was treated by a well-known homeopath of this city for many years and never got better.

Menses first when seventeen years old; always very painful. Always five or six days early. Lasts five days. Profuse on second day < if on feet. Dark; sometimes clotted. Pain in both ovaries < l. side extending down l. thigh. Pain in paroxysm, sharp, excruciating, > hot application < pressure; nausea always, > when quiet.

Typhoid fever 8 years ago {(homeopathic treatment.)} "Catarrh of stomach ever since." Mucus in the morning from stomach. Bad taste in the mouth in the morning. Always cold and chilly. Feels < in the morning; heavy, dull not rested; > in the evening. Fat meat does not agree. Thirstless; > open air. Nausea in hot close air. Worries easily. Cries easily. Eruption all over body four or five years ago, bathed in oatmeal water; (homeopathic treatment). Constipated. Passes large quantities of mucus from bowels. Puls. cm.

Jan. 30th. Improving. Took a heavy cold during Christmas. Passed quantities of mucus, perhaps some membrane, from bowels. Bowels >. Wants warm water to bathe in.

Feb. 13th. Pain in abdomen about the 8th. Feels badly after sleeping. Must have low necked dress; feels smothered when it is high. Bloating about waist; < change of weather from warm to cold. Passed more mucus from bowels but less in quantity. Menses came on the 11th. Flow scant until last evening. Pain across kidneys. Pain all through lower abdomen; very severe Headache, occipital, and vertex, dull heavy ache. Stomach much better. No more nausea. Much flatulence sometimes. Color of face much better. Sulph. 55 m.

Feb. 27th. Vomited mucus one morning but no food. Menses lasted one whole week, aching all the time. Sick headache on the 23rd. Still passed mucus from the bowels but not so much. No medicine.

March 16th. Feels than ever. Passes more mucus every day. No nausea. Constipated since a child. Not so.

chilly as before. Nausea came on the 12th. When pain < than ever. Flow very free. No medicine.

March 26th. Cold in throat; mucus collects and nauseates. "Blisters on inside of lips." Bry. 103 m.

April 12th. Generally > menses on the 9th. Much less pain. Some nausea in the morning. No medicine.

May 14th. Steadily improving. Passed only a very small quantity of mucus since last visit. Menses this week; did not have to go to bed. This is the first time in years. Vomited mucus once since last visit and that was caused by excitement. No medicine.

June 5th. Very well indeed. Menses on the 31st of May. Hardly any pain, none at all in legs. Only a little below the umbilicus. Was able to go out the first day. No medicine.

June 26th. Menses came 5 days too early; due to heavy work. Had more pain than last time. Went to bed a little while. Passed some mucus. Has taken cold. "Dr. I think I am going back." Sulph. 55 m.

July 17th. Had a severe fall out of a hammock; at the same time was under a severe mental strain. Menses came on next morning. Arnica 40 m.

July 26th. Passed about a pint of mucus with streaks of blood. Felt > afterward. Body feels feverish; passes bloody mucus daily. Sulph. cm.

Aug. 2nd. Very fond of eggs. Was a very fat baby. Perspires freely. Constipated in childhood. Used large quantities of Magnesia and Castor Oil. Nausea after cold foods or drinks; > in open air. Sick in close air. Fat meat dont agree. Puls. cm.

Sept. 26th. Menses; suffered severely last time, was obliged to pack and travel all the time. General feeling well. Calc. 2 m.

Nov. 3rd. Muscles of rectum weak; can't expel stool. Menses painful Oct. 24th.; could not sleep for the pain. No more nausea from accumulation of mucus in stomach. Calc. 13 m.

Nov. 23rd. Generally >. "Let me tell you I am a very

different woman in health than I was when I called on you for the first time less than a year ago. Have been feeling very well until a few days ago. Burning in rectum, bloody stools, no constipation, but stools expelled with difficulty. Menses "pain all over," nausea. Premonition pains for 3 days. No medicine.

Dec. 31st. Doing splendidly. No medicine.

Jan. 14th, 1898. Part of this while a student at Medical College. Nausea and vomiting only mucus. Dr. said nose sore from dissecting room infection. Took Merc. Bin. Sponged throat with alcohol $\frac{1}{3}$, water $\frac{2}{3}$. Took Ars. 3x and rest. Temp. 100. Pulse 91. Sulph. 5 cm.

April 23rd. Constipation. Bell. cm.

April 25th. Bowels >, Calc. 2 m.

June 8th. Headache; throbbing. Nausea and vomiting. Mucus only. Calc. 5 cm.

June 23rd. Menses, flow scant. Pain in the uterus; > after flow established. Psorinum 51 m.

July 30th. Bearing down pain before flow, > after flow began. One day flow thin and watery, then thin and hot with clots, > pressure, > quiet, > eating, < jar, chilly. Bell. cm.

Aug. 30th. Sepia. cm.

Sept. 17th. Calc. 13 m.

Oct. 12th. Menses almost painless last time. No medicine.

Nov. 9th. Menses very painful last month. Took cold week before. Calc. 5 cm.

Dec. 9th. Had a comfortable time last month but has taken cold. Calc. 5 cm.

Dec. 14th. Easy time last menses. Took severe pain in l. chest., > Bry. Took Nux for severe cough and lachrymation. Head hot, throbs. Bell. cm.

Dec. 15th. Cough; < day time. Calc. 5 cm.

Dec. 23rd. Palms of hands hot. Head hot through forehead. Cough < speaking. Chest > compressed when coughing. Head bursting when coughing. Abdomen also > compressed. Bry. 200.

Dec. 29th. No medicine.

March 14th 1899. Passes mucus again. Calc. 5 cm.

July 3rd. Vomits mucus in A. M. by the cupful for some days, only mucus. Bowels in good condition. Menses almost painless. Puls. cm.

Aug. 26th. Craves tobacco smoke; always did from a child. Sensitive to bad odors; makes her vomit. Menses painful again more or less > quiet generally; no mucus from bowels for more than a year. Has not vomited any mucus since last medicine. Craves coffee and stimulants. No medicine.

Nov. 6th. Irritable, worried. Menses painful. Clotted, with expulsive pain. Puls. cm,

Nov. 9th. Head congested and face red. Full, dull heavy feeling. Pressure of hat uncomfortable. No medicine.

Jan. 8th 1900. Took cold from sitting in cold room after changing flannel to cotton underwear. Chest sore. Rhus. cm.

May 10th. On the 7th was very suddenly overtaken with excruciating pain in l. renal region following the line of the ureter. During paroxysm the face was deathly white and drawn, covered with beads of cold perspiration. Hands and feet cold and clammy. Cold perspiration all over; > from heat, < from motion. Before I could reach the patient Berberis and Kali bi. had been given without any relief whatsoever. One dose of Bell. cm. cured the attack. The next day a renal calculus about the size of an ordinary shot was passed without any pain.

May 12th. Menses came on to-day. Not so much pain as usual. Bell. cm.

May 18th. Chilled from sudden fall in temperature. Sore in region of kidney. Sulph. cm.

Oct. 22nd. Some indigestion. Sulph. cm.

Dec. 10th. Ears cracked. Cold, hoarse, > using voice. Temp. 101½. Rhus. cm.

Dec. 21st. Improving. Calc. 13 m.

Jan. 1st 1901. Cough bad; < night. Rhus. cm.

Feb. 22nd. Menses came yesterday absolutely painless. Severe headache before; gone as soon as the flow started. Nausea and vomiting of mucus, copious. Menses too early. Sulph. cm.

March 31. Menses painless again. Headache before. Silica 6 m.

May 4th. Chalazæ. Thuya 108 m.

July 18th. Improving. Thuya m m.

Aug 6th. The patient is now practically well.

Collective Investigation of the Influence of the Silver Nitrate Injections on Phthisis.

In response to the courteous request of Dr. Mays, we publish the following appeal for experimental clinical data, to which we trust some of our "regular" (?) readers will respond:

TO THE MEMBERS OF THE MEDICAL PROFESSION:

In 1892 the undersigned began a collective investigation of the action of cold in the treatment of acute pneumonia, and there is reason for believing that this procedure which resulted in gathering four hundred cases of this disease thus treated, with a death rate not quite five per cent, was an important factor in calling attention to the utility of that treatment, and in introducing it to the profession of this country. That research was based on the conviction that no remedy can be called truly successful until it has passed the exacting crucible of clinical experience, and it is now proposed to apply the same ordeal to the silver injection treatment of phthisis, which, in a large hospital, dispensary and private practice, reaching over a period of three years, and during which many thousand injections were administered, has given me greater satisfaction than any other method that I have ever employed. In keeping with the above expressed feeling a cordial invitation is herewith extended to those members of the profession who have the inclination and opportunity to investigate this method of treating phthisis, and to whom a reprint on the subject with full information and blanks to report cases will be cheerfully sent on application.

THOMAS J. MAYS, M. D.

1829 Spruce St., Philadelphia, Pa.

August 15, 1901.

This evidently is an honest appeal by an honest man in the interest of therapeutic progress, in which every physician, irrespective of schools or pathies, has a common weal.

Yet it only illustrates the old adage that a man may be honestly mistaken.

But why not make the test of the silver nitrate on the healthy, not the sick? For many decades the homeopaths have known just what this remedy will do on the sick, for they began to test it on the healthy 100 years ago; and if Dr. Mays will consult "Hering's Guiding Symptoms," which he can find within a stone's throw of his office, he will see from its pathogenesis that his honest search for a cure-all for phthisis in the silver nitrate is but another will-o'-the-wisp of ancient medicine. Its "longing for fresh air," a verified clinical experience in asthma, pneumonia and typhus, might help in some patients suffering with pulmonary troubles, but that is only a drop in the bucket in such a search for a specific for phthisis.

To one guided by law in therapeutics, how peurile the attempt to cure every case of phthisis, with out reference to the individuality of the patient, by the silver nitrate in any form. A remedy can never be a specific for the *name* of a disease, *the diagnosis*, however carefully or scientifically made.

Doctor May Refuse Services.

It has always been contended that a physician is morally bound to attend any patient for whom he is called. Failure to respond when called is generally regarded as a violation of medical ethics. It is well known, however, that many physicians do not assent to this view, and reserve the right to refuse attendance even in cases of serious emergency. Deaths have been caused by the refusal of physicians to render medical assistance at a critical time when other physicians could not be found.

Whatever may be the moral obligation the Indiana Supreme Court has just rendered an opinion in a test case to the effect that a physician is not legally bound to attend a patient for whom he is called, no matter how urgent or desperate may be the case. An Indianapolis doctor was sum-

moned three times to attend the wife of a prominent citizen. He refused to go, and was finally importuned by the sick woman's pastor, who offered to pay the fees in advance. The physician remained obdurate and the patient died.

In rendering his decision the judge was governed by the fact that the act regulating the practice of medicine is only a preventive and not a compulsory measure. It is plain from this that the only recourse in a case of this character is to public sentiment. A physician who would allow a woman to die in childbirth for lack of medical attendance, when no other medical aid could be summoned, is not entitled to practice medicine in any intelligent community and should not be permitted to do so.

Another important decision is that of the Circuit Court of Milwaukee in a case where two Christian Scientists were arrested for "practicing medicine without a license." It would seem to a person of ordinary intelligence that a healer who does not use drugs does not practice medicine. But it took a Circuit Court in Milwaukee several days to legally determine this fact, and it may now be definitely settled that Christian Scientists are not "practitioners of medicine." —*Daily Paper.*

Brief Statement of Homeopathic Principles and Reason of Remedial Action.

B. L. B. Baylies, M. D., Brooklyn, N. Y.

So long as anything has been known of drugs, certain of their special operations have been observed upon our organs and functions, according to which they were grouped and classified; but Hahnemann discovered that wide range of their distinctively individual properties and powers for transcending yet embracing these generic qualities which to the homeopathic physician have become almost obsolete and useless.

Their conditional curative action may be expressed as follows:

First. Both drug and disease are in therapeutic rela-

tion distinguished by their action upon certain parts and tissues, as well as by their peculiar *modes* of action, not by physicochemical processes, and not so much by definable physiological modifications, as by vital disturbances only to be expressed by symptoms, and their similar actions only recognizable by similar symptoms.

Second. It is evident that the medicine which by its similar action, bears a constant relation to the vital disturbance expressed by the morbid symptoms, must approach the proximate cause, must be the remedy, rather than one which invades the organism in a violent and dissimilar manner, or than any drug the curative power of which may have been deduced from its power to produce anatomical degeneration, or a physical residuum a *caput mortuum* similar to that resulting from fatal disease.

3. Parts and tissues invaded by disease, impaired and depressed as to vital energy, motor sensory or functional, are rendered more susceptible to the operation of any force which would normally act upon them in a similar manner, and which being similar in quality and direction, and of suitable quantitative degree and dynamization, supersedes and extinguishes the disease. As in optics and acoustics two series of undulations in certain relative proportions, by interference, in the one case produce darkness, in the other silence, as do the forces of drug and disease in homeopathic relation, neutralize and extinguish each other, and produce as results, normal vital equilibrium, that is health.

New York State Homeopathic Medical Society.

MY DEAR DOCTOR:

The Semi-Annual Meeting of the State Society will be held in Buffalo. It will begin promptly at 10 o'clock a. m., on Tuesday, September 25th. Three half-day sessions will be held, namely, Tuesday, 10 a. m. to 1 p. m.; Wednesday, 9 a. m. to 1 p. m., and Thursday, 9 a. m. to 1 p. m. The headquarters will be Statler's Hotel, Elmwood Avenue, adjoining the Exposition grounds, thirty minutes' ride from

depots. Any car from anywhere in Buffalo will take you either direct to the hotel or transfer you to the Elmwood Avenue line, which passes the hotel. Statler's Hotel is a summer caravansary, built for Exposition guests and is sufficiently commodious to accommodate all of our members. While it is not a Waldorf-Astoria, either in pretensions or prices, yet the menu, rooms and surroundings are such as to render every guest thoroughly comfortable. The rates are upon both the European and American plans. On the former plan, the rooms are from \$1.00 to \$3.00 per day, meals extra. Upon the American plan, special rates for the Society—from \$2.00 to \$3.00 per day.

The object of holding three half-day sessions is, first, that we may transact all necessary business, and second, that all in attendance may have ample opportunity of visiting the Exposition, both afternoon and evening.

With the facilities for reaching Buffalo, the reduced railroad rates, the beautiful Exposition, what greater combination can be produced for securing an attendance far beyond that ever before obtained.

The management of the hotel promises to give us a block of rooms to ourselves if the members will write early and secure their rooms. Very truly yours,

DEWITT G. WILCOX, Secretary.

kaolin.

Nose, throat, voice, larynx, trachea and bronchial symptoms.

Smell and Nose: Nostrils feel sore, scabs form in nose; scanty and blood-streaked secretion.

Throat: Membrane covering both sides of throat, diphtheria, fever, headache in forehead, with flushed face and sore throat; or tonsil and arch of velum covered with heavy yellowish-white membrane; breath fetid; great prostration. Diphtheria.

Voice and Larynx. Trachea and Bronchia: Husky voice, metallic, rasping breathing and suffocative cough. Croup-

ous inflammation in lower part of larynx or in upper part of trachea; awake from sleep with croupy cough; voice husky, later sunk to whisper; sawing sound during both expiration and inspiration; high fever. Croup.

Voice a little husky; during night very feverish; next day skin felt dry; wanted to be carried about; appetite diminished; very little cough; on auscultation, metallic, rasping sound increasing toward evening; suffocating spells. Croup.

Croup, with labored, sawing respiration, after failure of Aconite, Hepar, Spongia, Bromium, Phosphorus and Iodium.

Croup, after failure of spongia.

Time: Towards evening; metallic, rasping sound increased. Night very feverish.

Locality and Direction: Right: tonsil and arch of velum covered with heavy, yellowish white membrane.

Sensations: Soreness of nostrils; of throat; dryness of skin.

A Splendid Location for a Homeopathic physician, information of which can be obtained by addressing Lock Box 244, Uhrichsville, Ohio, or by addressing Dr. Thomas M. Stewart, 704 Elm St., Cincinnati, Ohio.

Atropine Sulphate 200th is indicated in complaints having dread of light, dimness of vision, aching pain in through the eye-ball, dryness of the mouth and nose. It should be more often thought of than seems to be the case in eye cases presenting the usual inflammatory symptoms.—T. M. STEWART, M. D., Cincinnati, Ohio.

The Advance is thoroughly appreciated and I hope nothing will interfere with its success. In these days of liberal (?) Homeopathy it is refreshing to find something that is really homeopathic. Of all the medical journals I have taken, **THE MEDICAL ADVANCE** has taught and helped me most.—H. P. HOLMES, M. D.

A McNeil, M. D., has removed to 611 Van Ness Ave., San Francisco, Cal.

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Potency. The greatest calamity that in practice can befall a homeopathic physician, is to acquire a routine habit of thinking that a remedy can cure only certain conditions or diseases, and no others. This usually is the first step in a routine habit of prescribing, and keeps time and pace with that other habit of thinking that, "the potency I use is the only successful one." The objections that "there is no power in potentized drugs, hence I have never used them;" or, "I do not believe they can possibly cure, or I would use them," or, "I cannot understand how they are made," are daily offered as objections by the allopath to our low potencies and even drop doses of the tincture. Truth is truth, whether we believe it or not. The potency, whether weak or strong, will never be affected in the slightest degree by such objections. Faith can have no place in science, where a fact can be demonstrated by experiment. The question of potency can only be settled by the experimental test; and every practitioner must make the experiment for himself. Those who never use but one potency can never have any experimental knowledge of any other. Hahnemann asked to have his great discovery, under the rules he laid down, subjected to the test of practice, and the failures published to the world. Submit the potency question to the same test, write out the case, *in extenso*, with the remedy and potency, and publish the failures; the profession can then decide whether it was in the selection of the remedy used, or in the potency. Columbus had no difficulty in making the egg stand. The calling of hard names can neither decide the question, nor reconcile the conflicting views. In the interests of science, published facts, which bear on their face the stamp of reliability, should, both in justice to ourselves and

our patients, be accepted as such, irrespective of potency, instead of being met with weapons used by the contemporaries of Hahnemann and Jenner. Hahnemann increased the potency of the dose as he increased his knowledge of *Materia Medica*. Can we adopt a better rule?

Repetition of the dose: Hahnemann says, *Organon* § 545: Every perceptibly progressive and strikingly increasing amelioration in an acute or chronic disease, is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever, because all the good the medicine taken continues to effect is now *hastening* towards its completion. Every new dose of any medicine whatsoever, even of the one last administered, that has hitherto shown itself to be salutary, would in this case disturb the work of amelioration.

How to use a remedy after you have found it, is of vital importance to the patient as well as the physician. The above paragraph is the result of many years of experience by the most astute observer of clinical effects the medical world has ever known. Although brief, it is one of the most important of the entire *Organon* in the practical and successful application of the law of similars, and yet is perhaps less known and less frequently observed than any other. To many professed homeopaths it is apparently unknown; to many more it might as well be for it is entirely neglected when the life of a patient often depends upon its observance. It seems almost impossible to convince a physician that when his patient is improving, it is his duty to let well enough alone. The remedy was carefully selected and it has done its work well. The case was a critical one, the danger point has been passed in safety, but the anxiety of the doctor over rides his better judgement, and in his well meant desire to hasten the cure, he repeats the dose again and again, until the vital force is overpowered, and he hastens what he has been trying to prevent. In such a case, when in doubt whether to repeat your remedy or not, *don't*. Let the patient have the benefit of the doubt as long as the improvement continues. This is a safe rule to follow. Placebo, the second best remedy in the *Materia Medica*, if judiciously used as Hahnemann recommends in § 245 will

cure many cases, save many lives, and make many professional reputations, and engender confidence in the doctor in his law of cure and his methods of practice.

Longevity in Foreign Localities. If any one is ambitious to achieve the honour of centenarianism he might, if any trust is to be put in statistics, do worse than go and live in Asturias. The list of voters drawn up for the recent elections showed that there is a remarkable number of persons who have attained to a patriarchal length of days in that province of Spain. This single province rejoices in no fewer than 28 centenarians in a total population of 600,000. The fact speaks well for the excellence of the climate of Asturias and for the vital stamina and healthiness of life of its inhabitants.

W. G. Curtis, the special correspondent for the *Chicago Record-Herald*, now traveling in Norway and Sweden, writes at length upon the large number of centenarians found in that country. Three and four generations of a family in the same home is of common occurrence. No doubt the greatest factor in these conditions is the absence of worry. They are simple, pleasant folk, and nature has provided kindly for them. Our only excuse for not holding up our end along this line is a repetition of the old adage, "Worry is the pace that kills."

Considerable space in the August *Medical World* is devoted to excellent articles on Homeopathy, principal among them being an invitation by Dr. S. E. Chapman, Napa, Cal.; to treat a test case. All "schools" are invited to compete, in a fair field, to determine which is the scientific school of medicine.

S. E. Chapman, M. D., of Napa, Cal., has accepted a chair in the faculty of Hering Medical College and removes to Chicago in September to begin work at the opening of the session. As the author of "Dr. Jones' Picnic," giving an account of a drug proving in the form of a very readable novel, the second edition of which re-written and enlarged is ready for the press, he is widely known. Some years ago he published a Lycopodium case in the *MEDICAL ADVANCE* and sent it with a fee to ten of the best known clinicians and teachers in each school of practice. The ten homeopaths unanimously selected Lycopodium. One allopath declined to prescribe

without seeing the patient, but retained the fee. Of the remaining nine, no two prescriptions were alike, although the diagnoses were the same, flatulent dyspepsia.

Dr. Chapman's recent letters in the *Medical World* of Philadelphia have attracted much attention, especially "The Evolution of a Homeopath" in the June issue, in which he throws down the gauntlet in an honorable and honest test for therapeutic progress. The challenge has been accepted by the brave editor of the *World* and the following case of pneumonia in his letter in the August number is given for prescriptions from physicians of all schools of practice, as a demonstration of a natural law in the therapeutics. Our readers are invited to send their prescriptions, a single remedy only, to the editor of *The Medical World*, Philadelphia, who will compile them and publish the results. Every Homeopath guided by the law of similarity should select the same remedy.

THE CASE. A large robust man, aged 35. Health always good until one week ago, when he sat in a draft while perspiring freely. A severe chill lasting one hour followed, ending in a high fever, dry cough, pleuritic pains in the right hypochondrium. The sputa became rust colored and very tenacious, adhering to the vessel like glue.

Status præsens (seventh day). Great dyspnoea; must sit well bolstered up in bed. Complains of tightness of the chest. Cough tight; expectoration scanty and difficult, thin and dirty looking, flying to pieces like batter when falling on paper. Respirations, 50 per minute; temperature, 105; pulse 130, weak and thready. Physical examination reveals hepatization involving nearly the whole of right lung.

The evident frankness and fairness of this practical test should appeal to every lover of truth who has therapeutic progress at heart, and an honest desire to learn a better way. Dr. Chapman's labors in behalf of pure Homeopathy and his manly and original offer to demonstrate its scientific value in the cause of humanity will commend his work to every true follower of Hahnemann. We trust every reader of the *ADVANCE* will prescribe for this case. We do not see how any one can make a mistake. The trustees of Hering College are to be congratulated that Dr. Chapman is to occupy a position where his ability as a writer and teacher may be utilized by the profession.

New Publications.

- A Dictionary of Domestic Medicine.** Giving a Description of Diseases, Directions for their General Management and Homeopathic Treatment, with a special section on Diseases of Infants. By John H. Clarke, M. D., London. American edition revised and enlarged by the author. Boericke & Tafel: Philadelphia and Chicago. Pp. 363; cloth, \$1.25. 1901.

This is one of the best works on domestic practice that has appeared in the homeopathic school since the work of Hering in the early days of Homeopathy. The description of disease is very clear and concise, and the therapeutic indications good as far as they go. The special articles on bathing, clothing, diet, etc., are found in alphabetical order, convenient for reference, and while topical applications are recommended, they are generally as harmless as possible. We heartily commend the work where a domestic book is needed, and when a family is 100 miles from a homeopathic physician this will help an intelligent layman to do better work than any physician of the dominant (irregular) school.

- A Systematic Alphabetic Repertory of Homeopathic Remedies.** Part first: Embracing the Antipsoric, Antisyphilitic and Antisyctic Remedies. Translated from the second German edition. By C. M. Boger, M. D. Boericke & Tafel. Pp. 270; half morocco, \$3.00.

Upon those who use Hahnemann's *Chronic Diseases* Dr. Boger has conferred a great boon in the translation of another repertory by Bönninghausen. What Bönninghausen's Pocket Book is to the *Materia Medica Pura* this is to the *Chronic Diseases*, and it seems almost incredible that this treasure has been inaccessible to the English-speaking homeopath since the appearance of the second edition in July, 1833. The "Introduction" on the "Repetition of the homeopathic Remedy," by Samuel Hahnemann, is well worth the cost of the entire volume for careful study by any one who is desirous of doing good work. The remedies have been printed in different-sized type to accentuate their value, and while the work like every one of its kind is not perfect, it is the best ever issued on the subject. We think it could be much improved had the translator given an explanation of the signs used to designate the dose used. It can be found by referring to the *Organon*, but few know much about that ancient work, the bible of Homeopathy, and many do not even possess a copy.

Helpful Hints in a Nutshell.

[This Means You—as the advertisements say. You are urged to contribute to this department. Everybody knows something worth knowing that is not generally known. It is the purpose of this department to help disseminate the knowledge of those little knacks, tricks of the trade, happy thoughts and good ideas that come to every one in actual practice, which are invaluable to the beginner and to those who are less resourceful and ingenious. Be generous with your gems.]

BRAN BISCUITS for patients coming from the dominant school who suffer from constipation and are addicted to the use of all kinds of cathartics, may use these for a time until the similar remedy effects a cure. They should be instructed that cathartics always produce constipation; that they never have and never can cure it, and should be abandoned.

Wheat bran, one quart; flour, one pint; sour milk, one pint; New Orleans molasses, 6 tablespoonsful; soda, two teaspoonsful.

Salt to taste, and bake in jem tins. Eat quantum sufficit.

A pinch of soda in the water in which you boil your instruments will preserve the brightness of the nickel plating.

W. J. G.

In giving a uterine douche, allow the tube to remain inside a little while after the water has stopped flowing to allow all to drain away. Otherwise severe and painful contractions may be induced.

C. B. H.

To squeeze a boil, cut a round hole just big enough to include the opening, in the center of a three-inch bandage a foot or more in length and apply firm pressure therewith. This method is less painful and more thorough than the old-fashioned way. But should a boil be squeezed?

J. E. T.

You can make a good penholder out of an old hard-rubber fever thermometer case by simply wedging in the pen with a small cork. You can screw the cap on and carry it in your pocket also. Try it.

O. C.

THE MEDICAL ADVANCE

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NUMBER 9

After Surgery Pronounced It Fatal

BY C. E. JOHNSON, M. D., SHERMAN, TEXAS.

Frank Gatewood, age 35; occupation, cow boy. Always enjoyed good health until 1891, when there appeared upon the posterior surface of the left arm a small lump, not larger than a pea, freely movable and painless. It grew slowly during the next two years, until in 1893 it had attained a length of seven and a half inches and a breadth of three and a half inches. During 1893 the skin overlying the tumor took on a very unhealthy appearance, turning a greenish-purple color, the skin finally breaking down, forming a large ill-conditioned ulcer, extending in width, but not in length, until the edges lacked but three-fourths of an inch of coming together, the discoloration around the ulcer being a blackish-green, shading off to purple, then yellowish-green, spreading to the wrist below, up and over the shoulder above, over the chest and back and down to the 10th or 11th rib of the left side,

Before the ulcer formed there were crawling sensations with burning stinging pains relieved by keeping it covered with vaseline.

After the ulcer formed the pains disappeared but the patient took on a sallow and very decided appearance of ill health.

The face became very pale and drawn.

Eyes dull, expressionless; whites blue.

Very much constipated, no desire for stool for days, seeming to suffer no inconvenience therefrom other than a

superstition that he would die if the bowels did not move at least every second day.

No stomach trouble; appetite fairly good and no complaint of any disturbance of sleep.

The ulcer was filled in with a rough, hard, honey-combed appearing mass, looking for all the world like necrosed bone, bright yellow in color and firmly attached to the underlying muscles, but not to the humerus, and constantly discharging large quantities of bright yellow, foul smelling "matter."

The edges of the ulcer were hard and considerably elevated, overlapping the edges of the necrosed-like bone.

The axillary and cervical glands were enlarged, painless, but of stony hardness.

There was a remarkable lack of subjective symptom manifestation.

This patient had been under treatment by many physicians in North Texas and Indian Territory during 1893 and 1894, who told him he had cancer and there was no cure for it. He then consulted a surgeon in St. Louis who gave him the same discouraging opinion. From St. Louis he went to Chicago, where he was told that there was no medicine known that could benefit him, and that a surgical operation was out of the question, owing to the unhealthy condition of all the tissues of the arm and shoulder; that his doom was sealed and the best he could do was to patiently wait for the grim messenger.

On his way home from Chicago, he met at Muskogee, Indian Territory, a lady, whom I had cured some fifteen years before of a large tumor of the breast, and as she had remained in the enjoyment of good health ever since, she advised him to see me, which he did the next day.

May 1st, 1895. After a most complete examination, questioning and cross-questioning him for fully five hours and failing to get anything more definite or characteristic than I have given above, to his direct question: "What is it?" I frankly told him I did not know. To his next ques-

tion, "Can I be cured?" I told him I thought he could, but I would not take the case unless he was willing to give me at least two years in which to treat him, and a sacred promise that he would not, while under my treatment, use any medicine for any purpose except what I gave him, and make no applications to the ulcer except plain unmedicated vaseline. After considerable hesitation he accepted my terms. The constipation was to him a great stumbling block; but I told him there could be no compromise, that he must adhere strictly to my medicine.

Calcarea Fluorica was the remedy selected. *Hering's Guiding Symptoms*, p. 135. had the following symptoms and the nearest similar condition:

Indurated cervical glands of stony hardness.

Corresponds to solidified infiltrations.

Indurated enlargement of fascia and capsular ligaments of joints.

Nodes and hard bone-like swellings.

Osseous growths in tarsal and carpal articulations. (If these develop in small articulations why may they not also develop in other tissues unconnected with joints?)

The hard elevated edges of the ulcer and the bone-like appearance of the centre, while many times I have seen the dark purple discoloration of skin surrounding ulcers clear up under this remedy, decided its selection.

I gave him one dose of Calcarea Fluorica 200 from a graft given me by Dr. John E. Thatcher, of Dallas, Texas, by him obtained from the Rochester Homeopathic Hospital, with unmedicated powders to last thirty days.

June 4th, 1895, he returned. So far as I could discover appearance unimproved, but as Dr. Burnett would say: "He thought he felt a little better within himself." I gave him the second dose of Cal. Fluor. and placebo for a month.

July 3rd, 1895, he returned rather more cheerful; said he felt "quite a good sight better and stronger." Believed there was a change in the ulcer as it did not discharge so freely; the foul odor was not so marked, but the discolora-

tion was but little if any improved. He now had a dose of *Calcarea Fluorica* 10 m, from a graft given me by Dr. H. C. Morrow, Austin, Texas, I think from an original Fincke potency, and placebo for thirty days.

July 31, 1895, I had a letter saying he was certainly better, was sure the ulcer was beginning to heal from the edges and the discoloration of the skin was beginning to clear up. I sent him placebo for thirty days.

Sept. 2, 1895. Received a letter saying he knew himself to be better, that the improvement was noticed by his friends, and that he would not take the long ride, 60 miles, to see me unless I thought it necessary. I sent him placebo for sixty days with the request that he report in person should there be at any time an aggravation.

I heard nothing more from him until about the middle of December, when he wrote for more medicine, saying: "I am getting well like a house on fire." I sent placebo with imperative instructions to take only one dose every third day.

This was the last I heard from him until one day in June, 1896, there came into my office a strapping large man, looking to be two hundred pounds in weight. He said nothing, but walked into my reception room, closed the doors and began to disrobe himself. I felt rather uneasy as I thought perhaps my visitor might be insane. When he had bared his left arm and shoulder he turned to me almost too full for utterance and pointing to a small scar not larger than a twenty-five cent piece asked, if I thought that was a cure. I had failed to recognize in this large healthy man my thoroughly discouraged patient of the year before. The skin over the arm, shoulder and chest had lost the ugly purple color it had when I first saw him and was now of a beautiful healthy appearance.

I have heard from Mr. G— at intervals since then, and this morning, August 30, 1901, he still enjoys good health and is abundantly able to take care of his cattle ranch. He has had no occasion to take any medicine since the *Sac. lac.*

sent him in December, 1895. His trip to see me in June, 1896, was after he had been to St. Louis with cattle. While there he called upon the surgeon who fourteen months before had told him there was no help for him. After he had made himself known to the surgeon he well remembered the occasion of the former visit, and was thoroughly surprised and delighted to see him alive and after examining the arm, pronounced it one of the best evidences of a cure he had ever known, and thought the case ought to be published that the profession might learn of remedies capable of doing such work. But upon being informed that the cure had been brought about by medicines prescribed by a Texas homeopath, the great man lost his head, and as Mr. G. expressed it, "made an ass of himself." He declared it was a lie; that no d—d homeopath had cured him; that a mistake had been made in diagnosis: that it was not a cancer; that it had been only a simple affair and would have gotten well of itself, etc., etc.

Be that as it may, the physicians in North Texas who had had the patient under observation during two years evidently think it a case of cancer cured by medicines, as one of them—and one of the best in the school—urged the patient to find out from me what I had given, said he would give \$1,000 to know what remedy I had discovered that would cure cancer. Of course I did not give the "secret" away, but sent the gentleman word that I would gladly inform him for the amount named. As he has made no further inquiries I concluded that he was not so desirous of therapeutic knowledge as he thought, or else he felt he would be compromising his dignity by taking instruction directly from a homeopath.

Some Verifications.

By MARGARET E. BURGESS, M. D., Philadelphia.

Boy, aged 12. Frightened over a year ago by being run over; fractured leg healed nicely, but intense nervousness amounting almost to chorea remained; jerking, twitch-

ing restlessness, with fear in the dark. The patient had been under allopathic treatment for the entire year without benefit. Aconite cm. relieved promptly, the nervous manifestations disappearing without a repetition of the remedy.

Mrs. D., aged 28. Five months before coming to my office was confined; a *profuse bloody* discharge with *bearing down* sensation and *weakness* in the back remaining. A homoeopathic (?) physician had been giving electrical and other local treatment for many weeks. Sepia 1200 caused the discharge to greatly lessen in one week and to entirely disappear in two; Sepia 60m coming in later for a slight return of the symptoms. In fifteen months the patient was again confined, the delivery being almost bloodless, in spite of the fact that severe post partum hemorrhage had attended the two previous labors.

Mrs. J., aged 30. During labor violent jerking of lower limbs interfering with the pains which were ineffectual. Zincum 1200 relieved so promptly that patient wondered if powder had had time to act and labor was normally concluded. A history of long continued and severe after pains caused patient to fear a repetition of the experience. On the second day the pains began, chiefly in the left groin, but Act. rac. 200, 6 doses. caused immediate and permanent relief.

Mrs. P., aged 75. For three months pain in the right antrum of Highmore, *shooting* into right temple, severe *darting*, < by *slightest contact* and by washing face in cold water. *Eating* and *talking* precipitated an attack; also the *slightest exposure to cold air*. In addition to these symptoms there was much flatulence and rumbling in abdomen and a history of chills occurring on alternate days. China 8m was given with prompt and decided results, and at the last report, four weeks after the remedy was administered there remained but a semi-occasional trace of the pain. Being a chronic patient I lost sight of her then.

Weston L., aged 2. Sick for six months under allopathic treatment, attacks recurring every two weeks, com-

mencing with a *bruised* appearance over entire body as though he had been pounded, followed by variable appetite, *offensive breath* and *sour* watery vomiting, "so sour he makes faces." Face pale and waxy, "*bites nails terribly*," inclined to pick nose and cry out during sleep. Sul. ac. 200 was followed by an abortive attack, but that was all for weeks. Puls., Sil., and Cina were given later at long intervals in the order named for slight return of symptoms.

Urinary Acidity and Its Significance.

J. B. S. KING, M. D., CHICAGO.

Chemically speaking, man is alkaline in reaction. The blood, the lymph, the bile, the intestinal and pancreatic juices and the wet solid tissues all present an alkaline reaction. The blood as being the most representative and universal fluid of the body may be taken as the standard to the whole. To determine the exact degree of alkalinity of the blood is difficult, owing to the small amount of fluid to work with, to its scarlet color which obscures the litmus reaction, and finally to the fact the reaction changes rapidly soon after it is withdrawn from the body, owing to the development of an acid from the hæmoglobin. Probably owing to these difficulties different experiments give different results, and come to different conclusions. In terms of Sodium Hydrate the alkalinity, taking the average of many investigators, averages 250 mgms. ($\frac{3}{4}$ grains) to each 100cc. of blood.

The reaction can be demonstrated by dipping red litmus paper, thoroughly wet with a concentrated solution of common salt, into the blood and then rapidly washing off the corpuscles with the same solution, or by means of plaster of paris plaques stained with litmus, a drop of blood is placed on the surface. This alkalinity is essential not only to health but to life. Attempts to neutralize the alkali of the blood in the lower animals by means of innocuous acids invariably results in death before the point of neutrality is

reached. The alkalinity of the animal system is therefore a fixed fact, but like every condition in the living subject it is within certain limits constantly undergoing flux and variations.

In general terms, it may be stated, that with robust health and vigor the alkalinity is greater and less with the feeble, the inactive and the diseased.

It is increased by the circumstances and factors that concern health, such as pure air, good absorption, active elimination, sleep and rest. It is diminished by the circumstances and factors which impair health, fatigue, and violent muscular exercise. Muscular action engenders an acid,—sapeo-lactic—and where a muscle is exhausted from excessive action the resulting stiffness is accompanied if not caused by the local acidity or neutrality replacing the normal alkalescence. It is also diminished by depressing emotions in the very young and in the very old, and at the beginning of digestion. The alkalescence of the bodily fluids greatly increases their solvent power over excreta and thus favors elimination. During the vigor of adult life, the blood and other fluids maintain a relatively high degree of alkalinity and hence the products of waste are readily dissolved and carried along and out of the system. As the years go by, and the bodily vigor diminishes, the alkalescence of robust health cannot be maintained, and the fluids of the body are unable to dissolve the waste matter. It lags behind undissolved and clogs the circulation, is deposited and precipitated here and there and everywhere, making the stiffness and rigidity of old age.

When from over ingestion of food, the system accumulates as much waste matter as the fluids can possibly dissolve, the point of saturation once reached, it suddenly precipitates or falls out of solution, usually into a joint. This gives a rational idea of gout and rheumatism.

At certain points or localities there are extruded from alkaline man acid fluids, which generally represent waste or effete matter. With one exception these acid fluids are ex-

cremations. Whenever a cell, atom or molecule of the body loses its alkaline quality it becomes an intruder, a foreign body, the system has no use for it and pushes it out.

The sweat, the urine are acid, and even the expired breath possesses a feeble acidity, which though not demonstrable by test paper, yet abundantly shows its essential acidity by neutralizing lime or other alkali. As soon as life leaves the body, it is given over to putrefaction and the generation of acidities. It is life that maintains alkalinity. These points, and they could be much extended, show that a consideration of the reaction of the blood, throws a clearer light upon the pathology of many diseases.

The question arises of what use is it when, as has been shown, it is so difficult to determine the reaction of the blood with any degree of accuracy.

The answer is, that the degree of blood alkalinescence can be measured with sufficient accuracy for clinical purposes, by determining the acidity of the urine.

If we consider the three animal fluids, the blood, the gastric juice, and the urine, from this point of view, we shall see that in general the reaction of blood and the urine rise together and fall together with equal pace, while that of the gastric juice rises and falls in an opposite direction. Thus, immediately after a hearty meal when the very acid gastric juice is being poured out copiously, the urine becomes neutral or alkaline and the blood has increased alkalinity owing to this withdrawal of acid from the circulation. Later when absorption takes place just the reverse occurs.

A vegetarian diet, as is well known, diminishes the urinary acidity or otherwise stated, increases its alkalinity and at the same time increases the alkalinity of the blood, and conversely an exclusive meat diet does just the reverse. This is the general rule, and therefore useful, but like everything about the human body, it is subject to exceptions, owing to the many factors that enter into human life. For instance after an epileptic fit, when a very large amount of uric acid is being excreted, the urinary acidity is not a

safe index of the blood reaction. Cases of dyspnoea and cyanosis would also change the relation between the two. To avoid confusion in thinking and talking of this subject it is necessary to remember that the blood is *never* under any circumstances acid, and hence when we say or read of increased acidity of the blood, diminished alkalinity is meant.

Two Cases From My Note Book.

BY E. A. P. HARDY, M. D., TORONTO.

CASE I. Mr. A. B., age 28, came for treatment for five papillomatous growths about the corona of the glans, rough, each as large as a pea; pedunculated, seedy; bleed easily. Denied ever having had gonorrhœa or syphilis. Thuja 200.

One month later reported no improvement in condition. Thuja 1000, three doses.

Two weeks later came into office and reported that a few days after taking last powder the largest papilloma, the last to develop, disappeared, followed a few days later by all the others.

CASE II. L. H., German, aged 42. Had had gonorrhœa twelve and fourteen years ago while in the German army. Treated by injections.

For past three months been under allopathic treatment for cystitis and stricture. Had bladder lavaged and sounds passed three times a week, but could not stand the pain.

Jan. 25, complained of the following symptoms:

Urination painful; burning during urinating, burning < after; constant urging from base to meatus.

Rectum: afraid will defecate every time he urinates.

Symptoms < by walking, < at night and after urinating; > rest, warmth. Can. sat. 200.

Jan. 30th. Discharge from urethra, thick, yellow; itching of meatus. No pain; gonococcus present. Placebo.

Feb. 22. Discharge suddenly stopped and old pains re turned. Can. sat. 200.

Nov. 1st. Discharge white; thin, with painful urination. Can. sat. m.

May 6th. Pain returned. Can. sat. m.

July 23. "Never felt better in my life." Has gained 10 lbs. and no pains or aches whatever.

Proceedings of the Central New York Homeopathic Medical Society.

Century Club, Syracuse, N. Y., Sept. 20, 1901.

The annual meeting was called to order, in the absence of the proper officers, by the elected Chairman, Dr. A. B. Carr.

Members present: Drs. Carr, Follett, Howland, Leggett, Schumacher, Stow.

The minutes of the June meeting were read and approved.

There was no report from Censors.

The Organon, Sections 293-4, was read by Dr. Howland.

Dr. Schumacher presented the following thoughts concerning these paragraphs.

"It is remarkable, that Hahnemann, the founder of a new era in medicine, had, at that time, made himself familiar with this so-called Mesmerism—animal magnetism—and that he gave such important and undeniable facts out of his own experiments in that branch of science.

In the last foot-note of §293, these related experiments, state the opinion that mesmerism is a metastasis of the reproductive power, to the periphery. Hence the peculiar action of the different sexes upon each other; hence the prompt result in its use for abdominal ailments in females; and hence the great attachment and harmony between the mesmeriser and the mesmerised.

These results can always, and only, take place in individuals suffering from nervous ailments. The soothing or relieving power streams from the body of the mesmeriser

and is absorbed by the body of the patient and carried to the parts affected.

In this way a change of the discordant nerves takes place; a harmony of the nervous system is gradually established and made similar to that of the healthy and power streaming body.

In the attained similar nerve-harmony, of the active and passive co-operators, the impressions from without must also be similar; hence we often find the same thoughts in two or more persons pertaining to certain external subjects.

These conditions go still further and deeper; even mental actions unite through the nerves without the sense participating.

All things that put the spirit or the mind into activity excite the nerves more or less. These excitations cause suffering according to the health of the physical body; in some the suffering is not noticeable."

Dr. Stow said that Dr. Schumacher had stolen somewhat of his "thunder," however he could recall cases of suffering in children which he himself, in times past, had succeeded in soothing by passes or strokes from the head downward. He believed this result to have been accomplished through a certain amount of animal magnetism. He was surprised that Dr. Chaffee had refused to discuss this subject as he had witnessed many remarkable modifications of sufferings by Dr. Chaffee's experiments in the methods under discussion. He related an incident of this kind that occurred some years ago in the town of Fairport, New York. He said that at a soda factory in the town mentioned, during the attempt of a person to speak through a tin tube, a mischievous boy turned into it hot steam, with the result of burning the speaker frightfully, mouth, throat, œsophagus, but especially the air passages; that the agony was fearful; that Dr. Chaffee had placed his hands the one over the chest, and the other opposite upon the back, and by downward strokes or passes, had greatly relieved the sufferer

within five minutes, and that this treatment pursued a number of days caused a remarkable recovery.

Dr. Stow mentioned other instances in which Dr. C— had successfully relieved pain, and in some cases cured disease. He admitted the thoroughness of Hahnemann's methods as shown by his recognition and understanding of this power. He related a late case in the vicinity of his home, where the exercise of this power in one woman over another during a religious excitement, had led to the insanity of the weaker, incurable by the stronger; and said that the friends meditated a resort to legal redress.

Dr. Schumacher thought that this influence could not be exerted except there had been a diseased nervous system.

Dr. Follett related a case of suggestion. A woman (who had evidently been told that she had heart disease and who was attacked about once a week with symptoms similar to collapse, viz: feeble pulse, coldness, blueness, etc., from which she recovered slowly, after two or three days) came to him for prescription. The doctor found no heart lesion, neither did he find symptoms upon which to prescribe. So, saying to her that the powders were expressly for that kind of attack, and that she would *never* have another, he gave a package of Sac. lac. The prescription was effectual. She had no further attacks.

Another instance of suggestion used effectually by Dr. Follett, was one of sleeplessness in a case of syphilitic condylomata. The patient had been without a whole night's sleep for thirteen weeks. Dr. F— had been reading Psychology of Suggestion (Aidis), so thought he would try an experiment. He strictly enjoined the patient to lie perfectly relaxed and to think of him at a certain time that evening and promised to think of her at the same time, and to see if sleep could not be induced. They did as had been planned and the patient had a splendid sleep. The night following, the doctor was called out in the evening, came home tired, went to bed without thinking of the patient. Result, a worse night than ever. The third night plans

were re-made, with an even better result, as the experiment needed no repetition.

Dr. Howland had in mind a case of influence exerted by one woman over a young girl of fifteen. She said that the influence, detrimental in extreme, was finally broken.

A case of suggestion (?) from Dr. Belding, of Troy, was then read.

After a short prelude to the Society Dr. Belding wrote as follows: "Perhaps some of us are not without the experience that many patients are better in the presence of the family physician. His wish is their law, his suggestions are helpful in leading them out of their distress. .

I remember an instance of strong will power over coming a case of temporary madness. My father was an allopathic physician for sixteen years, and was possessed of a strong will power.

"He was called to see a young man of but moderate intelligence who was having spasms. The seizure would begin in one hand with which he would beat the breast, then both hands would be involved, later both feet chimed in, until the whole man would be violently in motion. Father bled him thoroughly, used the strongest anti-spasmodics known, then plied him with morphine, but all without avail. As a last resort he stepped up to him, made a few passes over him and commanded him to stop. He began to quiet down and soon was able to eat and drink what was prepared for him.

' A week later, father was called to the same patient, whom the messenger said was attacked as before. Father refused to attend him unless another physician was called in consultation. This was done and the new physician, without hearing the experience of the previous week, pursued a course similar to what had been taken then, but the patient was no better. Father then, with a few passes and a command to *stop*, quieted him again and left him with a promise that 'if he took those tantrums again he would have to undergo such a surgical operation as he would

be sorry for during the rest of his life.' This was the last heard of the young man's trouble."

R. E. BELDING.

After some discussion, Dr. Schumacher read the experiments of Dr. Lutze in permeating water with animal magnetism.

Dr. Schumacher was then asked for his paper on

DIAGNOSIS.

"Mr. F., aged 64, called me for what he termed his "stomach trouble." I found the following conditions: Face cyanotic; burning pain in abdomen, extending into the chest; belching and vomiting of sour, frothy water; thirst; no appetite; dark and grey stools, alternating; pink colored urine; pulse 98; temp. 99°. The right hypochondrium was very sensitive to touch; the lower, right ribs bulged out and crowded together; the left lobe of the liver extending into the left hypochondrium.

Knowing the patient to be temperate and having noticed that cyanotic face for the twelve previous years of our acquaintance (indicating heart disease) I diagnosed Passive Hyperæmia of the Liver—Nutmeg Liver—and gave to the family a doubtful prognosis.

Six days later Dr. Sherwood was called in counsel and fully confirmed my diagnosis and prognosis.

The diagnosis and prognosis being unsatisfactory to some of the family, two allopathic physicians were called—one the dean of the S. Medical College—and the case was diagnosed cancer of the stomach situated at the pylorus.

Soon after the change of physicians and treatment the patient died, and the death certificate for the bureau of Vital Statistics stated that the patient had died of cancer of the stomach.

Severe criticism and injustice, to myself and to the family of the deceased, caused me to persuade them to allow an autopsy. The autopsy was conducted by Dr. Sherwood, who was the first counsel, Dr. F., a veterinary surgeon son of the deceased, and myself.

The autopsy confirmed my diagnosis. Upon the enlarged and hardened liver were small, light and dark specks and streaks. The cut through the hardened center of the liver showed the usual appearance of nutmeg liver in the beginning of atrophy. The stomach was in a healthy condition with the exception of a slight congestion due to vomiting.

The family not desiring a record of cancer in the certificate because of future difficulties in the matter of insurance, sent for the allopathic physicians to confirm the true diagnosis, but were unable to persuade their attendance. Finally they succeeded in obtaining their consent to changing the cause of death, as written in the certificate over their signatures. This was accomplished with difficulty.

CARL SCHUMACHER.

After some discussion upon various cases of mistaken diagnosis, Dr. Dever's paper was read on

CROTALUS HORRIDUS.

"It is also the chief remedy in diphtheria when the profuse epistaxis occurs which marks many cases of a malignant type." As may readily be seen I quote from an abridged work on *Materia Medica*, "Leaders," written by our esteemed fellow member, Eugene B. Nash, of Cortland, N. Y.

"Leaders" is largely the experience of the author, and while we are not here to review this work, much less to criticise it, we cannot help saying that the author's great experience and unquestionable loyalty to the principles of homeopathy lends an interest to every page of this unique work. We all have an experience, more or less valuable to ourselves and others, depending wholly upon the painstaking care, observation and investigation which has entered into our professional life.

I have had experience in an epidemic of diphtheria in which *Crotalus* was the epidemic remedy. I am sorry to say that the great majority of patients did not receive the remedy, consequently a large mortality was reported.

Lachesis was prescribed by two physicians who claimed it as the remedy, but results were not what they would have been had they chosen the similar, *Crotalus*, which the following symptoms will abundantly show.

The inception of the difficulty was about as follows:

The patient would complain of sore throat with pain on swallowing either fluid or solid substances.

Mouth and throat full of fetid saliva, often streaked with blood, on the first day.

Throat swollen.

The discharge from the nose, fetid.

Face bloated and red, eyes red and suffused.

Tongue coated brown; no appetite except for water, which was swallowed with difficulty.

High fever, pulse quick and weak.

Urine scanty and high colored.

Head thrown back with stupor.

About the second day after the attack there would take place a severe hemorrhage from the nose; the blood being dark, and thin, not coagulable. The pulse became weaker under the repeated hemorrhages, the face became blanched, and the patient would expire on the fourth or fifth day after the attack.

“Guiding Symptoms” present this picture: “Malignant diphtheria, life threatened by blood poisoning. Much œdema or gangrene of fauces, or tonsils, or much swelling at angles of lower jaw; head thrown up and backwards, difficult respiration; dark, swollen, puffy countenance; or great prostration, much tremulousness, very soft, scarcely perceptible pulse; even vomiting or diarrhœa may be present.”

“Guiding Symptoms,” was not published at the time I had to deal with this epidemic, hence the difficulty we had in finding the epidemic remedy. I think now one should have no difficulty in prescribing the epidemic remedy in such cases as described, after having made a study of “Leaders,” and a further examination of “Guiding Symptoms.”

I. DEVER.

The paper was presented for discussion and its author thanked for the able presentation of its characteristics.

Dr. Carr thought that few were familiar with the indications for the use of *Crotalus Horridus*, and was glad to have heard the paper. He thought that this paper suggested to practitioners that there were other remedies of the nature of *Lachesis* and yet with different modalities.

Dr. Schumacher reported the following:

CLINICAL CASES.

CASE I. One evening I was called to see a little girl not quite two years old. The child was lying on its back, on the bed, with such a distended abdomen that its form looked more like that of a toad than of a human being.

The child acted very weak and exhausted, but did not seem to suffer any pain, nor was the abdomen sensitive to touch or pressure.

No definite time as to the last evacuations could be obtained. It was supposed that the child had an evacuation of stool thirty-six hours previously. As no other symptoms were observed the few indications present called for *China*. The remedy was given in the 30. in a glass half full of water, a teaspoonful every two hours.

Next morning I was informed that after the third dose the child had a large evacuation of both stool and urine, and since had been all right.

CASE II. Mr. G. called at the office complaining of constant pain across the forehead. He said that he had not slept for ten nights and that the headache was aggravated by touching the forehead. He also said that there was much belching of gas. *China*. 6 medicated disks, relieved at once.

CASE III. About fifteen years ago I was called to Mrs. K., who was suffering from an attack of inflammatory rheumatism. The patient, then about 28 years of age, had been subject to rheumatism for many years, suffering one or two attacks each year.

I remember no further symptom, except that *Kalmia*

was indicated and prescribed. Since that prescription she has had no more rheumatism.

Some years later I attended her during a premature labor of about eight months' gestation. The fetus was dead and comparatively undeveloped. She told me that this was the fifth birth of the kind, varying from six to eight months. I inquired more into the matter and came to the conclusion that Calc-phos. would do wonders here. She promised to follow my directions during her next pregnancy. About a year later she had again a premature birth and told me that the midwife discouraged her and had told her that it was of no use doing anything for it, that she could never have a child that would live.

Again, both wife and husband promised that if the opportunity presented itself again, my instructions should be carried out. Sure enough, in due time, a fully developed and, in every respect, a healthy boy, was the result of a prescription of Calc-phos 30. daily, until near the time of labor.

CARR. SCHUMACHER.

Dr. Carr, referring to the prescription in the case of the little girl, asked how long the prescription was continued; whether given after relief?

Dr. Schumacher was unable to learn, but supposed that after the evacuation described, the child and family had slept the night though.

Dr. Carr remembered a case in which he had left Lachesis to be prescribed in like manner, and had found that the drug had produced the characteristic mottled appearance of the skin.

Adjourned for lunch.

[How much more instructive the case cured by Cal. p. would be if the doctor had given the symptoms upon which he based the selection. ED.]

The meeting was called to order at 3:10 P. M.

Dr. Follett moved that the order of exercise be suspended and that the Society proceed to the election of officers. Seconded and carried.

Dr. Stow moved that the secretary be empowered to cast the ballot for the election of officers. Seconded and carried.

The officers elected were: President, Volney A. Hoard, M. D.; vice-president, Josephine Howland, M. D.

The officers re-elected were: Secretary and treasurer, S. L. Guild-Leggett, M. D.; Censors, Drs. Stow, Martin and Dever.

Dr. Follett because of the general inclemency of the weather about the third week of September and March, also because of the nearness of the third week in December, to Christmas, moved as an amendment to Section I of the By-Laws, that the word *second* should be inserted in place of "third" so that it should read "second Thursday," etc., and that this amendment should be reported at the December meeting, according to By law X. Seconded and carried.

The regular order of exercise was resumed and Dr. Leggett read the paper on Capsicum, published in July issue.

Clinical Verifications.

BY J. B. S. KING, M. D., CHICAGO.

PHOSPHORUS.—Young, married woman, slender, tall, mulatto, has not been well since a miscarriage in December last. The loss of blood at that time was extreme.

Menses irregular as to time but very free ever since, flow in gushes, like a hemorrhage.

Weak, prostrated, miserable, without appetite.

Restless, nervous, despondent, crying spells.

Hard, heavy ache through the middle of chest, like a painful weight, < from stooping or sitting bent, from deep breathing and from exertion.

It began every morning early and lasted until noon. As it subsided, there came on a burning headache involving occiput and left temple.

Every morning the chest ache: every afternoon the headache.

Cramps in the soles of feet and calves.

Legs weak and often aching before a storm or weather change.

Palpitation and tremulousness from exertion.

Objectively, there was subinvolution, deficiency of red blood corpuscles, a venous hum or *bruit de diable*, especially in the recumbent position, rapidly excitable pulse; the urine turbid, neutral or alkaline from fixed alkali and showed a sediment of earthy phosphates.

Phosphorus 1 m. wrought a speedy amelioration. In a single day both the chest ache and the headache disappeared. The cramps ceased. A healthy appetite appeared and the patient is on the highway towards recovery.

The peculiar alternation of aching in the chest, in the forenoon and headache in the afternoon does not appear in the pathogenesis of Phosphorus; these symptoms occur there separately but not, I believe, in the same prover.

Phosphorus has cramps in the soles of the feet, but not in the calves; that it cured both, is worth remembering.

It is also pleasing to record, that forty-eight hours after the first dose of Phosphorus, the urine was transparent and had a normal acid reaction.

BOVISTA.—Mrs. P., stout, flabby lady, mother of eight children.

Menstrual flow or hemorrhage has lasted forty-three days, off and on.

Before that time no menses for three months.

The flow was intermittent, shreddy, lumpy, worse during night and sometimes only at night.

Frequent diarrhœa; inclined to diarrhœa; stools lumpy and thin water mixed.

Hands feel puffy, and show indentations of scissors; feet puffy.

Bloody mucus from nose, nose feels stopped up.

Womb feels enlarged.

Frequent desire to urinate, even just after urinating.

COMMENTS: Whether this protracted flow after a three

months' absence of the menses, was a miscarriage or not is a question that cannot be certainly answered. The points that determine the need for Bovista are:

The puffiness of hands; the flow worse at night; the bloody mucus from nose; the uniary tenesmus and the sensation of enlargement of the uterus.

These symptoms are to be found, separately under quite a number of remedies but all of them are found under one remedy only, Bovista.

Bovista 30th cured the lady.

CHELIDONIUM.—Mr. R. B. H. Young man, unmarried; dark, spare.

Sharp pain in abdomen.

Has been troubled for some months, but the symptoms have grown worse, so that he has stopped work.

Pain is relieved by eating, and is worse therefore, just before a meal.

It is worse by motion.

It is better by drinking very hot drinks.

Constipated; stools once in two days; dry, hard, scanty, blackish, ball-like.

Chelidonium cured.

J. B. S. KING, M. D.

Saccharum Album (white sugar).

The Organon Section 4 says: "He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health."

One of the provers in the following pathogenesis gives this experience: "Mr. A. states that the following symptoms appeared about twenty-five years since, and after fourteen years he discovered that they were caused by sugar; he had passed through the hands of sixteen physicians. Occasionally, by way of experiment, he now takes sugar, and always with the same train of symptoms, from two to four days after eating it." These are marked with a †.

It is often necessary to remove "things that derange health," and common saccharum album may be one of them. This is our excuse for publishing the symptomatology.

Authorities: Drs. Ad. Lippe, S. Bönninghausen, S. G. Bute, Samuel Swan.

MIND. Violent temper; irritable temper; quarrelsome.

Bilious sanguine temperament.

Increased modesty of women.

Anxiousness, homesickness.

Melancholic mood with the chilliness.

Low spirited. hypochondriacal mood; pevishness.

Want of childish cheerfulness.

Indifference as from homesickness.

Disinclination to talk; want of interest. Stupidity.

HEAD. Giddiness, from indigestion.

Severe headache with the chill.

Headache every week the same day.

The hair grows rapidly.

EYES. The eyes are closed on account of the swelling of the eyelids.

Varicose extension of the vessels of the eye.

Violent ophthalmia.

Dimness of the cornea.

Inflammation of the eyelids.

Œdematous swelling of the eyelids.

Obscuration of sight; dimness of sight.

EAR. Discharge of pus from the ears.

NOSE. Sneezing; dry coryza.

FACE. Changed expression of the countenance.

Paleness of the face.

Deathlike color of the face.

Œdematous swelling of the face.

†Twitching of the muscles of the right cheek over the malar bone.

MOUTH Dullness of the teeth (with sour vomiting).

†A white coat on the tongue, so thick as to cause stiffness.

Rhagades, cracks on the tongue.

Inflammation of the salivary glands. Ranula.

Inflammation of the mucous membrane of the mouth.

THROAT. Ulcers in the throat.

APPETITE. †Morbid hunger with the fever.

NAUSEA AND VOMITING. Nausea, early in the morning.

Violent retching. Vomiting of white viscid mucus.

Periodical vomiting.

Vomiting of blood.

Acid vomiting, making the teeth dull.

†Occasional vomiting with the chill.

STOMACH. Bloated; overloaded with mucus.

Impaired digestion; disordered stomach.

Acidity of the stomach.

Weak digestion, with acidity of the stomach.

†A burning at the pit of the stomach.

Heat in the stomach.

Coldness of the stomach.

Pressure in the stomach in the morning when fasting.

Painful constriction of the stomach.

Painful sensitiveness of the pit of the stomach.

Pain in the stomach with hypochondriacal persons.

ABDOMEN. Swelling and induration of the liver.

Increased secretion of bile.

Swelling of the spleen.

†Pain in both hypochondria, in region of liver and spleen.

Abdomen enlarged; shows presence of water on percussion.

Hard abdomen in children.

Hardness and swelling of the abdomen; as hard as a stone.

Painful hardness of the abdomen. Flatulence.

Swelling and induration of the mesenteric glands.

RECTUM. Painful hemorrhoidal tumors. Hemorrhoidal congestion.

STOOL. Stools watery and debilitating; of mucus and blood; bilious.

Constipation alternating with mucous diarrhoea. †Constipation; difficult stool.

URINARY ORGANS. †Sharp burning pains would run up from the kidneys to the shoulders, passing under the scapulae.

†Great pains in the kidneys.

†Increased urination; strong urinous odor and white sediment.

Profuse secretion of urine.

Diminished, very scanty secretion of urine.

SEXUAL ORGANS: *Male.* Swelling of the genitals.

Enormous swelling of the scrotum.

Increased sexual desire.

Frequent involuntary seminal emissions.

Female. Catamenia diminished.

The menstrual flow is pale.

Suppressed fluor albus.

RESPIRATORY ORGANS. *Larynx.* †Irritation of the larynx, causing a slight hacking cough, with yellow saltish expectoration, which floats in water.

Dry rawness in the larynx.

Voice. Hoarse, catarrhal voice.

Hoarseness from reading but a short time.

Cough. Dry cough. Cough with children.

The expectoration is very offensive.

Respiration. †Oppressed, as if from want of breath; slight cough, but profuse offensive expectoration; in the warm air it was generally white, and in falling, spread out like cream when spilled; in the cold air it was yellow and had more consistence, but at all times the expectoration was cold.

Oppressed breathing.

Can only breathe in an erect position. Respiration difficult, oppressed in the morning, > by expectoration.

Difficult respiration. Suffocative attacks. He has to be bolstered up high on account of dyspnoea.

CHEST. Emaciation of the chest, muscles dwindle away.

Accumulation of mucus on the chest.

Swelling of the lower part of the sternum.

Fullness in the chest in the morning, > by expectoration of mucus.

Stitches in the left side of the chest.

HEART. Rheumatic pain in the region of the heart.

Pulse weak and irregular.

EXTREMITIES. Tingling in the limbs.

Superior. Œdematous swelling of the arms.

Inferior. Emaciation of the hands and thighs.

Œdematous swelling of the legs, water oozes from them.

Legs swollen and as hard as a stone.

†Weakness of the legs, as if paralyzed, causing him to stagger.

†During the burning in the stomach, he had jactitation of the muscles of the feet and legs, to the knees, which was very painful.

Cramps in the calves of the legs.

Weakness of the legs.

Swelling around the ankles.

Œdematous swelling of the feet and ankles.

GENERALITIES. Emaciation with great appetite.

Insufficient nutrition.

Chlorosis, with dropsy; after anger.

Aphthæ of children.

Plethoric constitution. Fainting attacks.

Attacks of gout pains wandering.

†Pains in the bones from head to foot, causing a rigidity of the muscles, so that it is impossible to rise from bed till he had been rubbed.

Bad effects from violent anger.

SKIN. Dry skin, all perspiration is suppressed.

Pale red blotches over the body. Scurvy.

Panaritium. Old herpetic eruption.

Proud flesh in the ulcers.

Excessive granulation in the ulcers.

SLEEP. Starts in sleep. Sleeplessness.

FEVER. Chilliness from 10 A. M. till evening, with melancholic mood.

†*Chill*, beginning in the small of the back, and spreading thence up and down; severe headache and occasional vomiting.

Fever, followed by headache, morbid hunger and a hectic flush on the cheeks.

No Sweats, except when weakened by repeated attacks; before and during the paroxysm, the burning in the stomach and back was simply intolerable; no thirst.

Chilliness alternates with perspiration.

Cold in the head.

Intermittent fever every one, two, or three days, irregular in type. Evening fever.

The chill is followed by profuse perspiration.

Perspiration on the head, neck and shoulders.

—*Encyclopedia of Pure Materia Medica.*

Therapeutics of Puerperal Eclampsia.

BY H. F. SMILEY, M. D., CHICAGO.

Argentum Nit. She is in constant fear and expectation of approaching spasm. In the interval between the spasms, she is never for a moment quiet. The paroxysms are exceedingly violent, and are preceded by a sensation of expansion of whole body but more especially of the head and face. Becomes very restless just before a spasm begins.

Aconite. Premonitory symptoms of puerperal eclampsia may be removed if not entirely cured in the use of *Aconi-*

tum, especially in primiparæ when in the beginning of labor the skin is hot and dry with feverish thirst and great restlessness; cerebral congestion with great fear and anxiety. Three doses a half hour apart will leave nothing to be desired in way of medication.

Arnica, is indicated in the premonitory stage, the pulse is full and strong and every pain sends the blood rushing violently to the head and face while the body remains cool or of a normal temperature. There may be symptoms of paralysis of the left side with partial or complete loss of consciousness and involuntary discharge of stool and urine.

Belladonna, is indicated when the spasms are fully developed when in labor. Every pain brings on a spasm, when the face and neck become livid, the carotid and temporal arteries pulsate violently, the eyes are red and congested and stare rigidly. Between the spasms there is jerking and twitching of the muscles—more or less tossing about with convulsive movements of the limbs and muscles of the face with semi-consciousness and loss of speech. There may be paralysis of the right side of the tongue and difficult deglutition, with foaming at the mouth of bloody saliva. *Belladonna* would not be contraindicated if instead of the livid countenance the face is pale and cold with shivering and sound sleep after a paroxysm with involuntary escape of feces and urine—and starts and cries with fearful visions.

Cinchona. If the exciting cause of the eclampsia be the loss of a large quantity of blood, *China* would be indicated if the other symptoms agree.

Coffea. When spasms are threatened by the extreme excitability of the nervous system and the extremities are cold and the patient grinds her teeth from nervousness, *Coffea* is the remedy.

Cuprum. When the spasms begin as cramps in the fingers and toes, extending through the limbs to the whole body, complicated with violent vomiting; opisthotonos with every paroxysm, with spreading out of the limbs and open-

ing of the mouth, Cuprum will meet the conditions admirably.

Gelsemium. It requires this remedy to meet the premonitory symptoms, such as the head feels very large, she is irritable, sensitive, a nervous dread of the near approach of labor. Chilly waves running up and down the spine from occiput to sacrum, pains running from before backward in the abdomen and also from pelvis to diaphragm. Give the 200 in water every two hours till relieved. It will require two or at most four doses.

Hyoscyamus. Attention is called to Hyoscyamus by the bluish color of the face with twitchings and jactitation of every muscle of the body, together with those of the face, eyelids and extremities, with almost constant delirium.

Opium. The indication for opium is called to mind by the constant stertorous respiration both on inhalation and exhalation, with heavy, stupid sleep, with red face, half closed eyes. Incoherent wandering and convulsive rigidity of the body with redness, swelling and heat of the face—hot perspiration, insensible pupils, black, offensive, involuntary stools, bladder full of urine but no force to expel it. Suppression of the labor pains must be the proximate cause of the spasms.

Stramonium. This medicine is particularly indicated where the patient shows such signs of fear as to cause her to look frightened and to shrink back from the first objects she sees after opening her eyes. After betraying such symptoms she will soon have spasms unless Stramonium be given at once and the spasms thereby prevented. The same frightened appearance occurs also after the convulsions commence. The eyes are wide open—pupils widely dilated which gives them a brilliant appearance. She is disposed to talk, laugh, pray and entreat continually, but not always coherently. She may merely stammer or even lose speech altogether, from loss of consciousness. The fits are precipitated by the sight of brilliant objects and sometimes by contact.

Veratrum Veride is chosen in a case of puerpural eclampsia when there is great activity of the arterial system without the fear, fright and anxiety of *Aconitum*. The face is blue and livid with profound coma or wild delirium caused by the intense congestion of blood to the head. There has been during the whole period of pregnancy severe vomiting and constant nausea with severe burning pain in stomach. Premonitory symptoms of convulsions are slight chilliness with nausea and twitching of the muscles of the face, followed by a rapid convulsed movement of muscles of body and limbs; dilated pupils, difficult breathing, followed by stupor from which it is difficult to arouse, afterward pain and pressure in the head, with nausea and faintness. Convulsions with mania or the mania may continue after convulsions have ceased.

Let it not be understood that this small list of remedies are all that may be indicated in puerpural convulsions. "There are others" or may be, but the same principles should apply to the selection of a remedy, viz.: Select a medicine whose pathogenesis accords with condition of the patient regardless of the disease named.

No homeopathic physician is excusable who neglects to study his case and apply the appropriate remedy and cure his patient. Neither is there any reasonable excuse for selecting two remedies for the same condition. It certainly does require some patience and hard study on our part, but it is not only our privilege but our bounden duty to become masters of the situation in each and every case.

Valuable Symptoms in Drug Proving.

Dunham says: "The fact cannot be too often called to mind, nor too strongly insisted upon, that our most characteristic indications for the use of a drug, which presents well-defined general symptoms, as Arsenic does, and indeed as every well proved drug does, are derived not from its local action upon any organ or system, not from a knowledge of the particular tissues it may affect, and how it af-

fects them, but upon the general constitutional symptoms and their conditions and concomitants. If this were not so, in the presence of how many maladies, of the intimate nature of which we are wholly ignorant and which nevertheless we cure, should we be utterly powerless for good.

“A case will serve to illustrate not merely this point but also another, viz.: the detection and treatment of what is sometimes called ‘masked intermittents,’ by which is meant a disease clearly resulting from marsh-malaria, but which nevertheless does not manifest itself by the customary paroxysm of chill, heat and perspiration, which constitute intermittent fever.

“A precocious child in Dutchess County, twelve years old, had complained for more than eighteen months of a severe pain in left ear. She was brought to my office for treatment, with the statement that for this affection she had been treated, both locally and constitutionally, for an inflammation of the middle ear, by some of the most distinguished surgeons of the city of New York but with no good result. I could discover no distinct signs of local lesion, but nevertheless supposed it to be a case of otalgia, and from a very close correspondence of the case, as described to me, with the symptoms of Chamomilla, gave that drug. She got no better. I then learned that she had been under the care of a good homeopathic physician, who, if it had been simple otalgia, would surely have cured her. This fact induced me to scrutinize the case very carefully before I prescribed again. Visiting the patient repeatedly at her residence, at different times in the day, I found that the attacks of pain were regularly and distinctly paroxysmal; that they were attended by the peculiar thirst so characteristic of Arsenic, by the restlessness and anguish, and followed by the prostration, equally characteristic. Furthermore, concomitant symptoms of an Arsenic gastralgia and diarrhoea were also present. It then occurred to me that this was probably a case of masked intermittent. The situation of the house and the topography of the neighbor-

hood favored the idea. On the strength of the symptoms recited, I gave Arsenic 200. Within five days the pains had ceased to appear, but in their stead came a regular paroxysm of chill, fever and sweat, indicating the existence of quotidian intermittent fever. The paroxysms recurred for four days, gradually diminishing in intensity. They then ceased, leaving the patient well.

“Whatever, then, may be the local name of the disease, whatever pathological name it may bear, if the general symptoms correspond to those of Arsenic, in the way that I have pointed out, do not hesitate a moment to give that drug.”

The Pulsatilla Brunette.

CHAS. B. GILLETT, M. D., Washington, D. C.

The article by Dr. C. E. Fisher, with the above title is apropos and is most heartily endorsed. Not all blue-eyed women are “yielding” nor are all black-eyed women “tartars.”

The same principle applies to other remedies and perhaps to all; the writer has found that a Calcarea patient need not be fair and fat, but may be dark and lean.

If in a patient who is of an irritable disposition we find a mild, gentle state of mind when sick, that fact would all the more strongly indicate remedies like Pulsatilla; but in a patient who is of a gentle disposition, if we find irritability, such a remedy as Nux vomica would be all the more indicated.

Not all the tearful patients call for Pulsatilla; one may call for Lachesis, *if the other symptoms indicate it.*

Such generalizations as suggested below are pernicious and lead to loose prescribing, as ailments from chill, Aconite; effects of a wetting, Rhus; effects of a sedentary life, Nux. While it is true that the causes named often produce symptoms calling for those remedies, it is not always so; these generalizations ought not to be admitted to the *Materia Medica.*

The homeopathic relation of Pulsatilla to the bowels is that of diarrhœa; the case cited by Dr. Fisher had constipation which may have been secondary to a history of diarrhœa in younger years, or mechanical, from pelvic conditions; or, does Pulsatilla affect the bowels of brunettes differently from those of blondes?

The moral is: when you find the symptoms of a drug in a patient, give that drug.

[The patient referred to by Dr. Fisher had a severe attack of typhoid in early life and has suffered from constipation ever since. We recently had the pleasure of curing a case of obstinate constipation in an old soldier, with Pulsatilla. The last year of the war he had chronic diarrhœa cured (?) by the army surgeons, probably with] opium or other suppressive measures. But all his general symptoms called for Pulsatilla, and had it been given for the diarrhœa probably would have cured it, and thus prevented over thirty years of constipation and its attending ailments.—ED.]

Geographical Distribution of Cancer.

Translated from *Med. Monatshefte f. Hom.*, July, 1900.

Dr. Behla has constructed a map of the world in which he colors the various countries according to the prevalence of cancer in the same. From this map it appears that cancer is almost as frequent in the Eastern Hemisphere as in the Western. In Europe cancer is found almost everywhere, only in the most northern part and in Southern Europe it is more rare. Cancer of the womb and cancer of the breasts is, *e. g.*, quite a rarity in Turkey. In the eastern part of Germany cancer is more frequent than in the western part. In the towns of Denmark in the years 1890-1895 the number of deaths from cancer averaged 11.9 of 1,000 living persons. In the north of Asia, in Siberia, cancer is unknown, and in Southern Asia very rare. In China and in farther India it is more rare than in Europe. In Japan it is more frequent, but in Arabia, Syria and Persia it is very rare. In the western and central parts, according

to Livingston, cancer is almost unknown; negro women are very rarely afflicted with cancer of the womb. It is also rare in Egypt and in Abyssinia. It is, however, very frequent in Australia. According to official reports among the causes of death in New South Wales in the year 1896, cancer occupied the third place, after consumption and bowel diseases. In the extreme north of America, as also in Southern California, cancer is very rare. In the large cities of the United States, especially among the whites, it is quite frequent, while the colored people seem less susceptible to the disease.

Besides the above mentioned peculiarities of race, which oppose a greater or lesser resistance to the disease, the climate and the manner of living of the various nations have a certain influence on the prevalence of this malignant disease. From the above mentioned facts we may conclude that cultivated races are more frequently visited by cancer than savages and people living in a state of nature.

(Cancer, as will be seen by the foregoing, follows where vaccination is enforced and suppressed gonorrhœa prevalent.—*Envy*).

Hints from Dr. Samuel Swan.

BY THOS. G. ROBERTS, M. D.

The following extracts are from letters that I received from the late Dr. Swan, and I trust they may prove instructive as well as interesting to the readers of the *ADVANCE*.

I prize very highly a large package of letters that I received from him between 1887 and 1892. The more I became acquainted with him, the more I admired his generous heart and his great love for the truth. When he died I felt that I had sustained a great personal loss. As the dates are unimportant, I omit them.

“For the cough after grippe which is a dry or loose, hacking, bronchial cough, *Cochlearia* is almost a specific.”

“Have you ever used *Calcarea picrata*? It aborts boils and pustules in the ear very quickly.”

“Have you ever used potentized Rochelle salts for rheumatism? It is composed of Kali carb. and Natrum tartaricum, and is very effective. An old lady patient used to cure a good many cases with it, in its crude form, and I have used it considerably in sporadic cases where there was no constitutional tendency.”

“Sedum telphium cures hemorrhages of womb, bowels, and rectum in the dmm potency.”

“An old physician in Switzerland wrote me that Sedum telphium was a wonderful remedy for hemorrhage of uterus, bowels, or lungs. Happening to have two cases on hand I gave it with wonderful success. Now I know nothing more of the drug, but I would not like to throw away that information.”

“I inhaled some of the odor (of Japanese Lacquer), and in three days had as pretty a case of erysipelas as you could wish to see, commencing on the left side, and the eye was entirely closed, the right nearly so. The nose was a model for an old toper. Even before it broke out, I noticed on putting my tongue between my lips to moisten them, a metallic taste and a sensation as if there were a plate of zinc and one of silver, and the tongue between. The eruption came out in watery vesicles in the fingers, but not much itching. On the whole, the symptoms are identical with those of Rhus venenata.”

“I have cured a case of laryngeal tuberculosis with the same potentized. The indications are a slight cough which removes very easily some milk white exudation, as white as this paper, in a gobbet or soft lumps. Seems to come from the lower part of larynx.”

“I have a slight proving of *Solidago rigita*. Dr. Ostrum gathered some several years ago in Park Ave., before it was paved, and presently felt a burning in his hands and a red hot eruption between his fingers. This he attributed to an abundance of aphis with which the plant was covered. I potentized the aphis, and find it acts well in such cases. The eruption looked like that of *Psorinum*, but no pimples or vesicles.”

The following is an extract from a letter written to Dr. Swan by one of his patients:

“By today’s mail I send you a bottle of tincture, made from the outer covering of the hornet’s nest. It is very valuable for relieving asthma, given in five drop doses. I was about to write to you ten days ago, to prescribe for me, when I was fortunate enough to get a part of a hornets nest. I have been taking it for a week, and am *so much* better of my dreadful cough which I have had for a year. I was very ill last fall, a year ago, with grippe and malarial fever at the same time. Soon after I got up, I had a very severe attack of bronchitis and catarrh. I was left with chronic bronchitis and laryngitis, which has been so obstinate—nothing benefits me long at a time. As soon as I take a dose of the [hornet’s nest tincture, (about three drops), the irritation subsides immediately and lasts from two to three hours. I have taken fifteen drops at a dose. Felt no inconvenience except a *very decided* smarting in my throat, and a curious crawling sensation in my stomach; and the next day I expectorated fearfully from my cough, but have been decidedly better since. I gave it to a servant who had a bad cough from cold, and it broke the cough in six hours. One drop every hour.”

“I do not believe in artificial surgery. My treatment of piles,—the worst cases, is this: Take some glycerine soap, and, if a man, rub it, after wetting in the hair of the pubes, till you get up a rich lather. Put a good quantity about the piles and anus and you can then handle them without causing the least pain. I run my finger covered with the lather into the anus, and then gather the piles together and gently press them into the anus *above* the sphincter ani. Then, let the patient wash himself and tell him to do just as I did the next time the piles come down. I then give one dose of the indicated remedy, generally Nux vom., and that is the last I hear of the piles. *Try it yourself*, and you will not again think of orificial surgery which is unscientific and eminently hurtful. Elderly men operated on for piles die inside of two years.”

Nux Moschata.

By J. C. WHITE, M. D., PORT CHESTER, N. Y.

Mrs. M., aged 45. Tall, slender, light-complexioned and of nervous temperament, has suffered from menstrual headache since girlhood. Her mother and sister both suffered the same during the whole period of menstrual life. This lady had also severe dysmenorrhœa before her child was born 16 years since, after the birth of which she has been relieved of menstrual pain, but the headaches have continued the same. She has had the service of a homeopathic physician during this period of time, but has received only partial and very temporary relief.

The headache commences a week before the period, when she must take to her bed until the flow comes to give her relief. It is attended with nausea and vomiting of bilious matter, numbness of the extremities.

Chills running down the body alternating with flushes of heat ascending to the head, dryness of the mouth, sleepiness and dizziness. Staggeres to the right on attempting to walk. Of late had vertigo while lying and when turning in bed. A creeping sensation in the legs often obliges her to rise and walk about the room.

The initial symptom of the headache is a quivering sensation, originating in the upper dorsal region ascending to the head. The headache is < by cold, a jar, and by light, > by warmth, hot applications and by *hard pressure*. Says she "gets so tired pressing her locked hands down on her head for relief." She had been taking gross medicine and plenty of it from this homeopathic physician; and now has the added symptom "unsuccessful desire for stool." Said she could accomplish the desire but for the pain in the head which was so < by straining. (This symptom < from straining had been present during the past month and she was obliged to resort to enemas for every movement of the bowels).

In consideration of her previous drugging, together with her present symptoms, she got Nux vom. 1m every two

hours until > of tenesmus. I found her comparatively comfortable the next morning though still nauseated. Her mother told me of some hysterical symptoms and I substituted Ign. for the Nux vom. On my visit the following day I found the headache, nausea and vomiting in "full blast;" had thrown up some fecal matter. On pressing my hands heavily on her head, she said, "Oh! that pressure makes me feel so comfortable." I then gave her Nux mos. 3x every half hour and visited her again in three hours. She said she was then entirely relieved. That she had "never before been so > by medicine." The medicine was discontinued for three days, when the symptoms recurred and were again as completely relieved by the same remedy. While relieved of pain she was able to sit up and even to walk around the room, which she had not done for years during this period.

The head symptom, < by straining at stool, is not > by the remedy.

The sensitive breasts before menstruation, the vertigo while lying and the rectal symptoms suggest that Conium may be required to cure this patient.

[Or Sulphur or Psorinum to remove the psoric inheritance, after Nux mos. and Conium have done their work. Ed.]

Some Unsolved Problems.

The evolution of steam, electricity and machinery gives to the life of today a whirl and pressure unknown in the past. Progress is made in rapid strides, and one scientific discovery after another startles the world. The craze for something new and strange has also brought into notice many a scientific *fad* to have its little day of popularity, and fade from sight and remembrance.

While the last century has brought to us marvels in scientific advancement, it has left us with some of the old unsolved problems of life still unanswered, still demanding the careful, patient investigation of scientist and philosopher.

With the finer eye of the microscope, and in the chemical laboratory, students are searching, investigating, experimenting, and the atom, the element and the cell, eluding pursuit, hide themselves from the closest and most persistent scrutiny, behind omnipotence.

An eminent chemist says, "There is no microscope that can carry us to an atom. The atoms are as far removed from the intellectual gaze of the chemist, as the most remote stars from the eye of the astronomer."

We know that all the vital functions of the body take place in the cell. The essential act of respiration is oxidation within the cells. These microscopic bits of protoplasm are of the greatest interest because so directly connected with life, but the cell keeps its secret! The chemist knows that protoplasm contains oxygen, hydrogen, nitrogen, carbon and sulphur in fairly constant proportions, but no chemist has succeeded in synthesizing these elements, and producing protoplasm artificially.

We know something about the proteids. They form the principal solids of the muscles, the nerves, the glands, of the serum of the blood, of the lymph and serous fluids, but we must understand the proteids better than we do now, before we can have any clear conception of the chemical processes of the body.

It is not difficult to talk learnedly and glibly about the germ theory of disease, but it is still an open question as to whether the microbes are a cause of disease, or the result of a diseased condition.

We can tell you all about the chemical processes concerned in digestion, absorption and assimilation, but just how the digested food becomes living tissue is beyond our reach. Physiological chemistry is doing much along all these lines, and is throwing new light upon metabolic changes.

In health circulation, nutrition and secretion go on without our knowledge. At times we may be aware of the heart's action, but it cannot be controlled by the will. Mo-

mentarily we may influence respiration, but for the most part it is an unnoticed and involuntary process. The two great vital movements of the pulse and respiration go on in orderly and rhythmic sequence—four pulse-beats to one respiration—the same constant relation, and life keeps time to it in sickness or in health. This, too, is beyond our jurisdiction or comprehension.

The diagnosis and treatment of diseases have kept pace with the advancement of the century. Bleeding, blistering and calomel are as much relegated to the past, as the inquisition, the burning of witches, or a belief in literal fire and brimstone.

Sanitary measures are given more attention, and drugs are less implicitly trusted. By the later methods of treating consumption in Sanitaria, pure air, out-of-door life, and proper feeding are relied upon for successful and permanent cures. Koch's inoculations, Burgeon's inflations, Murphy's surgery, and other forms of artificial treatment have had their day, and are giving place to more natural methods.

Surgery has usurped a place in medicine that will prove untenable. To remove an organ is not to restore it to health. Skilful therapeutics reserves surgery as a last resource. Our organs, internal and external, have uses essential to the whole organism. It has been proved repeatedly, by experiment, that each part of the body does, not only its special work, but is concerned in the great cycle of changes called general metabolism. Interference with any organ upsets not only its specific function, but causes disturbances throughout the body generally.

The surgery of the future will grow more conservative.

Physiological psychology has solved some problems for us. It has revised our views of criminals, showing that moral feebleness, imbecility and irresponsibility exist in many cases, and mental and moral responsibility are factors to be taken into medical consideration. It has improved our methods of care for the insane, the defective classes and epileptics. It has taught us that certain forms

of inebriety indicate diseased conditions, and require medical treatment.

Then, too, the mental and emotional states are receiving more attention. Physiologists tell us that great grief and fear cause death, and post mortem examinations reveal the fact, that the blood in such cases is the same as in cases of poisoning. We know that violent anger in the mother kills her nursing child. The frequency with which diseases of the heart were noticed as the consequence of the terrible emotions produced by the scenes of the great French revolution was observed and recorded by French physicians. After any of our financial panics a marked increase in the cases of paralysis and heart disease is observable.

We have seen people die by inches from worry. We are familiar with the results of depressing emotions. We know that in a large percentage of chronic invalids the condition may be traced back to mental or emotional strain. But how do mental and emotional states effect changes in the chemical composition of the fluids of the body, lower the muscular tone, debilitate the nerves, and reduce the subject from a condition of health to one of disease?

The interdependence of the mind and body, the influence of the emotions, the relation of the moral or ethical training to health, are problems awaiting solution.

There are people—we all know them—who can no more control thought and emotion than they can hold wild horses. They are at the mercy of their feelings.

One of the beautiful results of training along any line is the self-mastery and control it brings. In physical training the muscles grow obedient to the will. Who does not admire the graceful, disciplined strength of the athlete? Physicians are only too well aware of the fact that flabby muscles and weak nerves go together. Increase the muscular tone and you have improved the nervous tone. Intellectual training, in any direction, gives vigor to the mental grasp—not infrequently engaging in some intellectual pursuit will overcome emotional strain.

Some of the most interesting and instructive points in

the study of anthropology is the fact that every departure from right conduct is a departure from perfect health and enjoyment, and anthropology also teaches us that ethical culture is one of the surest means of maintaining superior health. When we attain self mastery through physical, mental and ethical training, we shall have fewer neurasthenics. The nervous wreckage of today is appalling. Excess is the fatal error—too much—too much in every day. Even the school children are crowded to exhaustion. Then many children never relax, never rest, from the time they get up in the morning, until they go to bed at night.

The physician of the future will not write a routine prescription for the name of a disease. He will treat the patient, not the disease, and recognizing the temperament, idiosyncrasies, habits and training of his patient, his success in treatment will lie almost wholly in attention to details, for in this way he will bring the whole life of the patient up to a healthy standard. [The true followers of Hahnemann treat the patient, not the disease.—ED.]

It was some Frenchman who said, "Science represents the thought of God discovered by man." Slowly the ages have climbed up nearer and nearer to the thought of God, learning with the slow, sure years that natural laws are God's laws, and every new discovery, unfolded by patient, reverent research will bring us nearer to the thought of God, nearer to the solution of our unsolved problems.

JULIA M. ORR, M. D.

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Homeopathic Examiners of Texas recently appointed by the governor: Dr. Geo. D. Streeter, Waco; Dr. Jos. R. Pollock, Ft. Worth; Dr. Wm. R. Owen, San Antonio; Dr. A. O. Buck, Corsicana; Dr. M. S. Metz, McKinney; Dr. G. F. Thornhill, Paris; Dr. Wm. T. Smith, Denison; Dr. M. O. Breniver, Austin; Dr. T. J. Crowe, Dallas. One of the first states to adopt a separate board for each school.

Brief Statement of Homeopathic Principles and Reason of Remedial Action.

B. L. B. Baylies, M. D., Brooklyn, N. Y.

So long as anything has been known of drugs, certain of their special operations have been observed upon our organs and functions, according to which they were grouped and classified; but Hahnemann discovered that wide range of their distinctively individual properties and powers for transcending yet embracing these generic qualities which to the homeopathic physician have become almost absolute and useless.

Their conditional curative action may be expressed as follows:

First. Both drug and disease are in therapeutic relation distinguished by their action upon certain parts and tissues, as well as by their peculiar *modes* of action, not by physicochemical processes, and not so much by definable physiological modifications, as by vital disturbances only to be expressed by symptoms, and their similar actions only recognizable by similar symptoms.

Second. It is evident that the medicine which by its similar action, bears a constant relation to the vital disturbance expressed by the morbid symptoms, must approach the proximate cause, must be the remedy, rather than one which invades the organism in a violent and dissimilar manner, or than any drug the curative power of which may have been deduced from its power to produce anatomical degeneration, or a physical residuum a *caput mortuum* similar to that resulting from fatal disease.

3. Parts and tissues invaded by disease, impaired and depressed as to vital energy, motor sensory or functional, are rendered more susceptible to the operation of any force which would normally act upon them in a similar manner, and which being similar in quality and direction, and of suitable quantitative degree and dynamization, supersedes and extinguishes the disease. As in optics and acoustics

two series of undulations in certain relative proportions, by interference, in the one case produce darkness, in the other silence, as do the forces of drug and disease in homeopathic relation, neutralize and extinguish each other, and produce as results, normal vital equilibrium, that is health.

MEDORRHINUM works wonders in enlarged and painful prostrate with frequent urging and painful urination. A patient in Arkansas paid his allopathic physician \$100 and more than \$100 for drugs and was no better. Cannabis sat. did nothing for him though apparently well selected. But a dose of Med. 10m and later a dose of dmm has put him back to work, whereas he could hardly stand two months ago.—C. B. Gilbert, M. D., Washington. [And the man need not have had a specific urethritis to enable it to do effective work. If the patient has a history of specific disease it may be better indicated and may do more effective work, but its curative power in prostatic disease, acute or chronic is often marvelous. Ed.]

“Random Polypharmacy” is the title of an editorial in the *Medical World* in which the writer denounces “shotgun prescribing.” Have the regulars reached the point of seeing the wisdom of the single remedy? The similitum will come next and after many years the minimum dose.

The Medical World continues in its June number to give Homeopathy a hearing and right well is it spoken for by Dr. S. E. Chapman, Napa, California, by Dr. George W. Harman, Newark, New Jersey, and by Dr. H. A. Watts, Portsmouth, N. H. Dr. Chapman’s article is a convincing statement of his own development into an Hahnemannian Homeopath.

EDITORIAL.

All Contributions, Exchanges. Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

Almost a Comedy of Errors. Viewing the case of President McKinley through surgical eyes the *ADVANCE* cannot but feel that the operative and after-treatment were not of a character to justify the approval which has been accorded by Eastern medical journals, especially since the autopsy has revealed conditions altogether unlooked for during the week of invalidism which followed the assassin's attack upon the chief executive.

So far as they went in their primary operative work the attending surgeons did all that could be demanded of them in an emergency case. It was a plain duty to repair the wounded stomach and it was artfully done. It was also a duty to flush the abdominal cavity thoroughly before closing the incision they made, and this was done. It was likewise demanded that they examine the intestines carefully, for bullet injury, and this was not neglected. But the autopsy revealed an injury to the pancreas and also to the left kidney, and it is not recorded that either of these wounds were discovered and attended to at the time the stomach was repaired. Failure just here was a vital mistake, the fluid from either of these organs being sufficient to cause necrosis of the wound-track. There may have been reasons why the wounds of the pancreas and kidney were not discovered which would free the attending surgeons from censure, but none has been offered up to this moment which relieves them of this responsibility. An error of oversight seems certainly to have been committed.

As to the after care of the case and the interpretation

which was placed upon the symptoms presenting throughout the week, perhaps the veil of charity had best be drawn. Either the attending corps must have known that something deadly was going on, or their eyes were blinded, to a degree amounting to stupidity, by their optimism and their heartfelt desire that the president should recover. The continued high pulse-rate and the steadily though moderately elevated temperature portended danger to thousands of physicians over the country, who were not at all surprised when the "unexpected at Buffalo" happened. It certainly is not to the credit of our art that such a blunder in prognosis should have been made, nor is it excusing that it was made by eminent men. It simply should not have occurred, and the public will not be quick to forgive the doctors in attendance for the rude and apparently needless shock it received at their hands.

But if this was carelessness in not ascertaining all the injury the bullet had done, and if a serious error in prognosis was committed, what shall be said of the blundering resort to medical practice—the administration of calomel and oil for purgative purposes, upon the wounded chieftain? Small wonder that a sudden and violent collapse followed. The giving of food to the wounded stomach on the sixth day was enough of an error; the administration of purgatives could only add to the complication. Lavage would have been infinitely more innocent and judicious.

All told a number of discreditable procedures are offered for review in this lamentable misfortune which the nation has been called upon to suffer.

C. E. F.

Hering Medical College. When Hahnemann began to teach a new therapeutic method at Leipsic in the first course of lectures ever delivered on Homeopathy, he was subject to severe criticism and the keenest ridicule at the command of his colleagues for attempting to teach a medical doctrine which they did not believe and which they would not investigate. Had they not received the same medical education?

Did they not know as much of modern therapeutics as he? Could anything new or true come out of Israel?

In vain Hahnemann pleaded with them to put the law of similars, as expounded by him, to the clinical test and publish the failures to the world. A few, the faithful few, demonstrated its truth, accepted his teachings, and with him began the proving of remedies that laid the foundation of our *Materia Medica*.

The same reception was given Hering when he organized the Allentown Academy, the first homeopathic college in the world. He had embraced a truth which was so successful that he wished to disseminate it for the welfare of humanity, but like Hahnemann, he met a similar opposition and ridicule as keen. Every similar effort to improve our therapeutics, has met a similar reception, the "holier than thou" argument of the liberal (?).

The first catalogue issued by Hering College fairly stated its principles, and they have been put in practice.

The Hering College would have no excuse for entering a field already apparently crowded, did it not present some radical differences, and, as its faculty believes, vast improvements on any college in existence. While all the fundamental branches of a scientific medical education will be as carefully and thoroughly taught as in any college in the land, its chief object will be to demonstrate that *pure* Homeopathy is all that is necessary, or desirable, in the cure of the sick. In this field so far from being crowded, the Hering stands alone.

It is plain to any student of the history of Homeopathy, that the practice of the pioneers of our school, based strictly on the principles of the Organon, the single remedy in the potentized form and the minimum dose, is no longer taught from the college rostrum, and as a necessary consequence is not practised by the large majority of graduates. In its place a spurious science, devoid of true philosophy, emasculated by lack of principle, adulterated with polypharmaceutical methods [combination tablets, etc.], crude dosage and mediæval medicine, holds almost undisputed sway in our school.

As a natural and direct consequence, graduates leave their *alma mater* without true knowledge, without enthusiasm, without faith or confidence in their methods, and with each advancing year sink deeper and deeper into the mire of a false and empirical system of prescribing. Against such teaching and against such practice Hering College is a protest and an appeal: a cry to halt and an effort to reform.

It differs therefore from all other existing colleges, both in regard to the principles taught and the method of teaching.

If any apology were needed for again stating the principles upon which the college was organized it is found in the editorial review of "College Announcements" in the August issue of the *Medical Century*. As usual, the editor has a good word for every college but Hering, especially those whose cards appear in its advertising pages. Perhaps this is to be expected, for do they not teach the same kind of Homeopathy as the one with which he is connected. Although he says "we believe in the purity of homeopathic teaching and have always been eager to further it whenever possible," yet, judging from the editorial, we have a queer way of showing it. Does his *practice* and his "believe" harmonize? Of what earthly benefit to the student is his "belief in the purity of homeopathic teaching" if his practice in the clinic belies his professions. Why does he not teach and practice what he believes? Why is it not "possible" to teach pure Homeopathy? "The stream never rises higher than the fountain." The teacher rarely teaches what he does not know and does not practice. Hering College does not pretend to teach students how "to cure appendicitis without surgery" after an abscess has formed, or how "to cure consumption without change of climate," after vomicae are formed and the lung broken down. But it does teach the student how to treat an acute attack and how to prevent the dreaded relapses and thus rob surgery of some of its laurels and save the patient life-long ill health, for the removing of an appendix is often only the beginning of trouble. The scalpel cannot remove the cause, the constitutional ailment that produces appendicitis. The patient, not the appendicitis alone needs to be cured, and this is what Hahnemann teaches as Homeopathy.

Is there any principle, or guide or law in the therapeutics of other schools that can possibly be an excuse for the combination tablet, the alternation of remedies, the resort to codeine, morphine or other palliatives when the similar remedy will do much better and quicker work, if you teach

the student how to find it and how to use it when selected. Because Allopathy must resort to the knife, is no reason why we should forsake our law of cure and adopt its methods in appendicitis or anything else.

Why not adopt the practice of the National College which has no principle: "When different systems of medicine are taught under the same auspices, a favorable opportunity is given for a fair comparison. The result is a sifting of the therapeutic 'wheat from the chaff' that more or less envelopes each and all, thus error is dissipated and truth disseminated. The inference is logical that the graduates of any institution, which teaches only one of the various therapeutic systems are *less than half educated therapeutically.*"

The editor says this is "an institution where the rank-est empiricism is advocated." Yet is it not consistent? "You pay your money and take your choice," the faculty says, leaving the entire onus, the responsibility on the student who is not in a position even to form an opinion, much less to choose a system of medical practice upon which success depends. The editor may "believe in the purity of Homeopathic teaching" but *the spirit* of pure Homeopathy he has not yet grasped. The *divine afflatus* has not yet inspired him either to preach or practice pure Homeopathy.

James C. Wood, M. D. In our July issue we stated that the application for a fellowship in the British Gynecological Society reads: "This form must be signed by at least three fellows of the Society, one of whom must be personally acquainted with the candidate and *mode of practice.*"

We learn upon inquiry in England that the "mode of practice" above referred to may mean "Obstetrics" or "Gynecology," instead of Allopathy or Homeopathy, and that we were mistaken in our interpretation of the term. In justice to the president elect of the American Institute of Homeopathy we promptly acknowledge our error, and offer the *amende honorable*. It was our interest in the cause, and the good name of the Institute that prompted the edi-

torial, and not a desire to make "a petty attack on the president of Institute." We still maintain that the president of the American Institute should be a homeopath of the homeopaths in his writings, his teachings, and his practice. It is the first time in the history of the Institute that an article from the pen of its president appeared in one of the leading allopathic journals of America, and commented on by another allopathic journals as being "anything but homeopathic, although he is Professor of Gynecology in a Homeopathic College." This is not the way to increase the membership of the Institute, or advance the principles or practice of Homeopathy.

New Publications.

An American Text-Book of Physiology. By Ten of the Leading Physiologists of America. Edited by William H. Howell, Ph. D., M. D., Professor of Physiology, Johns Hopkins University. Two royal octavo volumes of about 600 pages each. Fully illustrated. Per volume, cloth, \$3.00 net; sheep or half morocco, \$3.75 net. Philadelphia: W. B. Saunders & Co. 1900.

To the physician who wishes to keep in touch with the rapid changes in modern physiology, to the progressive pathologist, and to the medical student this publication will be a valuable and comprehensive work of reference. It is a notable exposition of the present status of the science of physiology.

The volumes are attractive in appearance, convenient in size, and the index is complete, making them easy of reference for the teacher.

The first volume includes the blood, lymph and circulation; secretion, digestion and nutrition; respiration and animal heat, and the chemistry of the body.

The innervation of the blood vessels giving the topography of the vaso motor nerves, and the historical account of their discovery is of special interest to both anatomist and physiologist.

Secretion is treated tersely and concisely. The section

on internal secretion will appeal to the surgeon of the future. The student of today, when graduated, will be more conservative in the removal of organs whose internal secretion is necessary to general metabolism. The chemistry of digestion and nutrition is clear and complete, and particularly adapted to the needs of the medical student.

The physiology of plain muscle tissue concerned in the movements of the alimentary canal, bladder and ureter is given in a new and interesting manner.

The second volume deals with muscle and nerve; the central nervous system; the special senses; special muscular mechanisms, and reproduction.

The central nervous system is a marvel of laboratory and experimental research. It is exhaustive in detail, and is presented from the teacher's rather than from the physician's view-point.

In the action of loco motor mechanisms we have a pleasing departure from old arrangements. Voice and speech as a subdivision of special muscular mechanisms is also an improvement on the older presentations of the subject.

Physiology is a growing science, and additions are constantly made to its literature, and the latest statements of its unsettled questions are found in these volumes.

J. M. O.

Suggestive Therapeutics and Hypnotism. A special mail course of 41 lessons on the uses and abuses of suggestion. By Herbert A. Parkyn, M. D., C. M. Founder of the Chicago School of Psychology. Third edition.

This work is a fair, and, we think, an honest exposition of Suggestive Therapeutics and is intended to make clear what every intelligent physician of every school of practice has not failed to observe, that there is a popular wave of protest against the almost universal and worse than useless system of drugging, and a desire for some method of cure without drug intervention. The manufacturing chemist and the patent medicine man have been "much in evidence"

for many years, and Suggestive Therapeutics which includes so-called Christian Science, Faith Cure, Divine Healing, etc., etc., is the natural yet inevitable outcome of the abuse of drugs by the dominant school. Hahnemann abandoned the senseless and unscientific use of crude drugs administered without rule or reason, and without a natural law of selection for a guide, more than a century ago, and it would have been a blessing to humanity had the profession followed his example. The druggists would not have prospered and multiplied to such an extent perhaps, but "the dear people" would have survived.

In the last paragraph of the Organon, Hahnemann devotes a few pages to Suggestive Therapeutics, giving credit to its discoverer, Mesmer, and some homeopaths endowed with the power have practiced it more or less for the last sixty years. There are many very practical hints to be found here and from it those who earnestly and honestly seek to master the method may become practitioners. It is much to be preferred to morphine, opium, chloral, and quinine as a palliative in obstinate cases of severe pain where the practitioner is not sure of his remedy. The author has done his work well, so far as we can see, yet cautions against its abuse.

The True Science of Living. The New Gospel of Health, Practical and Physiological. An Evolution of Natural Law in the Cure of Disease. How the Sick get Well; How the Well get Sick. By Edward Hooker Dewey, M. D. Norwich, Conn. Charles C. Haskell & Son. Pp. 322.

There are many valuable hints in this book for every healer of the sick. The chief points are that "abstinence from food until natural hunger calls for it" is the best way to maintain health or cure sickness. That digestion is best promoted by giving the stomach a long rest from all work each twenty four hours, from evening until noon of the next day; *i. e.* the author recommends the abstaining from breakfast and thus improve and maintain our health if we are well and prevent the oncoming of illness.

One of the most interesting chapters in the book is the introduction by Rev. Geo. F. Pentecost who gives his experience in the cure of "sick headache" and obesity, after trying for years every form of treatment, drugging, tonics, dieting, etc., etc., known to the dominant school. He gave up his breakfast and got well. But the weak point in the theory and practice is that every patient is to be "run through the same mill" irrespective of individuality. It is an example of treating the disease and overlooking the patient. Many men and women may with advantage give up breakfast, others may give up lunch, but all cannot do it in the same way. Yet there is much truth here and some good hints for every one.

Regional Leaders. By E. B. Nash, M. D. Boericke & Tafel, Philadelphia and Chicago. Flexible morocco. Pp. 282. Pocket edition 1901

This is practically "Hering's Materia Medica Cards" or "Characteristics," or "Key Notes" arranged in book form under their respective "rubrics" or as the author puts it "regions," as mind, head, nose, throat, etc. The names of the several remedies are placed at the inner margin of the page in such a way that they can be covered by an ordinary bookmark.

The symptom is to be memorized and then the name of the remedy covered by the bookmark and if not positive as name it can be "guessid" at, if not correct, as an aid in memorizing. The "Regional" plan makes it convenient for reference in the search for any particular symptom.

The author says in the Preface: "I believe that if no student should be permitted to pass out of our colleges without first passing at least a ninety per cent examination on these leading symptoms that the cause of pure Homeopathy would be greatly advanced, and that our art of prescribing, which is the only thing that makes us distinctive as a school of medicine, would be rapidly and immeasurably improved. A good start in the right direction is an immense advantage to the end of the race." Every practitioner should read this yearly, just to see how much he or she has forgotten.

News Items.

Messrs. Boericke & Tafel have opened another pharmacy in New York City, in the "up town" district at 634 Columbus Ave., near 91st St., being the third pharmacy in New York City for this progressive house, and their tenth in the United States. It is also hinted that another is soon to be opened in Chicago. Good medicines seem to pay.

The Missouri Valley Homeopathic Medical Association will hold its 8th annual meeting at the Paxton Hotel, Omaha, October 23-24. Good papers and a good time are promised.
LEWIS P. CRUTCHER, Sec'y.

Dr. Charles E. Johnson says: "It is a stupendous responsibility, and one we owe to our cause, ourselves and our patients, and that is to properly understand what is *curable in disease*, and what is *curative in our remedies*. While a few are proficient in this regard, a few others stagger, but the majority are bunglers. This is one of the first lessons of the Organon and many of our failures are due to its non-observance."

Southern Homeopathic Medical Association. — The eighteenth annual meeting will be held in Atlanta, Ga., October 22nd to 24th, 1901.

Hotel Arragon will be headquarters with a rate, American plan, \$2.50 to \$4.00 per day; European plan, \$1.50 to \$2.50 per day.

The opening session will be in the Hotel Arragon parlors at 2 P. M., Tuesday, October 22nd.

To an attendance of fifty the railroad offers a rate of a fare and one-third on the certificate plan, from points within southern territory; *i. e.*, south of the Ohio and Potomac, and east of the Mississippi. Certificates must be taken on buying the going ticket.

On account of the Southern Interstate Fair in Atlanta, the following rate is announced: A rate of one first-class

fare for the round trip, plus fifty cents admission to the Fair grounds, tickets restricted to continuous passage in each direction, sold from all points in the State of Georgia, October 8th or 26th inclusive, and from points within the states of Alabama, Tennessee, North Carolina, South Carolina and Florida, October 11, 15, 17, 22 and 24. Limit of all tickets to be October 29, 1901.

Dr. S. M. Hicks, hostess of the Association, will entertain informally at her apartment in The Grand, Tuesday evening, October 22nd.

A reception in honor of the Association will be given at the Woman's Club rooms, Wednesday evening, October 23rd.

The program for the meeting is replete with clever and interesting papers, and the occasion promises to be up to the standard of the Southern's usual delightful meetings.

FRANCES MCMILLAN, M. D., Sec'y.

Editor The Medical Advance:—In respect of "A case of Laryngo-Trachitis" in your August issue, won't you please point out to the physician, who treated the case, that "in my [his] experience of thirty-five years' practice" he should have learned that "Lachesis 30th in water, teaspoonful every two hours" was sufficient to make the symptoms "more intense," and that he was fortunate, after such treatment, in having his patient recover.

GEO. H. CLARK.

116 West Walnut Lane, Philadelphia.

[But in justice to Dr. White it must be said that nearly all of the thirty-five years' experience had been in the practice of allopathy. That he never had the advantage of a study of pure Homeopathy and at this time was "feeling his way" very cautiously from the best homeopathic instruction he could obtain.—ED]

DR. ANNA E. KILMER,
House Physician.

Telephone Wentworth 780

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THE MEDICAL ADVANCE

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NUMBER 10

After Surgery Could not Cure--The Curability of Tumors.

S. E. CHAPMAN, M. D., CHICAGO.

That the potentiated indicated drug has power on earth to cure tumors, benign or malignant, is a fact known to every physician who follows closely in the footsteps of Hahnemann. Without further comment I will proceed to report one of the most marvelous exhibitions of the healing power of the potentized remedy that I have ever seen or read of.

I was called in November, 1896, to see Mrs. J. E. Deakin, age 48, mother of four children, of Napa, California. (I give name and address in full with consent of parties concerned, and I solicit the fullest possible investigation upon the part of the "Doubting Thomas" who may read this report.) I found the patient as follows:

Exceedingly emaciated and prostrated.

Temperature 104.5; pulse 130.

Insatiable thirst for cold water, drinking little and frequently.

Great restlessness.

All symptoms worse about midnight.

Enormous left ovarian tumor. A hard, globular tumor could be easily defined in left ovarian region, probably about the size of a baby's head. Attached to it was a cyst that filled the abdominal cavity to the proportions of pregnancy at full term.

The case came to me from the hands of old school physicians who declared that her only chance for recovery was an operation. They confessed that her chances to live through the operation were about *nil*. So the patient and friends decided not to submit to the knife.

Upon the data recorded I easily determined upon *Arsenicum alb.* as the indicated remedy, and gave it in the two hundredth potency, a powder every two hours. The drug was so clearly indicated that I unhesitatingly assured the friends that she would feel much better soon, but I did not apprehend all that followed. In forty eight hours the temperature and pulse were about normal, and all her more pressing, urgent symptoms were allayed. She was then given *Sac. lac.* until symptoms again demanded the drug—*Arsenicum*—when one dose *cm.* potency was administered. In two weeks she sat up in an easy chair. To make a long story short, in six months the woman was completely recovered, with no more of tumor than she had at birth. She received but little more medicine. For profuse, weakening night sweats which occurred about third week I gave her a few powders of China, 200, and then two or three doses of Sulphur *c. m.* at intervals of several weeks.

The old school physician who preceded me in the treatment of Mrs. Deakin met me some six months after she came into my hands.

“Excuse me, Dr. Chapman,” said he, “but might I inquire about Mrs. Deakin?”

“Certainly, doctor,” I replied. “I am happy to state that she is quite well.”

“Quite well, did you say, doctor?”

“Yes sir, quite well.”

“But how about the tumor, sir?”

“She has no tumor.”

“Did you operate?”

“No sir. You certainly know that she could not have sustained the shock of an operation.”

“You gave her a course of catharsis I suppose.”

“Not likely to a woman in her condition, doctor.”

"Oh! I begin to comprehend. You administered diuretics and diaphoretics."

"Not a drop!"

"But you certainly had some profuse discharges from some of the outlets of the body, Dr. Chapman."

"Nothing of the kind, sir. I never heard of an ovarian fibro-cystic tumor being gotten rid of that way."

"In the name of humanity then tell me what you did do for her."

"Certainly sir, with all the pleasure in the world. I gave her Arsenic."

"Arsenic! to be sure! Why I use Arsenic frequently!"

"You do not cure ovarian tumors with it as you use it, doctor. One dose of your Fowler's solution would have killed her."

I then explained to the gentleman every step of my treatment. He soon got enough of Homeopathy, and the devil of incredulity shone from his half closed eyes as he excused himself and hurried away.

A Psoric Patient Cured.

AMELIA L. HESS, M. D., PHILADELPHIA, PA.

This patient came to me from the hands of one who calls herself a pure homeopath, and would feel it to be an unpardonable insult to be called anything else, and yet she was giving the patient local treatment for the ovarian trouble, which palliated while the *patient* was growing steadily worse. When she came to me she had had grippe for four successive winters between Christmas and spring, and now, with not quite four years of pure Homeopathy she is practically a well woman.

Oct. 24, 1898, Miss M. B., age 30. Medium height, brown hair, grey eyes.

Face very oily.

Always had severe headaches, one kind over and around the left eye.

Temple sore to touch, > quiet

Before the second time. All objects twittering for half an hour, then headache *all over head*, eyes burn.

Comes usually in A. M.

Very fond of eggs.

Milk don't agree.

Glands enlarged about the neck.

Catarrhal, can't breathe through nose.

Hemorrhoids, since last winter.

Miserable after sleeping.

Feels > in summer.

Miserable in the morning.

Can't wear nightdress tight.

Grippe often. Can't lie on left side since, shortness of breath.

Pain in left ovarian region, burns intensely, < walking, goes down thigh.

Colds in throat always begin *in left side*; left sided in all things.

Late in menstruating, 17 years of age.

Was sick for a whole year from that date; (was dosed with drugs). Lach. 4 m.

Oct. 21st. Sensation of cobweb on left cheek.

Lower eyelid twitches occasionally.

Throat sore, raw. Usually begins left side, this time all over.

No headache; piles relieved.

Back ache at waist line in A. M.; > after moves round awhile. Placebo.

Nov..8th. Head ached *terribly*, last week and this; began with twitching of eyelids.

Head < on top and on right side.

Menses just coming. Placebo.

Nov. 23rd. Improving. No medicine.

Dec. 1st. Pain in pit of stomach, heavy feeling; > in everything else. Lach. 4 m.

Dec. 8th. Stomach turns after eating dinner; distressed feeling.}]

Bad beginning of old-fashioned sore throat but all passed off. No medicine.

Dec. 21st. "Was first rate," headache for three or four days; chest sore; stomach comfortable until now. Lach. 4 m.

Dec. 31st. Throat sore all around, not left side as before.

Tired but has been very busy.

At night, when up, sensation as if heart not beating then thumps vigorously. No medicine.

Jan. 9th, 1899. Headache; centered over left eye.

Cold in throat; had nursed a grippe patient. Lach. 41 m.

Jan. 15th. Chest feels raw and prickly; woke up several nights ago with a terrible headache, not like usual headaches; nervous. No medicine.

Jan. 16th. Better in every way. No medicine.

Jan. 26th. Tired; stomach painful at night; got over cold very well; dreams distressing of working. No medicine.

Feb. 1st. Sore throat; < left side; < at night; < cold air; can't breath through nose. Lach. 41 m.

Feb. 7th. Improving. No medicine.

Feb. 17th. Headache with eyes twitching; first since beginning treatment. Placebo.

Feb. 27th. Face white, or rather sallow, pale; throat sore, raw, burning; stomach sore < pressure.

Pain in back about waist line and above only on certain movements. Ars. 9 m.

March 10th. Stomach, weight heavy like a stove, < pressure, pain two or three hours after eating, < than when eating, throat >.

Anxious expression on face, tearful, gloomy. No medicine.

March 13th. Stomach >; throat sore < at night; < swallowing solids(?); pains all the time, on surface red fine network of blood vessels visible, yellow between; headache dull yesterday, > generally. No medicine.

March 21. Improving; throat and stomach <; No medicine.

April 27th. End of spine painful. No serious headache since here; left ovary burns, stretches. Ars. 90 m.

May 9th. Improving. No medicine.

May 29th. Last week pain in bowels and diarrhœa. Began in morning, then backache (sacrum), feet like ice; then nausea and vomiting, some pain in bowels ever since until today; peculiar feeling in head as if she would faint. Ars. 90 m.

June 8th. Cold, began on left side of throat, left a sore spot there. Lach. 4 m.

July 19th. Discharge from back of throat ever since had the cold June 6th; old-fashioned headaches beginning, has them when wakes up in morning. Lach. 41 m.

Sept. 9th. Piles <; house cleaning; headache in A. M. slight. Ars. 90 m.

Sept. 12th. Cold in head and throat. Lach. 41 m.

Nov. 14th. Cold in head. Several days later developed pain in left arm, then lump in left breast, size of hen's egg, very painful. Hepar 1 m.

Nov. 27th. Tumor swelling, and not so hard, no more pain in it; arm still painful, < at night. No piles, sometimes slight pressure, headache >. No medicine.

Jan. 3rd, 1900. Nervous, did not sleep well early part of night. Placebo.

Jan. 16th. Sore feeling in left breast; menses due; breasts always sore before they come on. No medicine.

Jan. 27th. Nervous all over; did not suffer much, backache in sacrum; feels pretty well; tumor and soreness in breast all gone. No medicine.

Feb. 27th. Headache and shortness of breath; dizzy when in a hurry; menses just come; breast sore before. Lach. 4 m.

March 21st. Menses due yesterday; throat ache for several days. No medicine.

May 15th. Scar at harelip sore, used to be sore but had not been for several years.

Breasts a little sore; has not felt it for some time.
Feels well.

- June 2nd. Feels very well.
Breasts were very sore just before menses but all passed away with it. Placebo.
- July 9th. Headache about a week ago; Lach. 4 m.
Eyes swell.
- Aug. 16th. Warm water to bathe in; miserable after bathing in cold water; headache over left eye; < stooping; nausea. Sulph. 1 m.
- Sept. 5th. Nocturnal urination, nervous, copious, c ear.
Tired, weary in A. M.
I *never* felt as well as I do now.
- Nov. 28th. Menses came on the 16th; painless since.
Stomach only trouble. Lach. 4 m.
- Jan. 28th, 1901. Headache morning, all over head; stomach not comfortable. Sulph. 55 m.
- March 30th. Cold in head; stomach uncomfortable.
Sulphur cm.
- April 27th. Nose and head stopped up, expectoration thick yellow mucus.
Pain lower abdomen, soreness; no headache for a long time. Hepar 55 m.
- May 29th. Pain in stomach just at end of sternum, had the same thing about two years ago; began January 25th, 1899. Burning sensation.
Constipated. Ars. 90 m.
- June 14th. Cold left bad catarrh in head. Silica 6 m.
- July 24th. Angry reddish purple tumor size of a small walnut, in right side of right breast; very painful, can hardly use arm. Conium 200.
- Aug. 1st. Tumor opened and discharged freely. I did not see the discharge. The patient did not seem to think that it was anything unusual.
Much > now. Silica 6 m.
- Oct. 17th. Abscess healed up now; feels very well, only tired. No medicine.

Convulsions.

J. C. WHITE, M. D., Port Chester, N. Y.

Some cases of convulsions, the report of which was suggested by the remarks made by a physician in our county Homeopathic Society—he was speaking of a fatal case of convulsions—that he could do nothing because he was “unable to get the patient to swallow medicine.”

I was formerly impressed with this idea myself; that castor oil, all physic and medicine must be swallowed into the stomach, to be there digested and absorbed from thence into the circulation before any response could be obtained from it. This, we believe, is true of gross medications, and the dominant schools give their medicines in this way—both for their primary and secondary effect. But, the student of Hahneman who notes the prompt reflexes from a particle of highly potentized medicine when dissolved on the tongue has something to consider besides the physiology of digestion and assimilation. When some scientist shall explain to our intelligence the phenomena of that mystery called electricity, then another may explain the phenomenal response of pathological symptoms to the potentized homeopathic remedy. How impressions on terminal afferent nerve fibers, from contact with the remedy are conveyed to inhibitory nerve centres and from there transmitted or reflected to other parts of the body controlling these morbid or pathological conditions.

CASE I. A child of 12 months had been in convulsions one hour, with short intermissions of paroxysms. I first saw the child during an intermission. The pupils were dilated, insensible to light, head slightly drawn to the left, with frequent twitching of the muscles of the face. The mother stated that she had put the child in bed apparently well, though it had awakened for a moment with a start two or three times and finally with convulsions. She had prepared a hot bath for it as soon as possible and kept the child in it during every paroxysm. My Bell. 200 bottle was

empty (which I always used when indicated for such a case), and I found myself limited to Bell. 50m (Deschere.) I dissolved a few pellets in a teaspoonful of water putting a drop on the tongue every five minutes. The child had one more convulsion lasting fifteen minutes, violent contortions of the upper body and face, frothing at the mouth. During this period I kept wiping the excretions from the mouth and putting a drop or two of the medicine between the lips. In thirty minutes the child had dropped into a sweet and natural sleep—slept all night without medicine—and in answer to my inquiry in the morning the mother stated, “you would not know that the child had been sick.”

CASE II. This child of six months lived in Brooklyn forty miles distant, and I did not see it until fifteen hours after the attack, which was at 10 p. m. They had called in a “regular,” who was giving bromide of soda grs. III every two hours. They also showed me a prescription which he had left, which was to be gotten and used if spasms did not cease. The prescription read: Brom. Soda grs. IV, Chloral Hyd. grs. ii.ss in aromatic syrup. That amount to be given every two hours until convulsions ceased. (One dose of which would not only have stopped convulsions but all symptoms of life and then—“everything would have been done.”) The convulsions had lasted fifteen hours. There was less motion of the muscles of the body and limbs, probably controlled somewhat by the bromides; still the head was drawn to the left, and constant twitching of the muscles of the face, particularly of the left temporal and left eye. pupils dilated, insensible to all impressions. Bell. 50m (Deschere.) a few grains in teaspoonful of water, a drop every five minutes. In just thirty minutes the twitching of muscles ceased, in ten more the eyelids dropped and in ten more were closed in a sweet sleep. The mother watched my proceedings intently and when she saw the results threw her arms around my neck and kissed me. This expression of thankfulness did not seem undignified in her in the presence of her husband, as I had known her from her childhood. This case was so evidently Bell. that I did not think twice

before prescribing. The head had been flushed and hot, and the violent symptoms had been preceded by sudden waking from sleep in fright, and a "lightning-like" jerking of the head occasionally, making the child cry out with expressions of pain and fright. Such work as this makes one feel that after all "life is worth living," at least it would seem an apology for living, if only for those whose sufferings we have the privilege of ameliorating.

CASE III. A boy, aged five years, had been in convulsions one and a half hours. The convulsions were general as in epilepsy—frothing at the mouth, etc. The parents stated that the boy had not been well for some time; that he would wake from sleep as if frightened, the "fear lasting"; that he would cling to them for protection, or run as if to escape from something fearful. Hyos. was evidently the remedy. I prepared an alcoholic sol., low (thinking he might sooner get the effect of it than a watery solution). I kept wiping the froth from his mouth and as constantly put a drop or two of the medicine between his lips. It was more than one hour before I could see any \gt of his symptoms and twenty minutes more before convulsions ceased and sleep came. He rested well during the night, and had less mental disturbance next day. A few doses more of Hyos. 200 were given during the next few days, when the patient seemed in his usual health. I do not know the subsequent history as they were itinerants. But I have no doubts of the correctness of the remedy.

CASE IV. A Hebrew gentleman, of New York, who was spending the summer in this vicinity was stricken suddenly with epileptoid convulsions. The paroxysms were severe, with frothing at the mouth. The intermissions short, with continued stertorous breathing. On questioning the family I learned that there had been some symptoms pointing to paretic dementia. That the present condition was preceded by headache and flushed features. I gave Tinct. Bell. 3 in drop doses every twenty minutes after wiping the excretions from the mouth. The convulsions were controlled in about two hours, he remaining unconscious for

thirty-six hours, the remedy being continued at longer intervals. I found that on omitting the medicine that the face would become flushed and the convulsions return. I then gave the medicine in the 20m potency and followed that with the 200 without apparent benefit. I then returned to the 3c and finally to the 2x which seemed to fit this patient best. This case was one of my first experiences in Homeopathy, and I must say the only one in which Bell. low has served me best. The sequel to this case was most interesting to me. In two weeks he was able to sit up and to walk around some, doing as well as *the indicated remedy* could do for him. The family decided that a *specialist* was the proper thing and so sent one from the city. He was a professor of nervous diseases. The patient was stripped of his clothing, and after testing critically for reflex, motor and sensory disturbances the professor sat down and wrote the sage prescription, Tr. Strophanthus $\text{\textasciixchar"20}3\text{ss-S.}$, 5 drops every 4 hours in water! There was no trouble with the kidneys; no heart lesion, either primary or secondary, and why he prescribed Strophanthus instead of Dig. Henbane, pond's extract or castor oil is beyond my comprehension, unless it was "regular." This was in the year 1877. Readers will remember that this was the year or the year after Strophanthus came out, and it was "quite regular you know" to give Strophanthus, especially for *all heart troubles*, and if there was no heart trouble, it was still regular. There might be a weak heart. If not weak, it might become so. So a little must be added to every prescription. If any one will take the time to look over the prescription book of any druggist preserving the records of 1877 and 1878, he will be surprised to find that Strophanthus enters as an ingredient of more than half the prescriptions. Well, my patient took the Strophanthus, omitting the Bell., as might be expected. The convulsions recurred in less than twenty-four hours. I reported the fact to the professor, stating that Bell. would control them. His reply was: "Give the Bell. if you choose, but continue the Strophanthus." I, of course, omitted the latter and gave the former, and my patient remained com-

fortable for two weeks more while under my care. He then removed to the city and from the city he removed to heaven, I suppose, as he was buried in about a week. I neglected to state that I asked the professor if he would kindly state, for my benefit, the difference in the physiological action of Stroph. and Digitalis. He simply and emphatically stated that "*It displaces Digitalis*", on which statement a student of Hahnemann need not comment.

New York State Homeopathic Medical Society.

The Proceedings of the Thirty-fifth Annual Meeting,
Held in Buffalo, Sept. 24-26, 1901.

The double attraction of the semi-annual meeting and the Pan-American, brought out a splendid attendance at the 35th Semi-annual session of the New York State Homeopathic Medical Society. The Society convened in the parlors of Statler's Hotel, which was the headquarters. One hundred and twenty-seven physicians registered in attendance, which with their visitors and friends, made up a delegation of over 200 people. As evidence that the counter attraction of the exposition did not deplete the attendance at the various sessions, it was noted that the hall was well filled, there being from sixty to eighty in attendance at each day's meeting. Statler's Hotel offered ample accommodation and there was plenty of room to spare. Had the attendance been five hundred, every one could have been provided with a room in this great caravansary of 2,000 rooms. The arrangement of holding only forenoon sessions for three days, and allowing the afternoons and evenings free for the Exposition, proved a great success, there being ample time to complete a well prepared program. It was significant that out of 35 papers, which were announced on the program, 26 of them were read. If the life of a meeting lies in the discussions, this meeting was very much alive, as scarcely a paper passed without free discussion; many of them were discussed by ten or a dozen members.

The meeting was called to order at 10:30 a. m., Tuesday, Sept. 24th, by Dr. J. T. Greenleaf, president.

Prayer was offered by Rev. O. P. Gifford, Buffalo.

Auditing committee.—Drs. H. M. Dearborn, W. R. Winchell, F. B. Sikes.

Committee on Attendance.—Drs. Geo. R. Critchlow, of Buffalo, Geo. H. Jenkins and Charles A. Gwynn.

Dr. W. B. Gifford, treasurer, read his report, which was received, and the treasurer instructed to notify members residing at a distance to include in their remittances exchange on checks.

Dr. W. S. Garnsey, necrologist, made his report, showing the following deaths, which have occurred during the past year: R. K. Valentine, Jessie Shepard, J. D. Heine-mann and Oren G. Hunt.

Dr. John L. Moffat made a very interesting report, as chairman of the committee for Increasing the Interest in *Materia Medica*. He said: "In response to a circular mailed in the middle of August to each member of this society, Drs. W. Ide Pierce, J. W. Dowling, F. B. Seitz, E. R. Bedford and H. D. Cochrane, have reported the following verifications; Agar., Alum., Amm. carb., Arg. nit., Bis., Carbo., an., Carbo veg. and Caul.

The press committee did excellent work in securing good press notices of the coming meeting throughout the state. The committee has a representative in all the cities and towns in the state, who are looking after the work. Dr. Joseph T. Cook, of Buffalo, is chairman.

Dr. Critchlow, chairman of the committee on increased membership, reported that plans were well matured for making a thorough canvas of the state for securing new members. He had a well organized committee, who were heartily in accord with the plan. Eleven new applications were received; a number of old members who had dropped out came back into the fold.

The committee on life insurance under Dr. Stearns, reported in substance that advance had been made in the appointment of homeopathic physicians; that the Mutual Life

of New York, which had never to his knowledge appointed a homeopath, had now made such appointment. The companies which now employ homeopathic physicians are, Mutual Life of New York, The Ætna, Equitable, Northwestern Mutual, Phoenix Mutual Life of Hartford. Physicians are requested to report to Dr. Stearns any appointment they receive from old line companies.

Committee on resolutions pertaining to the death of President McKinley, reported as follows:

The Homeopathic Medical Society of the state of New York, assembled at Buffalo, Sept. 28th, 1901,

Resolved, That we share the horror of the civilized world at the dastardly assassination of President McKinley and respectfully tender our sincere sympathy and condolences with his bereaved widow. His great work is but seemingly interrupted. His dying bequest will ensure its accomplishment.

William McKinley ever grew with occasion, and showed himself to be a truly great leader, always being just enough ahead of the times not to lose touch with them.

W. B. GIFFORD,
JOHN L. MOFFAT,
F. PARK LEWIS.

The following program was carried out:

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.

Dr. A. G. Warner, chairman, presented two papers.

"The Effect of Tobacco on the Eyes," by F. Park Lewis.

Discussed by Drs. Moffat and Schenck.

"Some Remedies for Otorrhœa," by John L. Moffat.

BUREAU OF CLINICAL MEDICINE AND PATHOLOGY.

Dr. Charles A. Ward, chairman, presented four papers.

"Clinical Excerpts of Echinacea," by W. H. Nickelson.

Discussed by Drs. Hamlin, Laidlaw, Simonson, Faust and Moffat.

"The Treatment of Œdema," by G. F. Laidlaw.

Discussed by Drs. Simonson and Moffat.

"Infantile Scurvy," by Geo. H. Jenkins.

Discussed by Dr. Dearborn.

"Alopecia Areata," by Wm. D. Love.

Discussed by Drs. C. A. Gwynn, Dearborn and Moffat.

BUREAU OF PÆDIATRICS.

Dr. H. E. Merriam, Chairman, presented two papers.

"Ileo Colitis," by J. G. Chadwick.

Discussed by Drs. Simonson, Laidlaw and Merriam.

"The Child's Liver," by H. E. Merriam.

BUREAU OF LARYNGOLOGY AND RHINOLOGY.

Dr. H. W. Hoyt, Chairman, presented two papers.

"Etiology, Symptomatology and Diagnosis of Tuberculosis of Larynx," by J. H. Hallock.

Discussed by Drs. F. D. Lewis, Lane, Nickelson, Moffat and Hoyt.

"Study of a Heart Remedy," by Thomas C. Duncan, Chicago.

Special subject for discussion: "How, as a society, shall we systematize the various efforts to improve our Materia Medica and how conduct future provings, that we may meet the demands of modern science."

Discussed by Drs. Moffat, Schenck, Crump, Nickelson and LeSeur.

BUREAU OF SURGERY.

Dr. Homer I. Ostrom, chairman, being absent, Dr. DeWitt G. Wilcox took charge. Four papers presented.

"Surgery of the Intestinal Canal," by A. B. Van Loon.

Discussed by Drs. Snow, Wilcox, Roberts, Sheldon, Terry and Lee.

"Care of the Intestinal Canal before and after Operations," by Shirley R. Snow.

Discussed by Drs. Collins, Clark and Roberts.

"Weak Foot, the Cause and Treatment," by H. P. Cole, Hartford.

"Where the Discrepancy?" by C. E. Sawyer, Marion, O.

BUREAU OF GYNECOLOGY.

Dr. Geo. W. Roberts, chairman, presented three papers.

"Sterility and Fecundity," by DeWitt G. Wilcox.

Discussed by Drs. Collins, Talcott, Roberts and Cole.

"A Report of Some Clinical Cases," by M. Belle Brown.

"Sexual Neurasthenia," by A. R. Grant.

BUREAU OF NEUROLOGY.

Dr. Geo. F. Adams, Chairman, presented one paper.

"Spiritualized Food for Mental Invalids," by Seldon H. Talcott.

BUREAU OF OBSTETRICS.

Dr. Frank W. Adriance, chairman, presented four papers.

"Experience with Oxygen in the Resuscitation of a New Born Infant," by J. W. Sheldon.

Discussed by Drs. Danforth, Howland and Greenleaf.

"Douching," by A. Lenora White. (Read by title.)

"Acetate of Copper as an Oxytocic," by Geo. F. Laidlaw.
 Discussed by Drs. Hamlin, Danforth, Cole, Faust and Clark.
 "A Case," by Dr. B. Williamson.

BUREAU OF PUBLIC HEALTH.

Dr. H. P. Deady, chairman, presented two papers.
 "Dangers of Climates and Health Resorts," by Bushrod W. James,
 Philadelphia.
 "Koch's New Theory of Bovine Infection in Tuberculosis," by Wm.
 H. Van Den Burg.
 Discussed by Dr. Faust.

The Power of the Dynamic Remedy.

MARK M. THOMPSON, M. D., Chicago.
 Of the Surgical Corps of Hering College.

Gastric Polypus. The power of the potencies to remove foreign growths in the stomach.

Mr. W. from Lamont, Iowa, a retired stock dealer, age 56; entered the sanitarium Dec. 19, 1900. History of general good health. Had some stomach trouble from hurried eating. Used tobacco to excess.

Mr. W. had been the rounds of noted physicians and hospitals. His case had been diagnosed; cancer of the stomach, gastric ulcer, pyloric obstruction, gall-stones, etc. etc. The opinion was quite unanimous that the case was a surgical one.

Symptoms:—Intense griping, paroxysmal pains at pyloric end of stomach; often extended across the body on a line with the transverse colon.

Sour rising in cesophagus; sour, bilious vomiting; brown, watery vomit.

Very profuse sweating with the paroxysms of pain and vomiting.

Ineffectual urging to stool; persistent and long-continued constipation.

Patient was taking 4 grains of morphine, hypodermically, and 60 grains of bicarbonate of soda per day and physic *ad libitum*.

It should be stated that the gnawing goneness in stomach was temporarily relieved by eating.

Patient was morose and quarrelsome, greatly distressed about expenses (was very wealthy.) Would cry piteously while giving his symptoms. Nux vomica cm.; two doses.

Dec. 20. Bowels moved five times very freely, nausea relieved, patient's mental symptoms marked by change for the better.

Dec. 21. Patient feels well, ate full, hearty dinner. Placebo, two hours.

Dec. 22. Severe pains returned, violent vomiting of sour, bitter liquid—large quantity.

Dec. 23. H. C. Allen, M. D., called in consultation; suggested Tabacum; if no relief, Sulphuric acid. Tabacum cm.

Dec. 24. No relief from Tabacum.

Dec. 25. Vomited and was in great agony all night.

Dec. 26. No better. Sulphuric acid cm. Vomited for three hours at the end of which time he vomited a polypoid growth, one and a half inches long and three quarters of an inch in diameter.

Dec. 27. Much better every way. Placebo.

Dec. 28. Improving.

Dec. 29. Better of all symptoms.

Jan. 7, 1901. Has been growing steadily better, and was to-day discharged from the sanitarium.

Feb. 1. Reports himself perfectly well, has gained 25 pounds in weight, has had no return of the symptoms, is eating freely of all kinds of food and is taking no medicine.

Note. The dose of morphine was gradually reduced until all was taken away.

DIPHTHERINUM IN POST-DIPHTHERITIC CONDITIONS RESULTING FROM
ANTI-TOXIN.

Feb. 2, 1899. Olga Vera M., age 4 years.

Paternal history: Kidney disease and sexual neurasthenia.

Maternal history: Consumptive family.

Patient always well until she had diphtheria one year ago, was treated with antitoxin; made slow and imperfect recovery.

Symptoms:—Night terrors, sees hideous objects, cries for help, and will not be pacified for an hour. Cross, vehement, peevish, cries at trifles, extremely stubborn.

Grinds teeth and moans in sleep.

Enuresis first part of night.

Feet cold and damp, head sweats in sleep, anorexia; violent at table, acts insane. Diphtherinum 1 m.; six doses.

Feb. 8. Much improved in every way. Placebo.

Feb. 16. Temper better, plays kindly, less violent, only one night terror. Enuresis not much better. Placebo.

Feb. 23. No night terrors, feet warmer, some violence at table, enuresis some better. Placebo.

March 11. Eating better, sleeps well, wets bed only once in a night. Placebo.

March 23. Improving. Placebo.

April 12. No symptoms, except slight irritability and one bad dream easily quieted. Placebo.

May 6. Has gained six pounds. Placebo.

May 13. Wet bed once, no other symptoms. No medicine.

May 24. Seems perfectly well, gained ten pounds. Discharged.

May 1st, 1901. Has been perfectly well since.

In the spring of 1899 I treated 21 such cases in the community where this patient lived. The symptoms that seemed most pronounced and peculiar were night terrors and violence of temper. Without exception, Diphtherinum was the remedy that afforded most relief.

TREATMENT OF PARENTAL CONDITIONS.

Mrs. T., age 29; delicate, nervous temperament. Has borne five children; four are dead from marasmus; all had large heads, and cold, damp feet, had pot-bellies and were ravenous eaters. Mother had no milk for any of her babies.

The child in the mother's arms when she arrived at my sanitarium was a typical Calcarea case.

The parents were Southern people with no permanent quarters in Chicago. They were sent to my office one Sunday morning in despair.

July 21, 1894. Child eight months, always puny, large belly, sweaty head, cold skin and feet; diarrhœa—ten passages per day—undigested, light yellow, sour stools, full of undigested milk.

Under Calcarca and a proper regimen this child was restored to vigorous health in three months.

At the end of this time the mother came to me in great distress and asked if I did not think an abortion would be justified, upon the ground that all of her babies were born in a state of invalidism. I assured the lady that she could become the mother of a perfectly healthy baby if she would follow my directions in the treatment of her unborn child.

In the history of this lady there developed a marked tubercular diathesis. She was always *perfectly well when pregnant*.

The first prescription was Tuberculinum 1 m., one dose; after one month gave Calcarea cm., one dose every 14 days. In due course of time Mrs. T. gave birth to a large well-armed child in perfect health. The little girl is now six years old, and has never shown any tendency to any digestive derangements.

Since the birth of this child the mother has never shown any tubercular tendency.

Some Clinical Experience.

BELL GURNEY, M. D.; Associate Professor of Medical Gynecology, Hering Medical College, Chicago.

CASE I. PROLOPSUS: *Sepia*. Jan. 17. Mrs. J., age 35. Bilious miltine temperament.

Married seven years, mother of five children, one pair of twins. Labor always tedious and severe although children were very small at birth.

Complained of weight in lower part of abdomen. She said "something is hanging clear down in the world."

Examination revealed procidentia the cervix being very long with deep bilateral laceration extending almost to the internal os.

Although she thought she was at least three months pregnant there was very little enlargement of the fundus.

The vaginal walls were greatly relaxed and the perineum partially destroyed.

Replaced the uterus, packed the vagina with aseptic lamb's wool tampons and told her to leave them in twenty-four hours. After removing them to use warm water injection. Sepia 30 in water, five doses.

Jan. 19. Found her feeling much better in every way with very little bearing down and but slight prolapsus. Tampons as before. Sepia 200, in water, five doses.

Jan. 23. Found patient perfectly comfortable, no bearing down, no prolapsus, appetite good, bowels move regularly, bright and happy.

Feb. 18. Reported quickening, feeling perfectly well.

May 18. Patient bright and happy, unusually well, and though she is eight months pregnant she does not seem to be more than five.

I can find no cause for her difficult labors, with the exception of this report, she has always been well. Is well formed and fully developed, the babies never weighing more than five or six pounds.

The procidentia was caused by lifting, and had existed two weeks before I saw her.

I am anxiously waiting the coming delivery as she has never been under homeopathic treatment before.

CASE II. DYSPEPSIA; *Pulsatilla*. June 18. Miss M. age 20, blonde.

Complained of severe stomach trouble for three years; had employed at least a half-dozen first-class physicians "regulars"? during that time, but to no avail. Had to quit school, could not hold a position as stenographer on account of it. Finally, in despair started to Canada, hoping the summer there would benefit her. Stopped in Chicago for a visit with one of my patients who persuaded her to try Homeopathy.

Severe pains in stomach and bowels.

Everything she ate distressed her, could not tolerate even

the thought of fats, cream, etc. Must have plenty of fresh air, cried very easily.

Membraneous dysmenorrhea, must go to bed every period, in the evening.

Intense pain every time the bowels moved.

Stools changeable; worse at night. Puls. 200, three powders.

June 23. No trouble with stomach or bowels; stool without pains; can eat light food without distress afterwards. Feels encouraged as she has not been so comfortable for three years. Sac. lac.

June 28. Improvement continues. No medicine.

July 24. Patient wrote from Canada that she had eaten too much ice-cream and had some return of the stomach trouble. Puls. 1 m.; one powder.

Aug. 15. Reported no trouble since last prescription. Menstruation much less painful than ever before; no medicine.

Aug. 22. Took a little cold and was afraid it would affect the next menstrual period, otherwise feeling well; no medicine.

In the fall took up a college course, paying her way by stenography and typewriting. During the Christmas vacation she was visiting in Chicago and came to see me. She looked the picture of health, eyes bright, cheeks rosy, feeling perfectly well.

Feb. 3. Carelessness in diet, overeating, pastry, etc., and over-work caused a return of the trouble. Sent Puls. dmm., one powder and Sac. lac., three times a day.

Feb. 7. Some improvement, less pain, stools less frequent; no medicine.

Feb. 10. Entirely well, and is enjoying her work as never before in her life. She thinks it almost a miracle, that eight prescriptions of little sugar pills should accomplish what three years of constant allopathic treatment had failed to do.

CASE III. QUINSY *Psorinum*. Feb. 6. Mrs. P., age 40, colored. Had been sick two days with sore throat, some

fever; inability to swallow, could hardly talk, offensive odor about her, cold all the time.

Elicited following history:

Quinsy every winter, usually sick in bed two to three weeks. Doctor every day, constant poultices, gargles and finally lancing of throat.

Always weak and easily exhausted for weeks after the attack. She was very much discouraged as she thought she was in for another seige.

I made no promise as the case with the former history looked rather serious. Psor, cm.; one dose.

Called in the evening and to my surprise found her sitting up, no fever, could talk quite well, pain almost entirely gone. She began to feel relief within an hour after taking the powder. In three days was doing her usual amount of work.

It has been six years since she had the one dose of Psorinum and she has never had another attack of quinsy.

Cases from Practice.

W. B. KLINETOP, M. D., CHARLES CITY, IA.

CARIES OF ANTRUM: *Hekla Lava*. Jan. 24, 1899. Mr. O. H., age 60, suffering from caries of the left malar and superior maxillary bones came to consult me. He was a man of good habits, a farmer by occupation, blue eyes, light hair, medium build, mild disposition. He had been a hard worker until the previous year when his health began to fail.

In September he had a decayed tooth extracted after which his gums became sore and swollen, discharging pus. He had very severe pains through head; to use his own words "It seemed as though there were a thousand strings drawing from face up to top of head." He was delirious at times, high fever. He received allopathic treatment. Gums were lanced several times. Upper teeth on left side became loose and when he was able to be up had them extracted.

Gums continued to discharge very offensive pus and pieces of bone varying in size from a kernel of wheat to a kernel of corn came out.

Another opening appeared just beneath left eye and on probing it, it was found to extend to the antrum of Highmore. Several physicians were consulted, all agreeing that nothing but an operation would cure him. Before submitting to it, on the above date he came to my office.

He was despondent, discouraged, no hopes of being any better; tearful. He was quite weak, emaciated, just able to walk around. Appetite poor, constipated, a heavy feeling in stomach after eating. Heart's action weak, mitral insufficiency.

Gums were better but discharge from opening under left eye was increased, a thick yellow pus, and pieces of bone came out of it also. It was bluish in color, quite sensitive, and very painful at times.

I told him that I did not think that his heart would permit of an operation, and that medical treatment was preferable. Hecla lava 50 m. (Fk) one dose.

Feb. 3. He reported face about the same. Constipation better, appetite better, heart better.

Feb. 8. Reported face better, not discharging so much, not so sore nor swollen.

Feb. 15. A decided improvement in face. Better in all ways.

Feb. 24. Face worse. Hecla lava 50 m (Fk) three doses.

March 26. Reports face entirely well. Heart has not troubled him for some time. General health good. Was able to work again. Have heard from him occasionally since and there has been no return of the trouble.

PARTIAL DEAFNESS: *Graphites*. Nov. 6, 1895. A young man, age 22, brown hair, blue eyes, stout build.

Father died of dropsy, mother healthy.

Had none of the diseases of childhood. Has had catarrh five years from working in water. Catches cold easily.

Deafness five years standing. Can hear watch one inch

distant with left ear, ten inches with right. *Hears better in noise.*

Eruption on left ear and neck *exuding a honey-like fluid.*

Headache frontal, < in hot weather.

Coughs morning and evening < in house.

Appetite good, drinks much, sweats easily.

Offensive foot sweat, rotting hose. Graph. 50 m (Fk).
two doses.

Nov. 17. Feeling >. Eruption on neck entirely gone; those on ear still exuding honey-like fluid. Catarrh and hearing about the same.

Dec. 8. Hearing >. Can hear watch three inches distant with left ear and eleven inches with right. Coughs considerably, < in house.

Dec. 22. Hearing markedly >. Eruption on ear not entirely healed; cough <. Foot sweat nearly gone, does not smell or rot stockings.

Jan. 13, '96. Still improving.

Feb. 1. Hearing entirely restored. Eruption on ear healed. Foot sweat gone. General health good.

PNEUMONIA: Oct. 10, 1900. Was called twenty miles to a neighboring town to see a child two years old, a delicate girl, having had several attacks of pneumonia. Had had an attack the previous week; allopathic treatment. Did not recover well, and Oct. 9th was taken suddenly worse. The same physician was in attendance, with unfavorable prognosis.

At noon the next day I found almost complete hepatization of left lung, great dyspnoea, respiration 72 per minute, rattling of phlegm in a small portion of upper lobe of left lung, also rattling in night, tongue coated white, very cross, stubborn disposition.

Ant. t. 1 m. (B & T.) in water every 30 minutes. A slight improvement followed, then she remained at a standstill. Gave Ant. t. cm. two doses—no improvement. Gave Sul. 200 five or six doses in water, which was followed by a marked relief and a quick recovery.

Why the Remedy in Dr. Chapman's Case is Phosphorus.

C. E. FISHER, M. D., CHICAGO.

There can be but one remedy for Dr. Chapman's test case of pneumonia, as outlined in your current number, pages 343 and 344. It is Phosphorus.

Great dyspnea.

Tightness of the chest.

Scanty and difficult expectoration.

Thin and dirty-looking sputum.

Sputum spatters when ejected.

Respiration rapid and labored.

Hepaticization of almost whole of right lung. What could it be but Phosphorus?

It might have been Bryonia, with its severe pleuritic and pulmonic stitches, its acute congestion, its painful breathing, its dread of motion and its bright rusty-colored sputum in the first stage. But now we are at the second week [7th day]; the dyspnea is worse than the pain; the lung is hepaticized and the expectoration is dirty and spattering; the blood cells which engorged the tissues having broken down into a degenerated sputum. Bryonia's time and symptoms have passed and those of Phosphorus are on.

It might be Iodine, but it isn't. Iodine is best adapted to right-sided pneumonia, but it suits the tubercular subject with recurring abscesses of the parenchyma. Its dyspnea is that of a general debility and constitutional invasion rather than that of acute hepaticization. Its sputum is viscid and blood-streaked. In chronic or uncured pneumonia—the caseous degeneration of Niemeyer—Iodine is king. Likewise in acute pneumonia on a phthisical base.

It might be Rhus, but it isn't. The case isn't typhoidish enough for Rhus. There is not laid down the muscular soreness, the bodily fatigue, the bruised and battered and lame feeling of this remedy. Furthermore, the illness didn't start from a ducking or drenching, and we always take the

cause into consideration in prescribing homeopathically, when possible. Rhus covers the symptom of rotten sputum (if the inelegency of the word can be forgiven), but its concomitants are not present and it is not Rhus.

With hepatization on in full blossom, with great dyspnoea, with right-sided pneumonia, and with degenerated sputum, it is Phosphorus, "with a capital P."

"Why is it Phosphorus?" do you ask? Because in the proving of this remedy upon healthy human beings, for the purpose of ascertaining its range of action uninfluenced by the presence of any condition of disease, and from accidental and suicidal poisoning by Phosphorus, it has been shown that it produces a counterpart of the symptoms presented in Dr. Chapman's test case; and because every homeopath, who is a homeopath and not an "'alf-and-'alf," knows that any drug or remedy whose carefully conducted proving-test shows it capable of producing a given chain of symptoms, will most certainly remove, or cure, those symptoms in the sick, if given in doses which will not add to the trouble by setting up a drug aggravation, and if given in a potentized form and not repeated often enough to spoil the case. A hunter doesn't shoot at a bird till he kills it and then keep on shooting at it. No more should the physician shoot his doses at a disease condition and keep on shooting at it, at certain stereotyped hours of the day or minutes of the hour, without knowing what his first shot has done.

In good homeopathic practice three cardinals stand out prominently:

First. Select the remedy not haphazardly, carelessly or routinely, but according to the clearly defined law that medicines have affinities for organs, tissues and parts, upon which they act in a positive, unerring and uniform manner.

Second. Always give the least possible amount or dose capable of producing the desired result, whether the "lightning calculator" of Wurtzboro can calculate its potentiality by mathematics or not.

Third. Repeat the remedy upon the indications of the patient and the known duration of action of the drug in

hand, not by either the Julian or the Gregorian calendar, the hands of grandfather's or any other old clock, nor by the dial of your Waterbury.

Adherence to these, the "Golden Rules in Physic," makes medicine a science and its art easy of fulfillment.—*Medical World.*

Calcarea Carbonica in Gall Stones.

L. P. MUNGER, M. D., HART, MICH.

CASE I. Mrs. P., 30 years old, mother of several children, had been suffering from gall-stone colic for six months. She was of the blond type and inclined to be fleshy, had taken a great deal of allopathic medicine without relief, attacks came on regularly every Friday and gradually disappeared by Sunday evening; pains were almost continuous and left her a complete wreck, from which she would hardly recover by the next Friday, when the programme would be repeated; she perspired freely and easily and mentally was of the emotional type. The acute attack seemed to call for Belladonna which was given with out any great relief. The stones found were of a greyish color and about the size of a large grain of wheat, floated on water and had a rough surface. Calcareo c. m. was given, and the next attack was two weeks later but about as hard as ever; the next attack was four weeks later; and a mild one eight weeks later ended the case. Since then she has been perfectly free from them and only needed the services of a physician during a confinement, which was two years after the case was cured. Calcareo was given because the patient was of the Calcareo type, or at least I thought so; but what relation the administration of lime had to the formation of lime deposits in the gall bladder I do not know.

CASE II. Mrs. F. had suffered from a severe stomach trouble for several years which had been variously diagnosed as indigestion, biliousness, liver trouble and acute gastritis. The trouble was gall-stone colic, as finding the

stones proved, and as she was of the Calcarea type, and as the acute attack seemed to call for Belladonna I gave her Calcarea c. m. with the result that the attacks were milder and farther apart and disappeared entirely in a few months and have never returned.

CASE III. Mr. G., a large man, large bones, tall and inclined to grow stout, had spent all his money and property trying to get cured of gall-stone colic. He was now about 50 years old and had suffered for ten years. Calcarea entirely cured him and in five years he has not had a return of the trouble.

These three patients all lived in a country where the water contains a good deal of lime; and I have in mind a gentleman who has the trouble very badly if he remains in this state very long, but is relieved as long as he remains in the south where the drinking water is rain water. Having nothing to do with the case I have never had the opportunity of trying any experiments in the way of having him drink soft water.

Potency vs. Dilution.

W. B. COWAN, M. D., GUELPH, ONT., CANADA.

EDITOR MEDICAL ADVANCE:—In the last number of *The Medical World* there are several articles by correspondents, also editorial comments, discussing the so called homeopathic dilutions. After reading them I cannot but express my astonishment at the unpardonable error, for any homeopathic physician at least, to fall into, by so thoughtlessly making use of the words *dilution* and *potency*, as if they were one and the same thing, or as if they were interchangeable terms, or simply a difference without a distinction. By so using them it is exceedingly misleading, and has a tendency to keep our branch of the school of medicine in a false light. Webster defines the word potency to mean power, energy, efficacy; which, when applied to our medicines, is superlatively correct. Therefore it will be seen that potency is

something more than dilution, which, according to the same authority, is weak, thin, reduced in strength, etc. Now what homeopathic physician ever thinks of using a potency in that sense in his practice? I trow none. Why, then, use a term that must of necessity prove so misleading, particularly to those who have not given the subject a logical consideration, and give to those "whose ignorance is bliss" an opportunity to shoot their darts of ridicule?

But the question will naturally arise in the minds of the uninitiated, how convert a dilution into a potency? Are not all potencies prepared by diluting certain quantities of what is known as mother tinctures with certain quantities of alcohol, either pure or diluted? True, we answer in the affirmative. That is the starting point in the preparation of the remedies, and then the potentization and the developing of the *latent dynamics*, or the liberating of the medicinal force from the crude material, is accomplished by vigorous succussion; or if it be in solid form, the same object is achieved by prolonged trituration, the object being not merely to mix or dilute the medicines with alcohol or to break up and divide the particles of the drug, as is erroneously supposed by some, but the object is to *impart* to the vehicle with which it is being succussed or triturated the *immaterial medicinal force of which the material or crude drug is only the custodian*.

And experience, a most valuable coadjutor, has taught, nay has proven, that the limit has not yet been reached in which that mysterious unseen medicinal force may be carried forward from one potency to another, and to attempt to *determine the limit by chemical analysis or by microscopical investigation is sheer folly*. As well try to investigate magnetic force or the force of gravity by the same appliances. Like all the great energies of nature, medicinal force can only be known or measured by its results; and is unlike toxic materials, the function of which is to disturb or destroy, according to the quantity administered, the physiological action, and to depress the vital force; and whilst the amount of poison in a given quantity of a crude drug can be deter-

mined by the application of chemistry, etc., no such investigation can possibly determine medicinal force.

[We thank Dr. Cowan for this timely reminder, which we republish from the homeopathic correspondence of the *Medical World*. Why so many writers in our current literature and even authors of our standard works, should insist on using this misleading terms we cannot conceive. We *potentize* a remedy to increase its dynamic force, its curative power, not simply to reduce the amount of the crude drug or diminish the dose. It is more than an "unpardonable error" or an act of carelessness on the part of the writer or teacher; it shows that he is not versed in the first principles of the science he assays to teach, that he has never studied the bible of Homeopathy.—ED.]

Every Day Cases.

EDITH TENLEY CLARKE, M. D., CHICAGO.

CASE I. A NERVOUS REFLEX: *Argentum Nit* Mrs. P., midwife, age 40, black hair and eyes, stout.

For the past year every time she delivered a child would have to rush to the closet with a movement of the bowels. This would keep up for several days.

At first she noticed it only in difficult labors, and later in every case to which she was called, until she felt she must give up her work.

Fond of sweets but they caused eructations.

Felt if she could go out in the country awhile all would be relieved. *Argent. Nit.* 30th.

All symptoms have disappeared and she has passed the State Board now and is practicing medicine.

CASE II. CHRONIC AGUE: *Natrum Mur.* Mrs. A., age 60, lived in California for years, where she had ague; took quinine by the teaspoonful.

For seven years had a peculiar sensation in head, with vertigo.

Was perfectly well every other way, only the roaring and noises in head.

Had dreams and nightmare, often getting up and walking around.

Had not eaten bread for years. Natrum Mur. 1 m.

She was much pleased at being cured of such troublesome symptoms, which have not returned in three years.

CASE III. LYCOPodium: Mrs. S., age 32, canvasser. Has three children. Often climbs stairs all day. Has kept this up for two years.

Comes to me complaining of her back; so sore she could hardly walk; pains at night.

Urine very offensive, with a red sediment; urinates often, but not profusely.

Face; yellow spots especially on nose and cheeks.

Being of a bilious motive temperament, I decided upon Sepia 1 m.

This > her; but the trouble kept returning after sexual indulgence and any prolonged exercise.

Finally I took the case all over again as well as I could and found the symptom

Backache > by urinating. Lycopodium 1 m. was given three months after my first prescription, with a decided improvement, until I heard last week she was again pregnant.

These cases are not out of the ordinary, but are ones you meet in every day practice.

Uric Acid Fallacies.

EDITOR MEDICAL ADVANCE:—In *re*, uric acid. The following is to be found in *American Medicine*, Oct. 12, 1891.

Uric Acid Fallacies. Frank Billings declares that some of the fallacies of uric acid are:

That Uric acid is toxic.

That it is a caustive factor in any disease except gout.

That "uricacidemia," meaning acid blood, exists.

That the chemical reaction of the blood may be altered by the use of medicinal quantities of the alkalies or by diet.

That uratic deposits may be dissolved by the administration of alkalies.

That lithia is a uric acid solvent of unusual potency.

That uric acid is an abnormal constituent of the urine.

That an excess of uric acid in the urine at one time or a deficiency at another time indicates an abnormal condition in reference to uric acid.

That rheumatism is due to uric acid.

The writer adds: "that our present position in relation to uric acid consists not so much in positive knowledge as in the throwing aside of an accumulation of old theories and absurdities."

Refreshing, is it not, when so many so-called practitioners of Homeopathy are following, in feeble imitation, in the footsteps of those who are propagating the fallacies of the uric acid fad, to find one with sufficient strength to think for himself, teaching the regulars truth?

GEO. H. CLARK.

116 W. Walnut Lane, Germantown, Philadelphia.

[Hahnemann says, *Organon* § 1: "The physician's high and only mission is to restore the sick to health, to cure, as it is termed." Is it not time that we learned the lesson inculcated in this paragraph and its foot note by Hahnemann, and attend strictly to the business of curing the sick, relegating uric acid and all other theories to the theorizing schools? We cannot do any better "guessing" than our neighbors, and when we follow them in "Theory" we make ourselves ridiculous, to say the least.—ED.]

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

Uproot the Pedigree. Every chronic case of disease, of whatever name or distinction, and most acute ones also, has a pedigree upon which to base its existence, and unless this pedigree is sought for, studied when found, carefully analyzed and systematically attacked until annihilated, success in eradicating the conditions and curing the patient is very likely to be quite indefinitely postponed.

Few families, speaking comparatively, are without a defective genealogical tree. A branch here has had the dry rot of an old gonorrhoea to wither its form and destroy its vigor. A bough there has had the eating canker of an uncured syphilis to weaken its fibre and distort its shape. A limb yonder has been worm eaten with both diseases, for perhaps the male germ somewhere along the course of the history has had the one and the female germ the other, while the very trunk of what might otherwise have been a sturdy oak is honeycombed and almost hollowed by tuberculosis, the little stems and twigs and offshoots that are brought to the physician, in the youths and children of such a genealogy, being pedigreed to the marrow by the iniquities and infirmities of their fathers, even as far back as the third and fourth generations.

Some clients don't like to have their pedigrees exposed and try to shirk and shift whatever of responsibility they reproachfully bear in bringing unhealthy offspring into the world. It is therefore wise to approach the subject delicately and tactfully in searching for causes. But the fact that consultation with a physician is required, in all but the

simplest acute ailments, is in itself suggestive of ancestral defect.

There is so much of human nature in mankind that one side of a house will usually make it easy for the counsellor to find the worm in the other side, when by diplomatically reversing the lever the weaknesses of both may be learned without offending either. But tuberculosis, syphilis, gonorrhoea, psora and all kinds of combinations and engraftings of one, or more than one, upon another, form the basis of most chronic ailments and many acute ones, including typhoid fever, pneumonia, appendicitis, gastritis, entero-colitis and other destructive disorders.

The chain of a human life is as strong as its weakest link. The true homeopathist will direct his attention to his by attacking the pedigree, and by making the weak link strong will cure his patient in many a hard case in which failure is otherwise certain.

New Publications.

A Treatise on the Acute, Infectious Exanthemata: Variola, Rubella, Scarlatina, Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By WILLIAM THOMAS CORLETT, M. D., L. R. C. P. Lond Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 Colored Plates, 28 Half-tone Plates from Life, and 2 Engravings. Pages viii-392. SOLD ONLY BY SUBSCRIPTION. Price, Extra Cloth, \$4.00 net, Delivered. PHILADELPHIA AND CHICAGO: F. A. DAVIS COMPANY, PUBLISHERS, 1914-16 CHERRY STREET. 1901.

The classical bedside study of the acute infectious exanthemata has long been a perplexing task for both teacher and student, for hospitals for infectious diseases are limited and the opportunities for the undergraduate, or even the graduate, to become familiar with them are not attainable—hence the value of such a work as this where the photographic illustrations are almost life-like in accuracy. Even the delicate shades of color illustrating the various stages through which they pass, have been given, as well as the different conditions liable to mask the disease.

But the most interesting chapter is that on "Vaccinia," where it is classed, and perhaps correctly, as a disease, and the illustrations are far from being comforting. The author says, "Although vaccinia has been the subject of diligent enquiry, its real nature has never been clearly set forth. The identity of the disease which appears on the teats and udders of milch cows, and that observed on the backs of horses, known as "grease" or "sore heels," has long been known, but their relation to smallpox has, during the whole nineteenth century, evaded the most pains-taking research."

The experiments of Depaul led him to affirm that:

First, there is no vaccine virus.

Second, the alleged vaccine virus which is regarded as

antagonistic to the variolous virus is nothing less than the variolous virus itself.

Third, the bovine and equine species are subject to an eruptive disease which is identical as regards its nature with smallpox in man."

Among the diseases enumerated due to vaccination are, eczema, erythema, generalized vaccinia, papillary hypertrophy, vac. hemorrhagica, erysipelas, ulceration, glandular abscess, septic infection, gangrene, tetanus, impetigo, psoriasis, tuberculosis, syphilis, leprosy. This certainly is a formidable list of ailments—some of which are more to be dreaded than variola itself. But this work is up to date on the subject so far as etiology, pathology and differential diagnosis is concerned, and both author and publisher will receive the thanks of the profession. In our opinion it is destined to become a classic.

Cholera. Its Symptomatology, Etiology, Morbid Anatomy, Diagnosis, Prevention and Homeopathic Treatment. By Sarat Chandra Ghose, M. D., (Chicago, U. S. A.) Lahiri & Co., Calcutta.

This pocket monograph originally appeared in serial form in the *Homeopathic World* to the talented editor of which it is gratefully dedicated. The diet, tables of comparative mortality and therapeutic hints are well compiled, and will be very suggestive if any of our readers are compelled to face a cholera epidemic. But when the author attempts to dictate the dose of the selected remedy—in other words to measure the vitality of a patient he has never seen, and fix it at the 1x, 3x, 6x, etc., he demonstrates at once his lack of knowledge of the basic principles of the science he professes to teach. We regret to say the work is sadly marred by an unsightly "title page" enumerating the various papers the author has contributed to homeopathic journals, and the equally ludicrous attempt to exploit the M. D. from "(Chicago, U. S. A.," leaving the impression that the author has been the victim of a "diploma mill." Such a use of titles would suggest the question, did he ever attend a medical college? The printing, binding and proof-reading are not up to the standard of (B & T.)

Practice of Medicne, Containing the Homeopathic Treatment of Diseases. By Pierre Jousset, M. D., Physician to Saint Jacques Hospital, Paris, etc., etc. Translated from the Third Revised and Profusely Enlarged Non-Published French Edition, with Valuable Additions and Annotations by John Arschaegouni, M. D. Pp. 1,115. New York. A. L. Chatterton & Co. 1901.

The author of this splendid volume is not unknown to American homeopaths, for his "Clinical Lectures" were translated by the late Prof. Ludlam in 1879, and are found in many libraries today. He is the talented editor of *L'Art Medical* the principal homeopathic journal in France, and the author of "Experimental Materia Medica" (1884), "Pathology and General Therapeutics" (1899), and "Tuberculosis and Its Treatment" (1900); hence is well known in current literature as an able and indefatigable worker. This work is practically a revised and rewritten edition of his "Practice of Medicine of 1879 brought up to date," thus giving the profession the benefit of his fifty years of clinical experience.

The "Contents" is embraced in an excellent table divided into classes such as: "Constitutional Diseases," "Diathesis," "Cachexiæ" "Eruptive, continued, intermittent, Fevers," "Pestilential and Contagious Diseases," "Neuroses," etc., etc., and followed by a useful and convenient "Table of Equivalents" including Thermometric Equivalents of Fahrenheit, Centigrade and Réaumur, which will be found exceedingly useful.

The germ theory is very clearly and concisely explained. The author affirms that: "Bacteriological researches have not proven the truth of this theory. * * * In addition, the best thinkers, even among the adherents of the microbic theory, now admit that microbes may or may not produce diseases, according as to whether the soil is or is not favorable to their propagation.

In the history, diagnosis and prognosis of disease, the order of classification and typographical arrangement the volume is not excelled by any work on practice in our school. Yet in this particular it is no better than Raue,

Osler, Page and many others. But in therapeutics where the homeopathic student or practitioner looks for aid or guidance he will be woefully misled or disappointed. For instance, on page 226 in the treatment of typhoid fever: "Aconite at the very onset, when the fever is high, the pulse strong, the heat intense and the face red."

The merest tyro in Homeopathy knows or should know that not once in a hundred cases does Aconite correspond to the febrile conditions of typhoid, for unless indicated by the exciting cause, which it rarely is, it is nearly always injurious. In fact, Hering says it nearly always spoils the case, because it is so rarely the similar to such types of fever.

Again, on the same page: "Belladonna at night and Muriatic acid during the day." Then as if in doubt of the soundness of such teaching, he asks the question: "Is this good practice? Yes, providing it is not followed in a routine manner and is only applied when the symptoms of the disease call for these two drugs." The symptoms of the patient can never "call for" but a single remedy at a time, and the author has studied the science of similars to little purpose if he has not learned that. Organon § 272: "In no case is it requisite to administer more than *one single simple* medical substance at one time."

In the interest of Homeopathy and scientific therapeutics at the beginning of the 20th century it is sincerely to be regretted that such rubbish should be perpetuated in an otherwise very meritorious volume. The fifty years of clinical experience of the author is no excuse for such experience.

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Vital Force and Infinitesimals in the Light of Recent Investigations of Matter and Energy.

BY W. P. WESSELHOEFT, M. D.

PARAGRAPH 16.

“Our vital force, that spirit-like dynamis, cannot be reached nor affected except by a spirit-like (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the healthy organism, and disturbing the harmonious process of life. Neither can the physician free the vital force from any of these morbid disturbances, i. e., diseases, except by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force, perceiving this remedial power through the omnipresent susceptibility of the nerves of the organism. Thus, healing remedies can and actually do restore health and vital harmony only by virtue of their dynamic action upon the vital force, after those changes in the health of the patient (totality of symptoms), perceivable by our senses, have represented the disease to the attentively observing physician, as completely as possible for the purpose of its cure.”

PARAGRAPH 278.

“Here the question arises, what is this most suitable degree of minuteness for sure and gentle remedial effect; how small, in other words, must be the dose of each indi-

vidual medicine, homœopathically selected for a case of disease, to effect the best cure? To solve this problem, and to determine for every particular medicine, what dose of it will suffice for homœopathic therapeutic purposes and yet be so minute that the gentlest and most rapid cure may be thereby obtained, to solve this problem is, as may easily be conceived, not the work of theoretical speculation, not by fine-spun reasoning, not by specious sophistry can we expect to obtain the solution of this problem. Pure experiment, careful observation, and accurate experience can alone determine this; and it were absurd to adduce the large doses of unsuitable (allopathic) medicines of the old system, which do not touch the diseased side of the organism homœopathically, but only attack the parts unaffected by the disease, in opposition to what pure experience pronounces respecting the smallness of the doses required for homœopathic cures."

PARAGRAPH 279.

"This pure experience shows universally, that if the disease does not manifestly depend on a considerable deterioration of an important viscus (even though it belong to the chronic and complicated diseases), and if during the treatment all other alien medicinal influences are kept away from the patient, the *dose of the homœopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease, and shall not be able to overpower, extinguish and cure it, at least in part, as long as it is capable of causing some, though but a slight preponderance of its own symptoms over those of the disease resembling it (slight homœopathic aggravation), immediately after its ingestion.*"

These three paragraphs are of fundamental importance to those of us who through many years of observation and carefully kept records, have had abundant opportunity to test their correctness,

It is an easy thing to ridicule the hypothesis of a vital force, which (to use Hahnemann's words) is a "spirit-like dynamis." Nevertheless thousands of phenomena in the microcosm (as well as in the macrocosm) can be explained

by no other theory. Tate said that to deny a vital force seemed to him like being unable to distinguish between a cadaver and a living body. The substance is all there, "the matter"—but something is gone. What that "something" is we do not know, no chemical, physical or microscopical test will reveal "the thing." It can be observed only in its expression, but its existence is a fact we are forced to recognize.

The forms of energy at present recognized are kinetic, gravitation, heat, elasticity, cohesion, chemical, electrical and radiant. Vital energy is excluded and spoken of in this manner: "It is not an independent form, but a complex manifestation of the above named forms. A *condition* certainly exists in animate objects to which is due energy changes, which would otherwise not occur. To what this condition is due, *remains to be discovered*. The experimental difficulties attendant upon investigations of energy changes in living organisms, are so great, that progress has been prevented in this direction, so that *perhaps* the most that can be at present asserted is, that there is no evidence of any form of energy peculiar to living things."

This was written two years ago by a prominent physicist and here at least we have an admission that such a thing as vital energy (or vital force) may exist, the only obstacle to a more complete acceptance being the difficulties attendant upon experiments.

To us it appears that Hahnemann surmounted this difficulty and solved the question when he potentized substances and observed their effects upon the "vital energy" of human beings.

Hahnemann knew nothing of many hypotheses by whose aid chemical and physical science has achieved its triumphs, and which have given impulse to its mighty strides of progress. Among these the molecular theory has done valiant service. It has had its day of usefulness and honor; but like many another theory, once revered as infallible, and with an imposing air of finality proclaimed as a law of matter, it now shows signs of decadence.

Our own experience with "matter" was sufficient to disprove the molecular theory half a century ago. We have been told with scientific arrogance that Hahnemann's and our own observations of facts regarding high potences were myths, that our results obtained from remedies above the 12x were phantoms of our brains and must be relegated to the domain of "mystical and occult science;" but this only showed how blind to facts men can become, when theories appeal to them more strongly than every day facts, which, may be inexplicable under any hypothesis thus far advanced.

As far back as 1844 referring to the doubters of facts, Dr. Gross says: "Their assertions were so positive, that for a short while they seemed to silence all voices in opposition, behaving most unmannerly and heaping even ridicule upon the founder of the law, when a true disciple of Hahnemann's had the audacity to stand up in his defense. These men remain adherents to their peculiar medical theory, which has nothing in common with homœopathy." As soon as men began to doubt facts, which had accumulated in overwhelming numbers, and put their whole trust in a theory which indeed explained much in the realm of physics and chemistry, but failed to solve or elucidate numberless phenomena in nature, as for instance, the action of highly potentized substances, they hastened to throw overboard everything which did not square with the "rational" molecule or atom.

Fourteen years ago I tried to answer these materialists by adducing among many other things, Darwin's experiments with insectivorous plants, showing that the one thirty millionth of efficient matter when absorbed by a gland of *Drosera* transmitted a motor impulse down the length of the tentacle. Darwin was so astounded by this observation that he likened it to the scent of a dog who perceived the odor of an animal a quarter of a mile distant although the dog was standing to the leeward of the object from which the odorous particles emanated. He says, "yet these particles must be infinitely smaller than the one thirty millionth of a grain of phosphate of ammonia."

The action of the one thirty millionth part of a grain may possibly find an explanation in harmony with the molecular theory, but that theory can hardly be made the basis of a solution in the case of the dog.

In the same paper I recorded the fact that cattle enveloped in dense clouds of dust, could smell water four miles distant although there was not a suggestion of change in the vegetation, whereby they might be led to know that they were approaching water.

Is it possible to explain Charcot's experiments upon sensitives through the molecular theory? Is it possible to explain according to this theory the fact that a woman faints away in a large room where a spray of heliotrope has been standing for half an hour? Is it possible to explain the fact that the presence of a cat for one-half hour in a large room should affect a woman in such a manner that she grows cold and her extremities numb and that she is unable to rise from her bed for several days, all the while ignorant of the fact that the cat was in the room? "As there is no firm reason to be rendered why he (or she) cannot abide a harmless necessary cat, so I can give no reason, and I will not."

These are facts and there are thousands of others right under our noses which cannot be accounted for by the action of measurable molecules or atoms.

Later in 1898 I brought to your notice the remarkable observations of Nageli on *Spirogyra* which approached the nicer observations of Hahnemann on human beings. Nageli showed that a solution of copper 1:100,000,000 was capable of transferring its medicinal properties to the walls of a series of glasses, each glass having been carefully cleansed by washing and rinsing and boiling. (This reminds us of Jenichen's experience, who found the medicine he intended to give in the 30th potency dried up, and all the alcohol evaporated. He refilled the vial with alcohol and to his astonishment obtained a potency of exceedingly powerful curative properties. This experience induced Jenichen to prepare his high potencies.)

Nageli could not explain this energy as originating from

a soluble combination, and therefore was forced to recognize "something" as active beyond the atom. He called it oligodynamis, i. e., he recognized a force or energy emanating from matter which transcended the possibility of measurement.

So far as I know no botanist has yet discovered the vis inherent in a seed or a bulb which determines the color of the flowers, by microscopic or spectrum tests. Yet no one can deny that "something" must be inherent in the cells of the seed or bulb which determines and fixes their color.

I am also tolerably sure that no physiologist or biologist could solve the problems of heredity, even if they had the opportunity of examining the semen, which transmits from one generation to another certain traits and configurations to the offspring. Just here an observation may be applicable; a daughter gets a wart just above her eye-brow in her 13th year. The father had just such a wart exactly in the same place over the left eyebrow, which appeared in his 14th year. This wart must have been represented in the semen of the father and like his own wart remained latent till the time of puberty. No one can convince me that this wart snowed down from the sky at this opportune time, and I do not believe that you would accept as reasonable such an explanation. The dermatologist would soon solve the problem by saying; warts are merely a local affection and simply a degeneration of the skin, called "verruca." He takes no heed of the wonderful energy, which at puberty threw this wart to the surface, which must have had its dynamic origin in the semen of the father when the child was conceived—are there any known tests which could have discovered the origin, source or cause of this wart in the semen of the father? *Yet here is a fact.*

In the science of physics not much of interest to us seems to have happened up to the time of the discovery of X-rays in 1895. Although the Kathode rays, discovered thirty-five years before by Plücker had received much experimental attention, it was not till 1892 when Herz ascertained that these rays were able to penetrate through sheets of gold foil, aluminum and glass, that new thoughts regard-

ing the constitution and nature of "matter" began to be recognized.

Crooke's theory was that Kathode rays consisted of a stream of negatively electrified particles projected at a high velocity from the negative electrode.

It was thought by some physicist that Kathode rays were composed of particles of metal *torn loose* from the electrode.

J. J. Thomson & Schuster proved that this was not the case.

It is now held that Crooke's theory of "extremely small particles" at present surmounts the difficulties in the way of other theories, but this requires the admission that particles of matter exist which are infinitely small compared with atoms, and that these particles either carry a much larger charge than is carried by an ion in electrolysis, or else that they are smaller than the hydrogen atom. The latter alternative is the one at present accepted.

One physicist a year ago sums up the question at issue in the following words:

"The Kathode rays consist of negatively charged particles or corpuscles, which are smaller than the atom of hydrogen. The corpuscles are present as a constituent part of the molecule in *all substances*. Whether only one such corpuscle is present for each molecule, possibly revolving about it like a satellite, or whether each molecule consists of an aggregation of corpuscles, it is not yet possible to say. Under the influence of the intense electric field at the negative terminal of a vacuum tube, the *corpuscles are in some cases freed from the forces that hold them to the remainder of the molecule*, and shoot off at enormous speed to form the Kathode rays."

Here is another quotation from the same author: "The suggestion has recently been made that perhaps the whole mass of the corpuscle is fictitious; that we really have to do with free electric charges, or electrons, *existing apart from matter*. This view is even more startling than that which makes the corpuscles smaller than atoms. *The novelty of the*

suggestion is certainly not to be regarded as a serious objection."

Such words as these emanating from one of the foremost scientists of the present day, come like a soothing balm to the disciples of Hahnemann, who have persistently upheld their position that no theory can ever deserve that order of credence, which attaches to an observed fact. All theories are tentative, and involve propositions which are incapable of absolute demonstration.

Those of us who have placed Hahnemann's discovery of potentiation on a higher plane of scientific revelation, than the great light he threw upon the law of similars, have at least the comfort of knowing that the century just begun, seems to be revealing experimental truths which are somewhat in accordance with his discoveries nearly a century ago. It seems that science is coming up to Hahnemann, that facts are to count instead of theories, hypotheses and the microscope.

It is not my purpose in this paper to discuss the recent theories relating to matter and energy, viz: the vortex-atom theory, and the theory of Electrolytic Dissociation, but to give you the deductions and conclusions of experts based upon these hypotheses, which interest us as being somewhat related to the experiments of Hahnemann, and his own deductions regarding the character and constitution of "matter."

Goethe says: "Gray, friend, is all theory but green the golden tree of life." The golden tree consists of facts, and from facts the discovery of nature's laws. Theories are of value only as they endeavor to explain the facts which one by one are revealed to us by our senses. Theories have done much good, and also much harm, especially the theories which before Hahnemann's time reigned supreme in the art of medicine.

A year ago Prof. Harry Jones wrote these words: "If chemical action is due mainly to ions, it is very probable that pharmacological action of many chemical substances is largely ionic. This probability is increased when we con-

sider how many electrolytes are used in medicine, and that they are either taken in solution or pass into solutions in the fluids of the body. *It is quite safe to predict that many interesting and important results await the investigation of the relation between the dissociation of drugs, and their action upon the human body.*" (The italics are mine.)

Here is a most interesting proposition, which we all hope may be acted upon speedily. Let the anions and cations of these drugs be tested, and perhaps we shall soon have experiments made on healthy human beings instead of deductions based upon experiments with animals. It may be that the dawn of a new era in pharmacology is heralded by this suggestion. Is it too much to hope that instead of sitting at the feet of Mercks and a vast horde of other manufacturers of pharmaceutical preparations (who at present seem to instruct the medical profession when and how to use their wares) physicians may begin ere long to experiment upon themselves, *and others in health*, with these ions and learn something more definite regarding their action on the human system before giving them in disease merely on the authority of a pharmaceutical chemist?

Here is another quotation from the same author in speaking of the complete dissociation of acids and bases in infinite solutions and their toxic action: "Since a very dilute solution is completely dissociated, the poisonous properties of such a solution must be due to one or both of the ions which it contains, since there are no molecules present. If the toxic action of acids on plants is due only to the hydrogen ion, then solutions of different acids containing the same number of hydrogen ions should be equally poisonous. Solutions of hydrochloric acid, nitric acid and sulphuric acid are completely dissociated at a volume of about one thousand litres; hence solution of these acids which are of this strength, *or more dilute*, should have the same toxic action since the ions Cl NO^3 SO^4 have none. This has been experimentally tested, by finding the strength of the solution of the acid in which *the plant would just live*.

* * * The root of the plant was placed in a more concen-

trated solution of the acid. If this was found to kill it, another root was placed in a more dilute solution and so on until a dilution was reached in which the root just lived. In the case of strong acids, the root would just live in a solution which contained a grammolecular weight of acid in 6400 litres of solution. * * * This expresses the toxic action of the hydrogen ion, and it is the same for all strong acids. * * * The effects of the ions of certain salts was also studied. The copper ion was especially toxic. The roots would just survive in a solution which contained a gram-molecular weight of copper ions in *51,200 litres of solution.*"

These observations were published by Kahlenberg and True in 1896, more than ten years after Nageli commenced his experiments on Spirogyra with simple aqueous solutions of metallic copper, and found a solution of 1:100,000,000 still capable of transferring its toxic qualities to the walls of neutral glasses.

How much nicer, more ingenious and exact than the experiments of Kahlenberg and True, were those of Nageli, who discovered that toxic qualities were transferred to a series of neutral glasses from a solution of 1:100,000,000. This fact, and this alone, prompted him to proclaim a new energy, which could not be explained by the molecular hypothesis. Neither Kahlenberg nor True seem to have taken note of this observation and allowed their solution of ions to be transferred to neutral glasses, and then observed the effect on the plants. They say their plants "*just lived,*" but it would have been desirable to know at what division of matter they ceased to be sick.

Darwin's experiments with the salts of ammonia preceded those of Nageli, also about a decade, therefore we may assume that Hahnemann's "absurdities" may approach recognition about the middle of this century. When we consider that all these practical experiments have so far been made on plants, *organisms devoid of a nervous system*, it is not surprisingly strange that predictions should be made regarding experiments with infinitesimals on organisms *not*

devoid of a nervous system, which may astonish pharmacologists and biologists.

I will close my remarks by a few quotations from recent literature which has come under my notice during the last two years.

“Natural science considers the world a mechanism, and for that purpose transforms the reality in a most complicated ingenious way. It puts in the place of perceivable objects, unperceivable atoms, which are merely products of mathematical construction, quite unlike every known thing; and nevertheless these atoms are scientifically true, as their construction is necessary for that special logical purpose. To affirm that they are true, means that they are of objective value for thought. *But it is absurd to think, with the materialistic philosopher, that these atoms form a reality which is more real than the known things, or even the only reality, excluding the right of all not space-filling realities. There is no physical object in the world, which natural science ought not to transmute into atoms; but no atom in the world has reality; and these two statements do not contradict each other.*” * * *

“To deduce materialism from physical science demands either an illogical mind or procedure, or the addition to that science of some propositions not pertaining to it.” * * *

“The assumed perfectly elastic molecule with its attendant supposed forces and properties plays satisfactorily the role of a unit in a great company whose effect as a whole only is to be considered. * * * But as far as any ultimate explanation or even simplification of the forces, forms of energy, or views of matter are concerned, it is of small effect. * * * The molecular theories offer no account of energy, of elasticity, or of the energy which must be present in the molecule or atom to give it shape, hardness, etc.”

“The formation of energy as a power to change the state of motion of a body, is free from the logical and other embarrassments attaching to the current definition. * * * It permits the introduction of the idea of energy *in advance*

*of that of force, work, or even matter. * * * Everything which we observe, that is, all phenomena and observed properties, are due to energy, or its changes of form or location. All experience has therefore to do with energy, and with that alone. As it is foremost and ubiquitous in experience, so should it be, if possible, in the treatment of physics. Two or three decades ago this was impossible, but it is so no longer. Forces and work must now be dealt with as action of energy, and matter must be regarded, for the present at least, as an inference one step more remote than energy."*

With all this recent evidence and hypothetical explanation of facts as presented by physicists, Hahnemann's concept of "matter" cannot seem quite so absurd and untenable to those of his materialistic followers, as it evidently did a decade or two ago. His assertion, in paragraph 279, "that the dose of a homœopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease * * * to extinguish and cure it, at least in part," must certainly seem less preposterous now than when the molecule and atom were the Ultima Thule of speculation.

The genius of Hahnemann still holds the fort. It has been bombarded with the most effective artillery which science could construct, but there it stands still flying its colors upon which are emblazoned not only the words, *Similja similibus curantur*, but also, *simile, simplex, minimum*.

DISCUSSION.—J. B. S. King, M. D. :—According to the saying of a wiseman of ancient times, thought according to the eye blinds the understanding, but thought according to the understanding opens the eye. The trouble with modern science is that it thinks according to the eye and by so doing blinds the rational eye of reason. Science to a large extent is bound, hide-bound by its own senses. Scientific men will not believe what they cannot explain. The senses are full of fallacies. Thought according to the eye would make us believe that the sun arose in the east and set in the west, but thought according to the understanding, shows us that

such is the appearance only, the truth being that the sun is a stationary body and it is the earth that does the moving.

Thought according to the eye would cause us to conclude that the water moves the pump, that the pen does the writing, that the moon is no larger than the end of a flour barrel, and hundreds of other fallacies that the eye of reason sees differently. Thought according to the eye will inevitably cause us to conclude that Homœopathy is a delusion, but thought according to the understanding will as inevitably lead us to the truth. I have a poor opinion of modern science and do not care whether it confirms or denies the truths of our law of cure. Science is full of limitations. Chemistry, the most accurate and exact of the various branches, is greatly at fault in the case of the so-called isomeric bodies. Many volatile oils that the most uneducated man can recognize immediately by the odor present an absolute similarity or rather an absolute identity to the most searching analysis. The volatile oils of orange, lemon and some others that can easily be distinguished by the smell, all present the same chemical formula as common oil of turpentine. The common vegetable asparagus in very small quantity, will impart a strong, peculiar odor to the urine that anyone can immediately recognize but it seems to be beyond the reach of chemistry to ascertain what it is that smells so strongly. In other words if we depend upon our senses we will inevitably be misled, but if we depend or think from our understanding, we will reach the truth.

The very interesting facts cited by Dr. Wesselhoeft would apply only to our medium potencies and perhaps give a scientific or sensual basis for their use, but it leaves untouched the explanation of the action of the highest potencies. We have the positive facts of experience that they do act and that they act better than the lower potencies in most cases, and whether science will father it with an explanation or not, it remains a positive fact for us.

The explanation when it does come, will come not from the sensual science of modern times but probably from the wise men of another age than this. In the lost science of

correspondence and in the doctrine of influx there lies a rational and scientific explanation of these mysterious things.

E. E. Reininger, M. D.:—I have been much interested and also much instructed in the doctor's paper, for my own mind runs in the same channel. I have been occupied in the same investigations. I was impressed with the facts brought out some time ago by some experiments made by a professor of chemistry in regard to the length of time that it required to get rid of certain odorous drugs, that had been taken into the system. The odor of onions was present, months after their ingestion. The odor of garlic was present in the urine in less than one hour after ingestion and it remained for three months. It seems to me that when chemists who are entirely unacquainted with our system of medicine or with our principles are conducting experiments like this that have a direct bearing upon the long continued effect of small doses, it is of great importance to us to take note of it and to have it published. We can give such experiments prominence by copying them in our journals.

H. C. Allen, M. D.:—§ 16 of the Organon teaches us the very important lesson that our sicknesses come from dynamic disturbances and that therefore our curative agents must have a similar dynamic quality. We often overlook this when we try to explain the dynamic factors in the production of disease. A very sensitive friend of mine, is particularly sensitive to the action of *Rhus radicans*, and its poisonous influence is particularly virulent during a damp spell of weather. Although there was a distance of at least ten feet between him and the plant, he was poisoned severely, so that he was confined to his room six weeks. The attack was characterized by swelling and intense dermatitis all over the body. He only received one dose of Sulphur cm. and that dose acted for seven years by protecting him from further poisoning. It was a habit with him to have an attack of dermatitis from *Rhus* poisoning every year before I gave him that dose, and without subsequent exposure.

Another patient was poisoned by *Rhus* on the fourth of July while fishing. On the fifth of July at 12.30 A.M., he

was attacked by intense itching and burning of the upper lip and nose. He found on inspection that it was very much swollen and intensely red. In a few hours his face was so swollen that he could not open his mouth and the nostrils were closed. The attack lasted three or four weeks, and as it was treated by local applications, it was partially suppressed. Every fifth of July at 12.30 A. M. for four years, he would have that characteristic burning and itching. What was the size of the dose that caused this permanent effect? The dose was imponderable, invisible, tasteless, impalpable and yet there was the positive effect that none but a blind man could avoid seeing.

Dr. Wesselhoeft has referred to heredity. This is a question that needs careful study and I have no doubt that it will throw much light on our law. I have a marked case of inheritance; a lady consulted me a year ago. The day before she came to me, she had been before a number of surgeons for the purpose of deciding whether the lump in her left breast was to be removed with the knife or not. Of course they advised removal. What else are surgeons for? Just about that time, she met a friend who was a patient of mine and she advised her to see me first. Between that time (August) and the thirty-first day of October I cured her with four prescriptions. The lump disappeared.

This winter her twin sister came to me from Philadelphia, stating that the week before she had been urged to go on the operating table for the removal of a similar tumor, on the same side, at the same place, which began the same week of the month that her sister's did. Their mother died of cancer of the same breast at about their age. This last sister is about to return to Philadelphia, but the lump will not go back with her; it has nearly disappeared. This dynamic or vital force whatever you may call it is certainly a fact in the production of disease, and in the cure of disease. The more dynamic force we can inject into our remedies, the better will be the results. I believe in calling our remedies potencies

C. W. Butler, M. D.:—I move that the courtesy of the

floor be extended to all visiting physicians. Seconded. Carried.

C. M. Boger, M. D.:—I do not feel myself capable of discussing this paper, but the point that struck me forcibly was that the scientific mind must approach every line of investigation with an open mind, in order to reach the truth. It is absolutely essential to do this. Hahnemann approached every subject that he investigated, with a mind open to the truth and that is where large numbers of people fail. To approach any subject with a mind warped with theories and prejudices will surely close our eyes to truth, and unless we can look at facts in this unprejudiced way, we have no right to call ourselves scientists.

Hahnemann had this quality of mind pre-eminently and the best investigators are gradually leading us in his direction. We know that the evidence of science shows a gradual trend towards Homœopathy. We need feel no alarm; we have but to wait; every new discovery, every real development can but confirm the law of similars, because this law is a natural one, and hence all real advances must strengthen it. We have not made up our minds to some artificial or fanciful thing and then made facts conform to it but we have grown into it by experience; science is growing up to or into Homœopathy.

According to my conception of things, matter is simply a projection of force. Matter is simply the limitation of force to certain forms of use. Force is invisible and can become visible only when it projects itself in matter; I do not know whether I can make myself quite clear. Behind the visible world of matter there is an invisible world of forces that correspond to it and express themselves in it.

Wm. P. Wesselhoeft, M. D.: It is something in that line. Recent physicians have taken the stand that force is the real, the essential and the first, while matter is hypothetical and secondary.

T. D. Stow, M. D.:—It is rarely necessary that we have to define our position to the laity. After a moderate experience of nearly fifty years, I have come to the conclusion

that the large majority of people take stock only in that which appeals to their senses; in that which they can see, feel, taste or smell. Now in order to impress the individual and to draw him or her towards Homœopathy there is no better way than to let him or her experience the results of our medicines in curing morbid states. That is necessary because there is a good deal of scepticism now a-days regarding Homœopathy. Philosophical statements are hard for the lay mind and I think that if we simply cite cases such as those mentioned by Dr. H. C. Allen we will do more to impress upon the minds of individuals the power of the law of similars than any explanation of how it works.

When I was practicing in another part of the state, than where I am now located, I was once in my office, the windows and doors open, when a young man stepped in and said that he wanted me to see his mother. He took his handkerchief out and wiped his face with it and returned it to his pocket. It had evidently been perfumed with Jockey club. It made a distinct impression on the air of the room and although the room was well aired a distinct odor of Jockey club remained there for days, so that persons passing in and out asked me what I had been doing with Jockey club. Little things like this may come to aid us in explaining to the patient the action of extremely small doses. It shows in an easily understandable way that there are things existing and acting beyond the reach of the chemist's realm.

In regard to the relation of matter to energy, I should say that matter is the vehicle of energy and in our potencies we subdivide matter in order to expand it and free the energy in it. This energy then acts upon the human organism in many ways. When I was practicing in Fall River, one night the bell rang and a friend telephoned me to come to see his wife who was being confined. I got there a little late, but I attended to the afterbirth, then I attended to the child myself as the nurse had not arrived yet. I washed the child and dressed it and put it beside the mother. Then the father said to me "doctor! did you look that child all over and see that it was perfect? I want you to look especially

at its feet and see if everything is all right." I did and found that the two little toes of each foot were webbed. "Now," said he "I want to show you something," and when he took off his shoes and stockings I found that his feet were in the same condition. Who can explain it? What subtle force was at work here? Why does a child resemble his or her parents? The same law obtains.

The Drug in the Potency.

BY J. B. S. KING, M. D.

In many places in the published Transactions of this Society the statement is made that there is no drug in the potency but only its force. The idea has also been put forth that the menstruum, whether it be alcohol, milk-sugar or pellets simply contained the vibrations of a drug and not the drug itself. These ideas are not believed by me, but I would never have mentioned the subject, which I consider as unprofitable, had not the chairman of this Bureau set me down for a paper.

Matter, if not infinitely divisible is at least indefinitely divisible, and when any small portion of a drug is mixed with a menstruum, in the thorough manner required by the rules of homœopathic pharmacy there must be some of the drug there, however small, and there cannot possibly be none. The claim that one pellet will medicate a million by dry contact does not postulate anything like soul, spirit or vibration, for matter exists in such subtle forms as to make such a phenomenon perfectly conceivable to a rational mind.

A very minute piece of camphor placed in a very large jar will diffuse itself throughout every portion of the jar. An imponderable amount of hydrogen sulphide allowed to escape in a large room will show its diffusibility by blackening a piece of sugar of lead paper placed in the most distant part of the room. A tiny globule of mercury will diffuse itself through a large apartment and demonstrate its presence in the most distant part of the chamber by turning

the color of paper saturated with ammonium sulph-hydrate. It is not necessary to say that the camphor, the hydrogen sulphide or the mercury has a soul or a vibration or anything more subtle than matter to understand this, nor need we say that the pellet contains something more subtle than matter to medicate the million of pellets around it. Matter in an invisible and subtle form like the material atmosphere around us, will penetrate every nook and cranny of the largest vessel and permeate its space.

Many times I have heard at these meetings vibrations spoken of as if they were a distinct entity apart from matter, and the mere use of the word seemed to afford a satisfaction to some as explaining many mysteries. Now a vibration is not an entity it simply a state of an entity; it is a quality of something. There can be no such thing as a vibration without something to vibrate. Hearing is a vibration of the form and substance of the ear, but apart from the ear it is not anything but an abstract conception of the mind. Good, bad, soft, hard are words expressing the quality of matter and cannot be conceived of apart from some good, bad, soft or hard thing.

So arguing from analogy there cannot be any of the force, quality or vibration of our medicines apart from the medicine itself. Heat, light, electricity and magnetism have often been cited as instances presenting some analogy to our potencies and also as examples of vibrations, but the analogy does not hold in my opinion, for the reason that heat, light, sound, etc., are vibrations of the universal substances, ether and atmosphere, and are different from the limited and local vibrations of particular substances, and should not be cited as analogous.

The modification of the X-ray by the presence of highly attenuated or rarified vapors of elemental or compounded gases in a Crookes tube has been cited as making the whole matter plain and simple but I cannot see it. The Crookes tube is just as full of ether at one time as another, it cannot be pumped out nor can it be forced out by a gas such as hydrogen or carbon dioxide. The vibration that goes

through the Crookes tube is simply modified by the presence of the gas as the ordinary light vibration is modified in going through a piece of colored glass. The rarified gas in the one case and the colored glass in the other are necessary for the modification, and the said modification ceases the moment these are removed. Just so the sugar of milk alcohol or other medium is modified by the nux the aurum the sepia as long as they are there present, and cease the moment the nux the aurum the sepia are absent—in other words, there can be no drug action without drug presence.

My own ideas of the subject are saved from the confusion of false analogies by the doctrine of influx which is as old as Aristotle, and while I am not anxious to make anybody think the same as I do, I will state it.

There is an universal influx into the universe from the primal source of all things. This influx in its origin is one but it is variously received and is subject to as many modifications as there are substances and matters in the material world. Man, the highest creation, is the most adequate recipient of this influx, but it is none the less received by the homogenous jelly of the protozoa. It flows with all its power and with all its capabilities upon every thing living and dead in the material universe. Its best analogue and picture is the light and heat of the natural sun, which flows with all its power upon all things, but is variously received by the matters and substances of the material universe, here breeding maggots and there germinating roses, here producing the exhalations of balsamic plants, and there the noxious vapors of a pestilence. The heat and light of the sun are one in their origin and flow forth as one but are received with infinite modifications according to the recipient form—in other words the variation is not at all in the solar light and heat, but in the forms receiving it.

Among other things this influx is received by our drugs and modified by them according to the form and substance of each, no two being ever exactly alike. It is received, bound down and held by the drug form whatever that may be. The drug gives forth its quality somewhat in its life

history, form, shape of its leaves and still better to our apprehension, effects upon the human system.

The manner in which we prepare our medicine, unswathes, unfolds, sets free its power of affecting the human system, and in this way the higher potencies are a better and more adequate modifier of the universal influx than is the crude form. Unless the modifier is there always acting there can be no modification, and hence there can be no drug action without drug presence. Incidentally I may mention that this doctrine of influx offers us the most rational modus operandi and explanation of the action of a drug in curing a disease. I am not going to fight for it and have simply stated it because I was asked for a paper and also for fear that the unscientific ideas that are to be found in bundance in our transactions should be considered as the belief of all the members when quite the contrary may be the case.

DISCUSSION.—C. M. Boger, M. D.:—This paper is exceptionally interesting and raises some interesting questions. I gather from the paper that the doctor considers force to be an emanation of matter. If that is the case I would like to ask what becomes of the convertibility of force.

H. C. Allen, M. D.:—I do not think that Dr. King clears this matter up very much. His idea does not account for the susceptibility of people to drugs. Some persons are extremely susceptible and others not so. A gentleman at the American Institute tried to explain the action of drugs and his explanation was about as clear as mud.

He related an instance: His wife was extremely susceptible to musk. In order to experiment upon the degree of a delicacy or sensitiveness which she possessed he took a bottle four inches long corked it and sealed it after putting a grain of musk in it, and when she simply held it in her hand without knowing anything about the experiment, it produced fainting so that she fell to the ground.

C. M. Boger, M. D.:—I wonder what would have been the effect if the bottle had been empty?

H. C. Allen, M. D.:—A gold coin was put into a glass of water and allowed to stand for twenty-four hours. This water was given in tablespoonful doses three times a day; there were five experimenters, scientists, not medical men. At the end of a month they compared results and published them and lo! and behold! it simply verified Hahnemann's proving of aurum metallicum: gold is an insoluble metal according to science and because it cannot be explained science will not believe this.

Another German scientist made an experiment with a sensitive subject. He placed a tightly corked bottle of a mercurial salt under the pillow of this patient without his knowing anything about it and it produced salivation. Facts like these are instances from outside sources of the action of imponderable doses.

T. D. Stow, M. D.:—I should like to have our friend Boger explain what he means by the convertibility of force.

C. M. Boger, M. D.:—We have an example of that in a steam engine where the force called heat is converted into the motion of an engine, also in an electric dynamo where the force called electricity is converted into the motion of a car or of some machine. The manufacture of cotton fabrics and of the clothes that you wear, is the result of an expenditure of the force of the water which goes over the falls.

C. W. Butler, M. D.:—I know nothing of the idea of Aristotle which has been referred to—am not familiar with it; nor do I quite understand certain other ideas which have been presented here. To answer that old and oft repeated question "What is it that makes a drug act?" "In what way does it exert its specific influence upon the animal economy?"—it seems to me that we need not go away from modern scientific thought, but that our most satisfactory explanation of it will be that one which best accords with the dicta of the science of today. I hold that all theories upon this subject are, at present, but working hypotheses held

tentatively and subject to modification or even entire rejection with later knowledge.

It may seem ridiculous to claim that Hahnemann was in accord with the modern school of Physicists but if one will remember that the terminology of Hahnemann's day was not the terminology of the present time, and after mastering as nearly as he may, the thought of the master, will translate the language of Hahnemann into that of the modern scientific world, he will find that in respect of the two great factors in the present discussion—matter and energy, there is a wonderful similarity—almost an identity of ideas. For the "spirit-like force" which to Hahnemann was the active principle of the drug was not (as one might think if he thought only in the language of our own time), a something beyond the material universe, a subject to be investigated by the metaphysician rather than by the physicist,—to him it was, as was the same word when used by Sir Isaac Newton, distinctively a part of the material universe having objective reality and only to be understood by investigation along physical lines.

And it would certainly seem that Hahnemann was right. That the active *it* of the drug is not its tangible material part, it is the "spirit like" part. *The energy* of the drug. But exactly what is energy. The scientist says it is "motion in matter." Bear that in mind—not motion alone—not matter alone, but the two conjoined. Now Dr. Boger has just told us the later results of the conversion of energy, but the initial step to such conversion is the transference of motion from one form of matter to another.

In other words energy is motion in matter and its form, its power of manifestation, is determined by the matter in which the motion takes place—motion is conditioned by matter.

Belladonna causes always belladonna conditions—differing in degree in some proportion to its amount perhaps, but never by any accident other than belladonna effects. And it cures belladonna conditions whether in high or low potencies—differing in time, safety, etc., perhaps, but bel-

ladonna conditions only. If then, matter conditions motion; if belladonna matter in conjunction with motion makes belladonna energy which is that "spirit-like" force which cures, all potencies of belladonna which gives evidence of curative—indeed if any action must have belladonna matter in each dose. For if the material belladonna is lost in potentizing one must arrive at the conclusion that the potency has no longer belladonna curative power—it can exert no longer belladonna force, because the motion which was its life has either gone back to the ether—nature's storehouse of motion or has been conditioned by a new form of matter—the menstruum of potentiation. If then, and the conclusion seems inevitable, there is no drug action possible without some portion of the material drug. we are again confronted with the old old question of the divisibility of matter. And this question too has become more complicated in these later years. The dictum of some foolish old man who determines the limit of potentiation by the microscope, passes to the realm of the ridiculous when men whose life has been devoted to these questions talk confidently of particles of matter millions of times a subdivision of the particle within microscopic vision; and on the other hand, the infinite divisibility of matter vanishes with the theory of the rotating vortex atom of Helmholtz and sir Wm. Thompson. How small then may an active molecule be? We are lost in any computation, for surely there are molecules of a drug in the highest potencies—molecules in size so infinitesimally small as to be as far from our comprehension on the one side as are the vast domains of space beyond our ken by their magnitude on the other.

So it is either *this* or all drug action is a myth, unless all the labor and thought and long years of investigation of physical scientists are as naught. Personally I see no great difficulty in conceiving molecules of matter in the millionth potency. It surely is less a stretch of our imagination than it was before the microscope lent it its aid, in conceiving them in the sixth.

But of course how the drug acts is not answered by

these speculations. Only we may perhaps gain some light here too, if only because we may fairly conclude that, while the action is dynamic it is not by any process of reinforcing the great dynamo of the animal system. The accumulated energy of the organized body comes, and comes alone from its food.

Suppose now that I wish to move an arm or a leg. By will power I free some of the energy stored for use by the muscles of that limb and the movement follows. What do I do by the exertion of will? I send an impulse from my brain to the desired part which freed the energy therein stored, disintegrates the imogen in the case postulated which has stored up the energy for muscular uses. Why may not the drug by its distinctive elective affinity for certain parts of the great governor of the body, the brain, be able to do exactly this thing—send its impulse which will free energy at the point of disease and which shall enable the part affected to throw off disease-making-influence under its stimulus. At any rate this, which, if your interest has been sufficiently aroused, you may find will legitimately cover the necessities of drug action, is my theory—a working hypothesis only of course, but to me, a fair explanation and better than any other that I know.

Wm. P. Wesselhoeft, M. D.:—My paper was intended to show that those among us, those men who call themselves homœopaths and yet who have ridiculed the idea of high potencies and ridiculed those who have used them, because we did not accept their explanation of the matter and then put us outside the pale of their society because we were not scientific enough, I wanted especially to let those men know, that there was scientific demonstration from outside sources of the truth of the action of imponderables. I do not much care about the subtleties of it. I do not care whether it is matter, or force, or energy, but I do like to find confirmations of the truth of our law and of the action of the potencies in experiments made by old school scientists, or at least by scientists not specially interested in Homœopathy. I wanted to draw out and dwell on the fact

that Hahnemann's investigations and conclusions are on the point of being recognized by modern investigators; to show that this early investigator shadowed forth something that science is only now beginning to grow up to.

J. H. Allen, M. D.:—There is another side of the question that we must consider. If we look upon the material side and try to retain the chemical features of the life force, we go right around to the point that Virchow wants us to go to. He has told his followers that the cell is the life, and that its chemical actions are the manifestations of life. We as homœopaths must get away from this material and crude idea. There is something behind the cell, something beneath or within it; something that we call dynamos. The same is true of the vegetable cell of the drug; we want to recognize the life force in the drug. Then we become true Hahnemannians and we can see into the secrets of disease and more adequately use medicines for their removal.

Th: Repetition of the Dose.

BY C. M. BOGER, M. D.

Not many papers have appeared on this subject, perhaps the best one is by Dr. Lippe, which was first published in the *Organon*, and later reprinted in the *Medical Advance*.

The object of giving a remedy is to temporarily incite a similar action in order that a dissimilar permanent reaction may ensue; this lies at the basis of all cure, and is self-evident.

While all cures follow their lines and are more quickly and certainly made by giving the most similar remedy, it does not imply that potencies are absolutely essential thereto; for crude medicines and extra-medicinal methods may and frequently do cure after the same manner; to this we should not be blind.

Such cures however are of their very nature generally partial and finally need a deep acting antipsoric to perfect them.

In many cases the delicate poise of the life force reflects like a mirror, more or less of the image of every remedy given; these are very difficult to cure, a complete picture, the single dose and a long wait being absolutely essential to success; here we need all our tact, to hold the patient until the proper response appears, a single mistake will surely ruin the whole case.

Another class is masked by insusceptibility and slow reaction, these may require a frequent repetition of the remedy until a decided movement is inaugurated, which will then be powerfully carried forward to its termination by the life force which then acts slowly but surely. Every case is a new study, requiring a determination of the character of the vital reaction, hence the practical utility of the single dose is most apparent; it enables us to feel the pulse of the whole organism, as it were, and thereby judge what manner of man we have to deal with. A slow and gentle cure is the acme of our ambition, failing in this, it enables us to feel our way and estimate our surroundings preparatory to the next move.

The second prescription is always of the greatest importance, too often we are apt to look for a different remedy, when in fact the new symptom complex is only a variation of the older image, and requires a repetition of the former remedy in a different potency; having carefully made up our mind as to the indicated remedy we should be slow to change, always thoroughly testing the chosen medicine in the scale of potencies as well as in the repetition of the dose, before abandoning it for another. Remedies typify patients and phases of disease, hence to speak of specifics is harmful in the highest degree. We all know that when the constitutional remedy for a given patient has once been finally worked out, it will cure almost any disease which may attack him, even although these later symptoms may seemingly be the opposite of those previously removed, for it must be remembered that these later manifestations are also in all likelihood alternate effects of the drug already in use; it were therefore folly to change the prescription, such a

course will only end in confusion and defeat. A great danger lurks in the hasty prescription, it is a great trouble-maker and mixes up our cases, hence the watchword is *wait, wait* until the full picture appears, then prescribe and your success will be pronounced and permanent. Many men learn this slowly or not at all, they also never cure any one.

The pace of remedies and the combined organs which they affect, is one of the greatest importance, some act quickly and run a rapid course like Aconite, Glonoin, Belladonna, etc., others develop their effects slowly and act deeply like Calc. c. and Sulphur, they dip deep down into the tissue building processes and modify every cell action; these have been aptly called antipsorics and are doubly suitable to chronic diseases, although acute ones may also demand them; snake venoms and some acids act rapidly and disintegrate the affected parts, this is especially true of *Crotalus* and Sulphuric acid.

DISCUSSION.—H. C. Allen, M. D.:—Here is one of the most important topics for all of us; the repetition of the remedy. I think that, as a rule, we make more mistakes in this than in any other part of the practical art of curing. We frequently fail by a too frequent repetition of the dose. To know when to repeat and how to repeat requires a master in the art. Dr. Lippe once made a statement in my hearing that I thought the most audacious I had ever heard. He said that if he could visit a case of diphtheria the first time, before anybody had had a chance to spoil it, and make the first prescription, he would generally cure the case with one remedy and often with one dose. I went to Philadelphia and stayed there a month to see Dr. Lippe do it. At that time I was giving two, three or four remedies at a time or in alternation. I saw Dr. Lippe clear up serious cases of illness over and over again in pneumonia, bronchitis and so on with a single prescription. Not always, but often. The secret is first to find the remedy and then to know when to repeat and when to refrain from repeating. It is in this,

that skill is manifested; this is the work that marks the difference between the artist and the bungler.

J. H. Allen, M. D.:—That is where the majority of Homœopaths stand; they can prescribe properly as far as the first prescription is concerned, but they know nothing of action and reaction; the very things that must take place in order to effect a cure. The man who selects a remedy on the symptoms and then after giving it, knows how to wait and to watch intelligently is a master both in prognosis and in curing. But it is not the individual that is doing it; it is the law that does the work. If we understand this, we will not meddle and interfere with the working of the law but will stand aside and give the law a chance to effect its miracles. If we will but prescribe the right remedy and wait long enough, we can do wonders in those old chronic cases that are the despair of any but the proper therapeutics. There is no more beautiful thing than to watch the slow unfolding of a cure in a chronic case.

Wm. P. Wesselhoeft, M. D.:—I think that the physician who takes the time and care to make the first prescription right, and who selects the remedy only after sufficient study, will always be inclined to respect the pains that he has taken, and not be likely to spoil all that he has done through too frequent repetition or by change of remedy. It is almost the universal mistake of beginners. They inherit from the old school and from materialistic science, the idea that we must pepper our patients every two hours with medicine. It seems to me that every one has to learn the lesson for him or herself and nobody can give it to another.

Pretty much all young prescribers have to go through the same experience and suffer the same disappointments before they learn to do better. I have frequently tried to impress young men with the idea that it is necessary to give the medicine time to work but I do not believe that it does much good; they have to learn it from bitter experience. It is one of the hardest things to do to keep the

fingers away from the bottles. As our experience grows wider it becomes less and less necessary to repeat the dose.

The Logic of Homœopathy.

BY D. C. McLAREN, M. D.

The general public have as a rule but one criterion for judging worth, which is well expressed in the proverb "the proof of the pudding is in the eating"—that is to say, once satisfied with results they ask no questions as to why and wherefore; and even amongst earnest, thoughtful people, the full occupation of energy in the battle of life precludes very much thinking beyond certain established lines. To the Abraham Lincoln type of mind there must always be back of ascertained facts a logical basis, which alone is the first conclusive proof. That such a logical basis exists as the foundation of homœopathy is a well established certainty, and any further setting forth of it might seem a work of supererogation, but one is encouraged to think that possibly a place may be found for it, and that it may have some good use. Now, as mathematical accuracy is the generally accepted criterion of certainty, we naturally go back to old Euclid for our starting point, and we find it in the axiom that "between any two given points there cannot be more than one straight line, of which the converse is equally true, viz:—that between two points there may be, and generally are, thousands of crooked, confused and confusing lines, none of which, however hoary with age, use and custom, or highly valued or lauded by mankind, is the true and only straight line. Which means that in the very nature of things there must always be a direct and unalterable connection between cause and effect, that give certain uniform results, the straight line will always lead back to the same uniform cause, which cause once definitely ascertained along with its unalterable pathway enables the achievement of successful results. The straight line axiom is just as true of the universe as of its smallest part; the

movement of the mightiest planets and the action of the most infinitesimal dose of medicine are equally controlled by law. To deny that any part, however tiny, is not subject to the same conditions as the whole is to assert that a part may be independent of and foreign to that of which it is a part—a *reductio absurdum*. The straight line leads first to the proposition thus established; that the whole universe with all its infinity of parts down to the utmost atom, in all its relations and conditions, together with all the forces which control it, is constantly, consistently and intelligibly controlled by law. The same is true of a particular part, e. g., the action of medicine upon the human system; it is inconceivable that such an important part of the economy of nature should have been left unguided by law when all else is so well provided. It is quite unthinkable that man the highest being in nature, for whose habitation a world was in preparation long ages before his advent upon it, and for whose benefit the mighty sun still shines, should have been left the helpless victim of a chilling wind, or a nervous fright, to say nothing of the sweeping pestilence, without law-governed resources for the cure of his ailments! It is equally unthinkable that man with his intelligence and his persistency of research should not in course of time discover such law, understand its bearings, and make useful application of it. That there is such a law, and but one, not several, nor many, is axiomatic, for there can be but one straight line between any two given points. And of the possible, thinkable methods by which remedial substances or forces may act upon the human organism, there are but three; in other words our choice narrows down to one of three possibilities which must coincide with the straight line. The three possibilities are these: Given a condition requiring help, effective agencies, whether force or material, must act upon the human system either in opposition or similarity, or else indifferently to the condition. The third method named that of utter lack of relation or correspondence, at once rules itself out as an absurdity, leaving the field to the other two—contrariety and similarity. Now

which of these two methods correctly represents nature's intention and fulfils nature's law? In the first place it is the simplest truism that similars attract and contraries repel; or to put it more strongly, that similars are mutually attractive while contraries are repulsive. Positive electricity attracts the negative, and together they overcome all obstacles in their effort to coalesce. All human beings instinctively seek the society of those of similiar tastes, or of like modes of thought or pursuits in life, and vice versa, those of contrary pursuits, thought or tastes are strongly repugnant, and they do not meet without clashing. Contraries are ever bound to oppose and to clash, and the result is always harmful; whereas similars blend and coalesce with beneficial effect. Coming now to the action of medicinal forces on the human system, we find that medical practice as far back as recorded has mainly confined itself to exploiting the contrary and indifferent methods excluding entirely the third, or method of similars.

It was left for Samuel Hahnemann to publish to the world a hundred years ago his discovery that a law of healing existed and that its mode of action was along the line of similarity. The experience of a century of healing by the use of similars has abundantly proved the correctness of his claim, which is also substantiated by logic. The adherents of the contrary and indifferent methods in medicine expressly disclaim the existence of law; they openly avow the absence of any guiding principle, or any theory of medicinal action. In other words, the deliberate conviction of the dominant school of medicine today is this, that no law of nature exists which authorizes and establishes the method of treatment by contraries, and we have already shown that the indifferent mode is an absurdity. There remains only the method of similarity to be the true exponent of a law which must infallibly exist; and a striking proof of the real benefit of the method of similars is shown by the prevalent desertion by the orthodox school of medicine of their old contrary and indifferent methods, and their craze for the pseudo similar method of serum treatment. The extensive.

circulation of this counterfeit proves not only the existence but the intrinsic value of the true. Not only does the world abound in illustrations of the mutual attractiveness of similars, but also with examples of their healing power and beneficial effect.

A recently bereaved widow with small family and but limited means finds a real solace in comforting and helping another widow of lesser means and larger family; suppose she had tried the method of contrariety and given herself to theatre-going and pleasure-seeking to still her grief, such a course would not only be useless, but positively harmful—indeed it would be impossible to estimate the shock to the nervous system of such procedure, still less its crippling and benumbing effect on that higher sphere we call the soul. We find an exact counterpart in man's physical nature; the contrary mode of treatment deceives the thoughtless by an appearance of immediate benefit, which before long is followed by permanent harm. The oft repeated "cure" of constipation by setting up an artificial diarrhoea results in paralysis of the bowel; whereas proper treatment of constipation demands the cure as well of all the conditions of the system which have unitedly contributed to the constipation, and this is something the method of treatment by contraries has never accomplished, though it has certainly spared no efforts of polypharmacy in the vain attempt.

A necessary corollary of the law of similars not only throws a brilliant light upon its working, but also goes far to prove its truth, and that is individualization. Treatment by contraries classifies and generalizes and succeeds in opposing only some prominent features of a case while neglecting many others, whereas treatment by similars is effective in proportion to the degree of likeness attained to, and this involves the correct outlining of details, even to the most trifling minutiae, and the comparing with and fitting thereto of various already known and tried forces until the closest resemblance is reached, and hence calls into play all the highest resources of the human mind; e. g., scientific research and experimentation, continual investigation and

inquiry, ready classification and comparison, combined with the soundest judgment, the most untiring patience and unflinching perseverance, and the liveliest sympathy.

Treatment by contraries by its very inability to individualize is proven to be not in keeping with all the rest that pertains to humanity. It is worthy of remark that the several periods of creation produced in turn grasses, herbs and trees in rich profusion, fishes and birds in great abundance, and all kinds of animals without number, but in the final stage when man was created only a single specimen of the race appeared on the earth; and ever since each and every man has his own individuality clearly marked, thinks his own thoughts and follows his own pursuits as far as circumstances permit; and furthermore has his own individual sickness and requires his own individual treatment. Individuality is so strongly marked a feature of the human race that any system either of morals or medicine which falls short in this respect is unworthy of credence or support. Furthermore this individualizing which is a first essential of treatment by similars puts a value upon human life that is not possible when disease is regarded as the entity and people *en masse* as so many victims of its attack. The infant of an hour with its feeble wail for help excites the same intelligent interest and receives the same careful attention as do the most prominent and wealthy. For each and every individual, young or old, there exists but the one straight line from disease to health, from sickness to recovery, and that straight line can only be found in obedient to the law of similars.

Carbolic Acid in Surgery.

BY CHARLES E. FISHER, M. D., CHICAGO.

With the advent of Listerism came the reformation in surgery. Listerism was carbolic acid. The distinguished surgeon used this agent exclusively, locally and as a spray for the operating room. Even within the last ten years it

has been the practice with many eminent English and continental surgeons to keep the operating room enveloped in carbolic fog during the entire clinic, with the idea of keeping the field of operation free of infectious germs pervading the atmosphere.

This free use of carbolic acid was attended by many inconveniences and some dangers, however, and gradually its application has been greatly limited. It is still employed to considerable extent, equally so by homeopathic surgeons with those of other schools, hence the appropriateness of calling attention to recent avowals of eminent allopathic authorities upon the subject of carbolic acid poisoning in surgery. We surely should be as careful to avoid the use of toxic agents to excess as are our colleagues of the other profession.

In a very excellent volume on Surgical Technic, by Von Esmarch and Kowalzig, edited by Senn, just issued by Mac-Millan, there will be found on pages 24 and 25 the following reference to poisoning by this agent:

"Carbolic acid, however, is poisonous, not only when used internally, but also when used externally since it is quickly absorbed even through the intact skin.

"The symptoms of poisoning in mild cases are headache, dizziness, faintness, ringing in the ears, vomiting, irregular respiration, small pulse, olive-green coloring of the urine (carbol-urine from phenol-sulphuric acid). In serious cases unconsciousness sets in, combined with muscular contraction, the pupils become contracted and no longer react; the pulse is scarcely perceptible; moreover, urinary troubles (dysuria, anuria, and albuminuria), intestinal hemorrhages, etc., are present. When the use of the acid is continued, even in small quantities, marasmus combined with headache, faintness and dyspeptic appetite are produced. The acid, moreover, causes a violent irritation of the skin, producing erythema and eczema, often with fever; thus the neighborhood of the wound may be greatly affected by the carbolic acid, whilst the wound itself has already healed. Especially obnoxious and disagreeable is the irritation on the

fingers and the hands of many surgeons who largely employ this remedy.

“Strong solutions produce a cauterizing effect on the surfaces of the wound and irritate them, causing an increased wound-secretion.”

Esmarch outlines the treatment for carbolic acid poisoning to be “the immediate discontinuance of the remedy, if it has been used as a dressing for the wound. Sugar of lime, albumin, milk, sodium and magnesium sulphate (5%) are given internally. Against the several symptoms the physician has to prescribe symptomatically analeptic and stimulating remedies.”

To this may be added the free use of pure olive oil internally and the application of a sterilized preparation of the same to over-carbolized wounds. Dilute alcohol washes to local surfaces which have been over-carbolized are also neutralizing. Vinegar is also an excellent antidote.

It will have been noted that the symptoms laid down by Esmarch as belonging to carbolization are very like unto many which arise during surgical processes. Perhaps some of these, which have heretofore been held to be due to oncoming sepsis, are due to the use of the acid. It is charged that solutions as weak as three per cent are capable, if continued with regularity, of producing carbolization, and caution is uttered against the use of a five per cent solution on the skin in the neighborhood of wounds. It is not unlikely, therefore, that many of us have been causing headache, dizziness, nausea, vertigo, and other unpleasant symptoms wholly unconsciously, and that by trying to overcome a supposed sepsis with the acid we may have been keeping up the mischief. It would seem to be well, then, to bear Esmarch's array of effects constantly in mind in employing carbolic acid in surgery.

When uncertain to which the symptomatology belongs, sepsis or the acid, there are certain tests which will clear up the doubt. Treated by chloride of iron the urine yields

a violet color. Chlorinated soda imparts to it a dark-blue color. Millon's reagent gives it a dark red. Millon's test is made by adding twenty grams of nitric acid to ten grams of mercury, to this being added an equal quantity of water. This solution imparts a red color to liquids containing proteids, as also to preparations of benzine and naphthalene. These three tests, each giving a positively different color to the urine, will make the diagnosis absolute.

As homeopaths we should be as careful to ascertain the cause of symptoms, when possible, as to gather the symptoms themselves. Many a supposed homeopathic failure is made by not doing this. There is feeble homeopathic sense in asking the similitum to remove the symptomatology in a given case with the cause still unrecognized, operating and unattacked.

In the light of Esmarch's indictment of carbolic acid may it ever be employed with safety in surgery? The answer lies in the fact that there is a difference between its legitimate use and its abuse. In sepsis, locally and internally, it has a value which should not be discarded. It is even permissible to cauterize foul wounds with the pure acid if required, to destroy the product of sepsis. But here dilute alcohol [or dilute acetic acid] should be immediately applied to cleanse the wound of any remaining acid.

Clean surgery requires no antiseptic. But surgery cannot always be made clean, and when asepsis is not possible antisepsis is the next best thing that can be secured. Carbolic acid is one of the safest, cleanest and most potent agents known to surgery, and rightly used is as valuable a chemical assistant as we have. Forewarned as to its possibilities for harm we are forearmed in its use for good. Its too-liberal employment, as routinely practiced, is sure to produce carbolization, so clearly laid down by Esmarch and Kowalzig.

The Southern Association.

Our Special Correspondent.

A VERY SUCCESSFUL MEETING AT ATLANTA.

The Southern Homeopathic Medical Association held a very successful and pleasant meeting at Atlanta, Georgia, on the 23rd and 24th of October. There were twenty-five earnest and enthusiastic physicians present, all the way from St. Louis, Louisville, Cincinnati and Baltimore to Jacksonville, Florida, several interior points being represented.

The sessions were held in the parlors of Atlanta's elegant Hotel Aragon and partook of a good deal of enjoyable informality, the discussions especially being interesting and practical. Several instructive papers were read, an off-hand recital of experiences and a general interchange of ideas on topics brought up for consideration adding zest to the sessions and giving them a tinge of interest not always attending "dry-bones" medical meetings.

On Wednesday evening Dr. Susan M. Hicks, upon whose invitation the association met in Atlanta, entertained the members by a delightful reception at her hotel home, the occasion being one of the most enjoyable in the history of the body. A large number of Atlanta's best citizen's joined with the hostess in her efforts to make the evening one not soon to be forgotten. That the visiting physicians appreciated Dr. Hicks' hospitality and her hostship of the Atlanta meeting is evidenced by the fact that she was made president for the Louisville meeting.

Dr. Lizzie Gray Gutherz, of St. Louis, was chosen corresponding secretary for next year, a position she formerly filled with great acceptance, the retiring incumbent, Dr. Frances McMillan, of Nashville, having decided after several years of efficient occupancy of the office to remove to the City of Mexico.

Under the leadership of Drs. Stout and Hicks the members made up a purse and presented Dr. McMillan with a handsome chatelain bag, Dr. Stout delivering the presenta-

tion speech in the graceful and forceful manner so characteristic of his holiness "The Bishop of Florida." Dr. Mc Millan will be missed from the real workers of the Southern Association, but her removal to Mexico City will give us a competent American physician to whom to send patrons visiting the Mexican capital.

Dr. Hallman of Hot Springs, as president of the association, presided with rare tact and delivered an address full of sound homeopathic doctrine. He particularly urged a closer adherence to the law than is commonly observed in the practice of homeopathy in the South, and proceeded to explode the fallacy that larger doses of cruder attenuations are required in the South than elsewhere, as also that alternation or mixing of remedies is demanded or justified. The homeopathic law and straight homeopathic prescribing are just as applicable and efficacious in the diseases of the South as elsewhere.

Dr. Hallman also urged a more direct effort to increase the number of homeopathic practitioners in the southern states, by immigration and by conversion from the allopathic and eclectic professions, as also by sending southern young men and young women to homeopathic colleges, that they may come out full-fledged and straight-out homepaths, with the courage of their convictions and the ability to practice according to the law. He also urged the continuance of the work of the Southern Association, whose meetings had already been productive of no little good for homeopathy in the Southern mission field.

Every suggestion leading to a continuance of the work of the Association and of better work for homeopathy met with hearty applause and cordial approval.

The Association accepted the invitation of Dr. Coon, representing Louisville, to meet in that city in Oct. of next year.

Among those present were Drs. Gutherz and Richardson of St. Louis, Walton of Cincinnati, Coon of Louisville, Price of Baltimore, Lyon of Mobile, Henry of Montgomery, H. M. Paine of Albany, West Newton, Atlanta and the United States, Clarence M. Paine of Atlanta, Susan M. Hicks and

Dr. Orme of Atlanta, Dr. Stout and wife of Jacksonville, Florida, Dr. McMillan of Nashville, Dr. Hallman of Hot Springs. There were others, also, whose names are not now recalled.

Brief Statement of Homeopathic Principles and Reason of Remedial Action.

BY B. LEBARON BAYLIES, M. D.

So long as anything has been known of drugs, certain of their special operations have been observed upon our organs and functions, according to which they were grouped and classified; but Hahnemann discovered that wide range of their distinctively individual properties and powers, far transcending yet embracing these generic qualities which to the homeopathic physician have become almost obsolete and useless.

Their conditional curative action may be expressed as follows:

First. Both drug and disease are in therapeutic relation distinguished by their action upon certain parts and tissues, as well as by their peculiar *modes* of action, not by physico-chemical process; and not so much by definable physiological modifications, as by vital disturbances only to be expressed by symptoms; and their similar actions only recognizable by similar symptoms.

Second. It is evident that the medicine which by its similar action, bears a constant relation to the vital disturbance expressed by the morbid symptoms, must approach the proximate cause, must be the remedy, rather than one which invades the organism in a violent and dissimilar manner; or than any drug the curative power of which may have been deducted from its power to produce anatomical degeneration, or a physical residuum, a *caput mortuum* similar to that resulting from fatal disease.

Third. Parts and tissues invaded by disease, impaired and depressed as to vital energy, motor, sensory or func-

tional, are rendered more susceptible to the operation of any force which would normally act upon them in a similar manner, and which being similar in quality and direction, and of suitable quantitative degree, and dynamization, supercedes and extinguishes the disease. As in optics and acoustics two series of undulations in certain relative proportion, by interference, in the one case produce darkness, in the other silence, so do the forces of drug and disease in homoeopathic relation, neutralize and extinguish each other, and produce as result normal vital equilibrium, that is health.

CORRESPONDENCE.

Calcareo Fluorica.

CHARLES E. JOHNSON, M. D., SHERMAN, TEXAS.

Editor Advance: Referring to the ADVANCE, page 401, and the case reported by Dr. Johnson, I wrote to the Doctor asking him whether the constipation was cured, to which he replied: "I do not know how quickly the constipation let up but the last time I saw the patient he told me that he had no occasion to resort to laxatives after taking my medicine."

I also wrote to Dr. Johnson that he ought to publish the other cases in which he has used Calcareo fluorica. In answer to that he writes as below, somewhat condensed, which I take the liberty of sending you, while thanking the Doctor.

C. B. GILBERT.

"The first case in which I used Calcareo fluorica was that of a lady sixty years of age who had suffered for seventeen years from a large and very foul ulcer on the left leg. I do not remember the many symptoms of which she complained, but the limb was terribly swollen and was of a purple green color from the knee to the instep; the edges

of the ulcer were elevated and hard; the whole leg gave a sensation, when pressed upon, as of a bar of soap; she had been constipated for years; thoroughly discouraged; constantly crying and, although her means were ample for all her needs, she constantly bemoaned her threatened poverty and said that she should become a pauper. The ulcer made its appearance during an attack of typhoid fever.

“Under *Calcarea fluorica* 30 she improved beautifully, and in four months the ulcer had disappeared, leaving a perfect limb. The accompanying constipation and mental symptoms had also disappeared and she has been well for fifteen years.

“Since that case I have depended upon *Calcarea fluorica* in ulcers with the discoloration as described above (all things being equal) and with very satisfactory results.”

[If our readers will transfer the clinical, cured and verified symptoms of these cases of Dr. Johnson to their materia medica, they will find them a valuable addition to the scanty pathogenesis of this remedy, and will have, ready at hand when wanted, some uncommon symptoms of priceless value. A few moments time will suffice to do the work and you will be amply repaid for the labor.—ED.]

Totality of Symptoms.

By J. G. WAGGONER, M. D., LARNED, KANS.

The above truism should constitute the guide to every homeopathic physician. Hahnemann in paragraph 18 of the *Organon* says: “It is unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the *only indication* to guide us in the selection of a remedy.” The above should be sufficiently clear to guide every follower of the great master unerringly.

Yet it is very clear that some of our would-be authors and teachers have recently made the wonderful (?) discovery that Pulsatilla may be given to brunettes. The writer is free to admit that such cases may be profitably reported; but is it necessary at the present stage of Homeopathy to claim it as a discovery.

In 1877 Dr. Jep. Dunn, of Bloomington, Ill., prescribed Pulsatilla for a pronounced brunette with happy effect. The writer has done so at times for the last twenty-five years, and had no thought of its being a very remarkable thing to do. If we could all follow the mandates of the master a little more closely we would not be quite so likely to make ourselves appear as "back numbers," and at the same time do better work. In the above I have been solicitous only to illustrate some of the teaching of the founder of Homeopathy, not to be carping or censorious.

The Appendix.—More than a century ago a then distinguished scientist and anatomist, Emanuel Swedenborg, said: "The Appendix opens its pores and pours out a liquid which lubricates the colon and macerates the fæces." Then he speaks of its "drawing off and *discharging the harmful liquid of the system.*" He died in 1772. Anonymous communication.

The Poultice.—The best place for the poultice is in the swill barrel. It will make the cows give more milk. Poultices have done more damage [in pneumonia] than the knife has been able to correct. If you are going to put on something that will take the place of the poultice, which only furnishes heat and moisture, use absorbent cotton, and dip in hot water. The poultice, in my estimation, is a dangerous thing to use, for the simple reason that it gives more aggravation than it has ever done good. You can change it every few hours. Let the poultice become cold, and it is like a cold pancake, and it is disagreeable to all connected with it.—*C. E. Walton, M. D., A. I. H. Trans., 1899.*

[This relic of ancient times should be put on some member of the family that is in good health, instead of the patient that is sick. And this is equally true of antiphogistine and the various plasters, porous and medicated.—ED.]

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

The Passing of Antitoxin.

And now it is the turn of antitoxin to take its place among the "has beens." The recent frightful exhibition in St. Louis of its power to kill will certainly relegate it to "innocuous desuetude." Thirteen children dead of lock-jaw and the same number in precarious condition as a result of the administration of antitoxin *secundem artem*. Already a strong opposing current of opinion had begun to obstruct the onward triumphant swing of the great specific. (?) It will soon be decently interred in the allopathic cemetery, and upon its tombstone might appropriately be written, "Resurgam—I shall rise again." They never bury "for keeps." In the course of a decade or two they will again lug out its filthy carcass, and it will be restored to favor. Most of us will live to see its resurrection.

All this would be very amusing were it not so pregnant with evil for suffering humanity. It will ever be thus until the old school recognizes our law of cure. Without definite rule they can do no less than flounder among the untenables, never arriving at anything positive and satisfactory. Their search for specifics will go on until they discover similia.

Now I do not imagine that the old school will learn anything from the St. Louis tragedy except to discontinue antitoxin—for a time. But every professed homeopath who followed the false light should learn from this lesson that a specific for a given disease does not and cannot exist in a world that is governed by the laws of a beneficent Creator.

There is a specific for every sick *individual*—and the chief duty of the physician consists in finding said specific or drug indicated by the totality of symptoms—but not for a disease.

This is homeopathy—the house built upon a rock. How it has withstood the storms of ridicule and persecution, taking year by year a deeper hold upon the rock, and towering higher and higher until it is a building so lofty, symmetrical and beautiful as to command the admiration of all who consider it! It stands as the exponent of ultimate truth. Beyond it there is not and cannot be anything. Here is perfect rest. All things, pathologically speaking, are possible for it. All that is left for us is to perfect our art, or the application of the law. The ideal and infallible repertory is yet to be written; very many of our drugs are yet to be thoroughly proven. All this work will be done. Every homeopath should be optimistic, enthusiastic, and skin-full of expectancy. Such a man has no use for the pyrotechnic therapeutics of the old school. He knows the utter folly of them; does not need them in his business.

To Antitoxin, then, let us say, “Aurevoir but not good-bye.”

S. E. C.

“**Good Homeopathy**,” according to the editor of the *Medical Century*, must be a relative term, and depends upon the view point from which it is examined, the college from which you graduated or with which you are at present affiliated. What, if any, is the standard of comparison by which *good, better or best* Homeopathy may be measured? Or is pure or good Homeopathy simply a meaningless term? Does the severe denunciation of Hahnemann in almost every page of the *Organon* mean nothing?

In the October issue of the *Medical Century* the editor becomes very severe: “Hering College is all right, but it is no better than our 21 other colleges and teaches no better Homeopathy, even if it does include in its curriculum a course on defamation of other colleges and men of our school.” If the value of a word is to be measured by the brain behind it, this assertion of a self constituted judge does not carry much weight, for he has never been in Her-

ing College and knows no more about its teachings and clinical practice than he does of that of the National, which he likewise "damns with faint praise." "Hering College is all right" but it does not claim and has never claimed to have better men or women in its faculty than any other college, homeopathic or allopathic. Neither has it a course in its curriculum on defamation of other colleges or other men. But it claims to teach and does teach a very different Homeopathy from that taught in any other college in the homeopathic school or there would be no excuse for its existence. Its graduates do not need the regulation hypodermic needle and morphine, a la allopathy, with which to treat the first obstinate case of tic douloureux they are called to attend. The homeopathic dynamic similar is for them all-sufficient, and they generally know how to find the remedy and how to use it after they have found it. And what is far more essential to success, they are not only taught but thoroughly drilled in the neglected or lost art of *how to take a case*, without which, like the graduates of many homeopathic colleges, and we regret to say some pretended teachers of Homeopathy, they can only *guess*, and guessing is the direct road to empiricism, alternation, combination tablets, morphine, quinine, and other abominations of the palliative methods. The graduates of Hering cannot guess any better than those of other colleges.

A very timely illustration of the "no better kind of Homeopathy" is to be found among the editorial brevities, page 316, of the October *Century*, on the "Use and Abuse of Repertories." Here the editor displays his knowledge of Homeopathy: "We have been unable to use a repertory with full satisfaction. We have tried them all and have been unable to find comfort." He illustrates his failure by giving a case with thirteen symptoms, one half of which, at least, are worthless, or simply a repetition in other language and concludes "no more could be obtained," yet after the failure of the repertory-selected-remedy the lacking symptom was easily found. Of course he failed to cure the patient, hence condemns repertories, as if not useless cer-

tainly as misleading. The editor is right from such a standpoint, for no man, not even Bönninghausen himself, could find the curative remedy for such a case with all the repertories ever published. It is for the same or a similar reason that many homeopathic physicians condemn the *materia medica*. When the *doctor* fails what can be done but condemn the repertory and the *materia medica*; or, carried to its legitimate conclusions, when such a homeopathic physician fails what is to be done but condemn Homeopathy, and "when Homeopathy fails" condemn *similia* and the single remedy as unreliable and the law as limited in its action; not a natural law, simply "a method of practice." Then follows the homeopaths resort to empiricism, alternation, palliation, antitoxine, etc., etc., a la the so-called regulars. It would never do to criticise the doctor, for is he not a graduate of a homeopathic college in good standing.

Here is where the "better Homeopathy" college teaching comes in. The practical work of the editor is speaking for his Alma Mater. While in college he was never drilled in the "taking of the case" and some one's blunder has followed him through his professional career and in consequence the repertory comes under the ban.

Had this case been properly taken the repertory would have directed him to *the remedies to study*, for Bönninghausen's method is almost mathematically correct. Yet the *materia medica* must in most cases be the final arbiter. The editor, not the repertory, is lame. Does the professor teach his students what he neither knows nor practices? From this case it would appear that there is need for a college that teaches "a better Homeopathy", and Hering college prefers to be guided by the Organon rather than the editor of the *Medical Century*.

Aphorism.—When in doubt, do nothing. Give placebo, and let the patient have the benefit of the doubt; study the *materia medica* until you find the *similimum*. "Be sure you are right, then go ahead."

New Publications.

A Dictionary of Practical Materia Medica, By J. H. Clarke, M. D., Complete in two Volumes. Volume I., A to H; volume II., I to Z. The Dictionary Contains the whole of the *Materia Medica*, giving an account of all Remedies, New and Old, that have been used in Homeopathy, including a full description, with Indications, of the Remedies introduced by Dr. Burnett and Dr. Cooper, and the Remedies mentioned by Hale and Farrington. In addition to introductory matter, a full Schema is given, compiled from the most trustworthy authorities, in the case of all proved Remedies. Price in America: Buckram, 15 Dollars, or Half Morocco, 17½ Dollars. Duty and Mailage extra. Specimen pages will be sent to any address on receipt postcard to the Homeopathic Publishing Company, 12 Warwick Lane, London, E. C.

Some months since we published the prospectus of this great work, the first volume of which containing 951 pages and nearly 500 remedies is on our table. The *Dictionary of Materia Medica* is a companion work for the *Encyclopædia of Allen* and the *Guiding Symptoms* of Hering, and with them form our great trio of standard works on *Materia Medica*. There are not so many symptoms given as in either of the works above mentioned, but those used have been verified. The order of presentation is divided into: Clinical, Characteristic, Relations, Causation, Symptoms, and under the latter the anatomical rubrics of Hahnemann's schema—mind, head, eyes, ears, etc., twenty-seven in number. Under Relations are given the Antidotes, Comparisons, Complements and Incompatibles. It is an admirable arrangement, condensed, clear, comprehensive and practical, an every day working Dictionary of *Materia Medica*. There are a large number of new remedies with which few practitioners are familiar, or in fact have ever heard of; e. g., we have but one well-known Euphorbium, that of Hahnemann's chronic diseases, to be found in most of our works on *Materia Medica*, while the Dictionary gives nine additional members of the family, and, so of many others. These additions by Dr. Clark are alone worth the cost of the work to every homoeopathic practitioner.

Clinical Symptoms.—The author gives as his reason for

including them. "In regard to the inclusion of clinical symptoms without always distinguishing them, my reasons are these: I *know* that symptoms removed by a remedy in a patient who is taking it are an indication of the remedy's power, even though the remedy may not have produced those symptoms in a prover. I *know* that many of the best indications we possess for different remedies we found out during the provings by the disappearance of symptoms from which the provers themselves were at the time suffering. I *know* that a remedy when being taken by a patient will often produce some new symptoms of its own whilst removing the others. I *know* that these new symptoms are available for practice, and what is more than this, I know that the practitioner who cannot recognize drug symptoms in his patients loses the best *Materia Medica* teacher he is ever likely to find, and will spoil many of his cases by supposing them worse when they are really doing well on the right medicine and only require to have the medicine suspended or partially antidoted."

In fact it is worth the price of the volume to read and study the excellent preface, pregnant with strict homeopathic teaching and logical reasoning, which he closes with "a final word to my readers. Every homeopath, in the last resort, must make his own *Materia Medica* for himself. It is not alone what an author offers to a reader, it is what the reader can get out of his author that tells. I have done my best to put the matter in an orderly and tangible shape, but nothing short of hard work can make a proficient homeopath, no matter how handy his tools may be. I have selected paper for the book that will take ink, so that any reader can make annotations, corrections or additions, as his experience or reading may suggest. If I had chosen to wait a few more years before publishing, I have no doubt I could have improved my work; but if I had waited till doomsday I could not have made it perfect. In the meantime, I want it every day for my own use; if I could have found anyone else to do the work for me I should most gladly have spared myself the task."

The Physician's Visiting List for 1902. Fifty-first year of Publication. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St. With Special Memoranda.

One of the most convenient and practical pocket Visiting Lists ever published.

Messrs. Boericke & Tafel announce the following books for publication within the next month.

Practical Medicine, by F. Mortimer Lawrence, M. D. A work on modern homeopathic practice brought right up to date, and of about 500 pages.

Therapeutics of Fevers, by H. C. Allen, M. D. A book in which the veteran author enlarges the clinical borders of his *Therapeutics of Intermittent Fever* (now out of print) to include all fevers, remittent, typhoid, typhus, yellow fever, but especially typhoid, in which will be found much that is new both as to cause and treatment of this prevalent type of fever.

Leaders in Homeopathic Therapeutics, by E. B. Nash, M. D. A second edition of that homeopathic classic.

Skin Diseases, by J. H. Allen, M. D. A book in which skin diseases are treated from the stricter Hahnemannian point of view.

Organon—Dudgeon Translation. A new American Edition of the "corner stone of Homeopathy."

Euphorbium Amygdaloides.—A painter aged 40. For twelve years has experienced a constant odor as of mice in his nose. It is so offensive that he becomes nauseated on attempting to eat and in consequence has only been able to eat enough to keep him alive. Apart from weakness due to this semi-starvation, he only suffers from fulness in the stomach after eating, and a blunting of his sense of taste. Two doses of Euphorb. Amyg. 10m at an interval of three months restored him to health. R. G. Miller, M. D., *Jour. of Homeopathics*. [See Clarke's Dictionary of Materia Medica.—Ed.]

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Cause of Disease.

B. FINCKE, M. D., BROOKLYN, N. Y., DECEMBER, 1878.

"The causes of all diseases, the excitants of which are said to be bacteria, can not be fungi but only specific poisons entirely unknown per se."—Schneider & Gerstel in an article by Dr. Haupt, *Internationale Presse*, Vol. g., p. 178.

To such absurd declarations those are driven, who deviate from the clear expositions of Hahnemann. Hahnemann says the cause of disease is a spirit-like perturbation of the organism. He says no man can see the essence of things, as all philosophers say also, therefore it is futile to base the mode of treatment upon speculations about the origin of diseases. I then, by carrying up medicines higher than any one before, found that they preserve their characteristics through a series of potencies even in the highest and in sensitive persons produce the symptoms, or heal them, characteristic of the remedy on the homœopathic law. Now these remedies may be said to be of a spirit-like nature, as disease is said to be by Hahnemann, and they, therefore, are homœopathic in their action. From this I concluded, that the causes of diseases may be similar to the high potencies, being similar high potencies themselves obtained by nature in a different and often more complex process of potentiation. I therefore said: Disease is the result of the assimilation of noxious matter in infinitesimal quantities either in or from without the organism. And it is for this reason that remedies which in the healthy produce similar symptoms will

cure such symptoms occurring in disease. The causes of disease, if put in this manner, are then not such specific unknown virulent poisons as stated above, but they are just potencies which are capable of producing similar symptoms in the healthy sensitive conversely. For all that it is plainly seen, though noxious assimilation may cause disease, still the action recedes into the realm of spirit-like action, because it finally takes place in the centers of the organism which no man can discuss because going on among the infinitesimals of the nervous system. Just so we can not by any physical means discern the existence of a high potency because its minuteness of quantity recedes into infinitesimality. Both, however, are alike in that they are recognized by their specific action according to the law of homœopathy.

Thus it is absurd to talk about unknown specific causes of disease and just as inadmissible to make the *contagium vivum* responsible for them. The acarus communicated to the skin of a healthy person is not the disease, nor the cause of the disease, or else everybody would get sick by it, which is not the case. The same is with lice, with worms and other parasites, for we apply infinitesimal remedies answering the condition of the system, indicated by its present symptoms homœopathically, and acarus, worms and lice disappear. Similarly it is with the parasites of vegetable origin. There must be a disposition in the organism to be affected by the *contagium vivum*, or else it will not be taken with it. This disposition, if analyzed, turns out to be entirely of a spirit-like nature, it repels the aggression or it succumbs to it, and then it takes a certain time of incubation, after which the strange symptoms appear, as the reaction of the organism against the infection, and this is the disease. Taken in this way, the *contagium vivum* is only the accidental cause, but not the essential one, and this is exactly Hahnemann's teaching. Of course the treatment differs widely, if we go against an unknown specific poison, or against the parasite as the cause, and both do not touch the real question in point. It is a corroboration of the above

ideas that in such cases where parasitica are selected as internal remedies, they act also by their symptom-similarity. How could it be otherwise? It is even so, even the chemical and physical action of the remedies in large doses is found in their high potencies which are able to heal similar affections as they produce in their crude and massive state. Arsenic destroys the stomach in a characteristic manner, shown by the symptoms. If these symptoms occur without the poisoning momentum as a disease, arsenic in high potency will be the remedy if there is any help at all, and otherwise it can not be.

Thus the supercilious neglect of Hahnemann's ground-law, that diseases are spirit-like perturbations of health leads to absurdities, and prevents the advance of the healing art, leading on the contrary to a new pathology, poisoning the present generation instead of healing it.

Commentaries on the Organon--Action of a High Potency in a Low Potency § 288.

Man merkt die Absicht und man wird verstimmt.

BY B. FINCKE, M. D.

In Boericke and Tafel's Recorder are published a few cases which, given up as incurable by competent observers were cured by such low potencies as the sixth and seventh centesimal. The reader may thereby easily be led to the thought that if low potencies are able to produce such wonderful effects in a few small doses, there should be no need of undergoing the tedious and laborious work of carrying up the medical substances to an unheard of degree of potentiation. This suggestion recommends itself especially to that part of the homœopathic profession who will not acknowledge the Hahnemannian invention of potentiation to take its appropriate place in the science and art of homœopathy and who find a secret satisfaction in the thought that they stand side by side with Hahnemann when a hundred years ago he

commenced to treat his patients according to homœopathic principles, which in their minds have nothing to do with the development of potentiation in the nineteenth century.

At the present time, it looks indeed as if the practice with high potencies in the future will form an exception in the ordinary accepted mode of practicing homœopathy, on account of the overwhelming influence of the natural sciences upon the homœopathic mind, which by the most extravagant speculations in the search for the minuteness of matter is confused and imposed upon by philosophies, mathematical hypotheses, the ultimate object of which is to make the spirit subservient to matter. Already the atomic theory totters on its feet and corpuscles are invented to supply the place, rendering the hypothetical atom a constellation of infinitesimal corpuscles, which finally are no corpuscles at all but "disembodied electrical charges" and so the Babylonian tower of scientism is built higher by underpinning it with the continued diminution of matter, so that already the one thousandth of an atom of hydrogen is predicted as the outcome of the latest research into the nature of matter. Strange occurrences of the times which the physico-chemical school seeks for the origin of disease in the innumerable microbes, in flies and mosquitoes and rats, the utter destruction of which is already decreed by the authorities on hygiene. The chemist following the lead of the electrical X-ray finds the corpuscles of disembodied electrical charges underlying the material philosophy, which forms the sum and substance of the common scientific world. In the mean time however the so-called regular practice in the physico-chemical school has no use for those hair-split investigation and busies itself to produce its remedies from morbid products in a shocking method of culture, and to inject their pathological serums in all cases of disease. They have placed the isopathy coming from the homœopathic ranks which pretty nigh disregarded it, upon the throne of their system and compel the whole healthy and sick world to submit to their inoculation of deleterious substances of their manufacture. The ignorant people are led like oxen

and lambs to the slaughter-pen, unwillingly, to believe their self-styled benefactors of mankind, the wisdom of whom they admire. What in such a condition of things can be expected from the scientific world for homœopathic practice? Nothing but oppression of the principles taught by Hahnemann during the first half of the last century. But the light of truth can be obscured only temporarily. It will shine of its own accord when the causes of the obscurity will have been dissipated.

Now what is a sixth and seventh combined potency? Mathematically speaking it is the attenuation of a drop of a tincture, for the sixth the billionth part, for the seventh the hundred billionth of a drop. Comparing this diminution of substance with the latest acquirement of physical science, the demonstration of the one thousandth part of an atom of hydrogen, the homœopathy of Hahnemann is still far ahead. Can anybody contend that the actions of these low potencies are to be assigned to physical or chemical action? As advanced as the science of chemistry is at the present time, it has not yet proved that the healing of a sick person with the billionth or one hundredth billionth part of drops proceeds according to chemical laws. It is not the province of homœopathics to prove such a possibility. But it is justified to call to its aid Sec. 288 of the Organon where Hahnemann says: "The action of the medicines in fluid form upon the human living body proceeds in such a penetrating manner, spreads from the point of the sensitive fibre endowed with nerves upon which the medicine is placed, at first, with such an incomprehensible rapidity and generality, through all parts of the living body that this action of the medicine must be called spirit-like (dynamic, virtual)".

Now we know by experiment and experience that from that drop from which the sixth or seventh potency was made, an infinite series of potencies can be developed, every one of which will exert its own remedial action upon the living body, if the necessary similarity of the symptoms in their totality and the degree of the potency proportioned to the

sensitivity of the organism, has been satisfied. We may consider the drops of the sixth or seventh potency as the receptacle or vehicle of the potencies hereafter developed from it, and consequently be justified to offer the proposition that it is not the material particle of the remedy still present in the low potency which does the act of healing, but any of its high potencies contained in it, adequate to the requirements of the case in the selection of remedy, potency and dose. But which potency this may be, is impossible to tell and hence it will surprise the advocates of low potencies that inadvertently they practice high homœopathy.

If then the proposition is accepted, the value of the development of the series of high potencies is at once established, and the new problem appears for solution, which may be the high potency in a given case. Such will be the appropriate investigation to be carried on in this century and every homœopathician should take his part in it.

About the certainty of the law *similia similibus curantur* in regard to the selection of the remedy, there is no more any doubt, because every case of cure confirms it. But the pathological law is the problem of homœopathics which requires the investigation spoken of in order to determine which is to be the right potency and dose in the given case. *Ceterum censeo macrodosiam esse delendam.*

Brooklyn, N. Y., April 27, 1901.

Psora.

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

Psora is that miasm which forms the basis of the disease called itch, and of which miasm itch or eczematous diseases are the most favorable and the simplest manifestation.

This miasm may have been handed down from generation to generation, or may have been acquired through suppression of some of its forms of manifestation in this generation. It is hard to say in each individual case whence it came or whither it will go, its presence being the palpable

fact with which we have to deal, leaving the cause, as we do in all physical phenomena—as in light, heat, electricity—to be determined inductively, from its effects.

This latent power, now so universal that it is a habitant of nearly every organism, may not in each individual case have exhibited an eczema—the simplest form of which, and the most easily cured, are the itch vesicles upon the hands, as the most violent form is the squamous upon the head—although most likely to have done so at some time; having once so appeared, and having disappeared or been suppressed, it ceases to be latent, becomes roused and active, all future manifestations being in line of progression and with increased destruction to the organic structure until the life of the patient ceases.

Old medicine, more conscientious than modern, had discovered, before the revered Hahnemann's time, that a suppression of eruptions, in other words, of psoric manifestations taking that form, was followed by direct consequences to the individual, according to his temperament (Juncker), and that no power they possessed, could arrest the progress of that internal disease, any more than that they had the power to cure the eczematous manifestation by any use of external, or internal remedies then known, without suppressing it.

Conscientiously they recorded their efforts and observations in trying to remove these evils and their consequences. Yet modern, scientific (?) medicine does not seem cognizant of the fact, and goes blundering on in its perpetual, well-worn round, hoping to discover in some unheard-of region, by the aid of the microscope (!) forsooth, the cause of all the ills of all mankind.

Finding that suppression of the outward manifestation of latent power, the vesicle, tends to a deeper, broader, more active inroad of the real disease power upon the human system, we look for its more immediate effects, and find sometimes an acute attack that ends the life of the victim within a short time; again, a chronic and ever-growing miasm, shifting from the more superficial and distant or-

gans, to the more central and vital, until death comes to the rescue and relieves the suffering one.

There may be acute or chronic lung disease, dysentery, diarrhoea, diabetes, hysteria, epilepsy, apoplexy, cancer, malignant growths, tumors, hydrocephalus, and effusions of the cavities, general dropsy, etc., until the list at first glance seems to cover all the diseases known to man.

After close observation of the phenomena of disease following the suppressions of eruptions, Hahnemann by inductive reasoning from the effects to the same common cause; by observation of the effects of the seemingly similar remedy, in cases where the remedy did not prove broad enough to cover the true diseased condition, but removed a few of the symptoms, only to have them again return, or new ones take their place, wisely concluded that this now active psoric miasm could not be covered in its entirety by the single remedy, as when in its eruptive stage; that it had so increased in its extent, expressions and ramifications, that it would usually present successive symptom pictures, and must be met by the similar drug pictures, until the whole disturbance—always supposing it to be curable—was eradicated.

Latent psora shows itself in the peculiar sensitiveness of the system to changes—climatic, dietetic, physiological, or psychological.

A system with a tendency to colds in every change of the weather shows the presence of this latent miasm; as a person in a perfectly healthy condition would not suffer sickness from so slight a cause, although the change might be disagreeable.

A system that is disturbed by the slightest excess at table in either eating or drinking also shows the existence of this mighty miasm. If there were perfect balance of the vital force, the appetite would not be in excess of the amount needed by the system, and the system would have assimilated the amount taken and have been strengthened by it, as at one time there might be a more extensive call for and use of the vital fluids of the system, than at another.

Sickness should not follow a slight excess and gratification of sexual desire, but should be met by a corresponding recuperative ability on the part of the vital force. It is reasonable and a fact that throughout nature we always find a reserve force, an overplus of space, an overplus of strength, an overplus of motility, an ability to fit ourselves to surrounding circumstances that is seldom called for, but always found when needed. So we find that somewhere more than sufficient food is grown for the necessary supply, more than sufficient flowers blossom to give us delight—in fact more than sufficient supply for all our necessities and pleasures; just as truly do we find an excess of vital force to meet an occasional inordinate demand. We are not speaking now of habitual abuse; but those who are made ill by these slight deviations, and it points clearly to the psoric miasm.

A great sorrow, loss, or trouble, is of far greater importance to the system than any of the above-mentioned disturbances—is slower of recovery, more lasting, and changeful in its effects; yet a healthy organism will show less of disturbance, recover more quickly and wholly from its deleterious effects, and the system sooner returns to its normal condition.

Should the trial be constant, the effort of the vital force to bear with, or to carry this extra burden will in time weaken and shatter the healthiest organism.

We frequently find in persons afflicted with psora an in-
anition of the whole, or a part, of the nutritive principles necessary for the healthy animal organism, or too many find an over-active assimilation or appropriation of one substance or more, at a great expenditure of strength to the system, as in pseudo-plethoric subjects, who appear to have abundance of blood and muscular tissue, and yet are anæmic in extreme.

Hence, we have pale, sallow, grayish, cachetic looking individuals, with hollow cheeks and staring eyes, stoop-shouldered and gaunt, distress pictured in every motion, or stout, highly colored, and rotund, with a weakness of or-

ganism, in which every slight departure from the most ordinary routine existence—sometimes without that departure, and during the strictest regimen—causes functional disturbances so intense that life is a mockery, and death welcome delivery.

If we inquire still further into the distress of the victim, we find almost every known functional disorder, which means, eventually, in modern parlance, organic disease.

We find dyspeptics under the strictest dietetic and hygienic rules upon whom the most wholesome food acts a poison, and the most unwholesome most unexpectedly agrees; who alternately starve and feast themselves with the same deplorable results.

Long standing constipations, hemorrhoids, distressing headaches and menstrual difficulties, anorexia and canine hunger, palpitations and night-sweats, bilious attacks, coughs and frequent colds, severe kidney complications, disturbed mental equilibrium, weakened mental faculties, forgetfulness, aphasia, paralytic and apoplectic seizures, urinary difficulties, chronic tendency to boils, ulcers, eruptions, abnormal secretions and discharges, perversions in quantity and quality of normal discharges—are but few of the complications that arise, and may be clearly traced to the common origin.

All this and much more we find developed by this hydra-headed monster, psora, that correctly treated in its first manifestation, would have remained latent with comparatively little discomfort to the organism.

Such conditions, uncomplicated by previous medication or other miasms, are comparatively easy of cure by the use of the dynamized similar remedy. The tangled threads of the web of life may again be tied, and the hand at the loom again be able to renew the broken pattern, smoothly weaving out both warp and woof to the very end.

In complicated cases the process must be longer, the choice of the remedy will be much more difficult, and the temper of both physician and patient will be repeatedly tried—yet the problem may be solved.

Homeopathy and the Germ Theory.

BY EDWARD RUSHMORE, M. D.

The recent discovery of microscopic bacilli in connection with many diseases and a general acceptance of the doctrine of germ causation, have no doubt raised in many minds a doubt of the suitability of the homœopathic therapeutics to these cases, and confirmed a persuasion of the fallacy of homœopathy where this persuasion already existed. Hahnemann assumed the probability of minute atmospheric organisms being the cause of certain epidemics. He had seen too much and thought too carefully to perceive any argument against the truth of homœopathy in this assumption. The existence of the bacillus of typhoid fever in persons in whom the fever no longer exists removes irreparably all basis for the doctrine of the bacillus being a sole or sufficient cause for the fever. Then the steady beneficence of the homœopathic potencies through all the varying pathology of individual cases, through all fluctuations in the stream of medical doctrine, the efficiency of a treatment absolutely non-germicidal, attest the reality of a vital adherent no less than a provoking cause, and fact gives the sanction of all its force to doctrine, and maintains the inexorable truth of the law of similars.

In the above considerations then, though briefly expressed, I believe we shall find a complete answer to the demands for germicidal treatment, and full support for what has always characterized the homœopathic philosophy, its vital doctrine of disease.

Some Comments on Homeopathy.

BY W. H. LEONARD, M. D.

Much discourse has been had upon the "law of cure" but not since Hahnemann has this expression been beyond the material. So in physiology, the "know thyself" of the

human manifestation has been mostly on the material side. There are two sides of all subjects to consider, especially an inside and an outside, an objective and a subjective world. To know the relations of the two must enter into our philosophy, and our interest should be the same with both, as either cannot subsist without the other. This is the ethical standard for the discussion of any and all subject, for the ethical is inherent in all living things.

Among the many who have attempted to explain the law, none have surpassed Hahnemann himself. Dr. Fincke has assayed to explain drug action with a law of Newton, but is not satisfying. Prof. Jaeger has made a physiological test of supreme importance. All who have written have shown thought and a desire to bring out the master's teaching and we are anxious to set others to thinking. They see the truth of the law in practice by the cures with the similar remedy to the similar manifestation of the disease. Here is a truth we all wish to see expressed in scientific language, for if it is a truth it is scientific. One writer suggests the statement "the dynamis of the remedy vs. the similar disturbance of the vital force." This is keeping up with the advance of science for its "lucid zone" has considered "matter and energy, illusion and reality." The Organon, Sec. 29, is really the subject for explanation and can it be explained to the scientific mind? It is true as applied in practice and the results can always be proven by experiment. In the many efforts to explain, the arguments are misleading, but who has explained gravitation? The facts are patent, but has science given anything beyond the phenomena? The truths about matter and energy are seen only in the phenomena.

It is well that the study of vital force has identified and brought to light the phenomena which are the basis of human physiology. But who has explained the union of vital force and the body? Evolution is a term much used in these days. Great advances are claimed for it in the theory of "organic evolution," but the ground will be difficult for the scientist and theologian to pass over pleasantly together

until there is further explanation. The arguments and facts are misleading, for the involution or the influx of force or energy into matter has not first received due attention, for involution is before evolution.

Let us start right. There is no life manifest except through organization. We must study organization with the acting life. This is the bottom plank of all philosophy. Life is one, organizations are many. All organizations proceed from one life; within this process is an affinity of elements or things similar to each other, attracting one another, hence the law of "similia" in the law of creation. This is the law of order. The law of similia is the law of at-onement and corresponds to the true law of Atonement in theology. A new or renewed condition follows. The law of creation is eternally continuous. This is an orderly statement concerning the law of order. Law is order, and the One Life is the Author. We, as physicians are dealing with something also. We find disease in the image of God, but the Allwise has provided antidotes, and for every disease there is an antidote.

Now must come a restatement concerning the law of similars in medicine. "Any substance that relieves diseased conditions will produce similar conditions when taken in suitable quantities and for a sufficient period of time by those in health; and it is this property in drugs that makes them medicines." The vital force is affected by the disease, so would it be by the medicine under proper circumstances. What clear defined phenomena are manifest when administering the similar remedy upon the vital force? It resumes its normal functions. To where has disease and remedy departed? They are to be found where you would look for the "Kilkenny Cats," they have destroyed each other.

It is said that "all things exist and operate in a law of equivalence." Now the principle of similia exists in the creative law for continued creation and also in a law of redemption, not for the purpose of renewing disease, but for its obliteration. The law of cure and redemption are one. It is not intended to bring forth a theological discussion

but here is a basis for disposing of some questions, looking in this direction, as the cure of evil and the increase of good. The former is true "evolution," the latter the sure "progression." Any philosophy that cannot consider the higher as well as the lower states concerning life is not worthy of our attention. We are too materialistic. The whole man is to be considered. He is not a mere animal with vital force but he has a soul. "The soul of things" must be included in our philosophy. Man is a philosopher. "Know thyself."

Cases of Insanity.

BY D. C. McLAREN, M. D.

CASE I. A young woman shortly after confinement with her first child became wildly insane. The ordinary treatment, which was all that was available in the section of country where she lived, proved useless, and the asylum was talked of. Friends of the family urged a trial of homœopathy and in due time I was called to see the patient. The baby had been removed from its mother on account of her destructiveness, in fact everything had been taken away from the upper flat except her bed and a chair or two. It was with the greatest difficulty that the nurse could keep any clothing on the woman, except at times when the case reverted to another form of mania marked by constant tuneless strumming on a guitar, evidently to her a most artistic accomplishment, as she was proud, vain and haughty to a great degree, walking and talking with the air of a queen. Two remedies were indicated, the first for the wild excited state which was more superficial and which yielded rapidly to a single dose; and the second for what was a deeper seated and more permanent condition, as a second dose of it in a higher potency was needed six weeks after the first administration. The patient was entirely cured and quite normal inside of three months. The remedies used were Hyoscyanus and Platina.

CASE II. A woman about fifty years of age being in

poor health developed an insane fear of poverty and ruin; was sure her son and daughter were wasteful with the family's small means, and insisted on economy to the extent of stinginess, while she wept freely over their miserable condition. A dose of Pulsatilla made apparently a good cure at the time, but six months later the patient broke out again with quite a different train of symptoms. She was wildly insane, and much of the time had to be held in bed for her own and the family's safety; was talkative, suspicious and jealous, and showed other physical symptoms which plainly indicated Lachesis, a dose of which cured her so entirely that there has been no reappearance of the trouble for two years.

CASE III. A strong vigorous man after exposure to severe cold in the closing days of February developed vesicular erysipelas on the left side of face spreading towards the right; a dose of Rhus. tox. failed to check its progress, and a few days later a dose of Sulphur was given; but after another interval of waiting, the progress and character of the disease showing no change and the nightly restlessness being even worse, another dose of Rhus was given, but apparently without much result; the erysipelas now covered the whole scalp, and the mentality was becoming impaired. About two weeks from the beginning of the attack he was seized in the night with acute mania, and made things lively for the household. At 4 A. M. on account of the flushed face, throbbing pulse and violence of the delirium one dose of Belladonna was administered. Seven or eight hours later, the patient though just as noisy, was less violent, one attendant being sufficient to restrain him. He was constantly talking the greatest absurdities and in good humor, laughing at his own jokes, and every few minutes shouting and screaming so as to be heard half a square away. After carefully watching the case a single dose of Stramonium was given, and no more medicine was needed; in 36 hours he fell into a refreshing sleep from which he awoke quite composed, but exhausted with the tremendous exertions of the previous days and nights. The erysipelas

rapidly disappeared and the man made a splendid recovery

CASE IV. A French Canadian woman, many years married but childless, had been menstruating very scantily for years, resulting finally in absolute suppression. Though always in delicate health has lately got very thin. Her husband says she is "out of her mind;" quite harmless, to be sure, but quite unlike herself; frets and worries constantly, thinks she is lost, refuses to go out, refuses money, says it is no good; and when in this fretful worrying state will not dress up, wears old clothes with an utter lack of neatness. She dislikes bathing, and jumps on falling asleep. Enquiry leads to a history of suppression as the cause of all the trouble, in this case it was rheumatism which was driven in by external applications. It is superfluous to name the remedy which was given on February 27th last. In about a month the remedy brought on its characteristic diarrhoea for two or three days, since which the improvement has been uninterrupted; menstruation returned on June 1st. She is now quite herself, happy and contented and has gained considerable flesh. The remedy was Sulphur.

Cures.

BY C. M. BOGER, M. D.

I.

1. Aching limbs makes patient restless; bed feels too hard.
2. Falls to sleep on reading; much exhaustion, worse from heat.
3. Great weakness in knees, worse going down hill.
4. Burning in soles and eyes, the latter worse on reading.
5. Had malarial fever as a child, also five years ago, for which he took much quinine, has until lately lived in the tropics, but was compelled to move north, is a minister.
6. Can't bear noise or crowds.
7. Diarrhoea from emotion.

B. Gelsemium 200.

II.

1. Constipation, nodular stool covered with mucus, worse from getting heated.
2. Rheumatic, cutting bone pains, rapidly changing place, worse from lifting or getting wet.
3. Congestion to hands in becoming heated.
4. Cutting in neck of bladder, causes incontinence,

R_y Kali-mar 6x.

III.

1. After much bathing and steaming has suffocation and hay fever symptoms; better from slow motion.
2. Up to the age of four years had spinal, kidney and bowel trouble, (constipation) with swelling of the internal nose, this was followed by whooping cough, measles, pneumonia and typhoid fever in the order named.
3. Now has tickling in throat pit, a few weeks ago membranes from the bronchi were expectorated intact in tubular form, now coughs up pink blood and adherent ropy expectoration after midnight.
4. Vertigo on rising.
5. Diarrhoea, slight emaciation and weakness.
6. Eyes puffed, worse generally at 2 A. M.
7. Profuse sweat during cough.
8. Always better in open air, is always too warm.
9. Was salivated a year ago.

R_y Kali-bi 12x to 50m.

IV.

1. Cough after grippe, worse in a room; excited by a sense of constriction in larynx.
2. Feels too hot.
3. Vegetables cause dysentery during summer, mental excitement also brings it on.
4. Can't stand heat of summer.
5. Sleepy in the morning.
6. Incontinence of urine, sometimes also of stool, when coughing

R Gels. 200.

V.

1. Cold sweat all over during stool, the feces are al-

most white and look grainy, cutting hypogastrium before stool.

2. Boring heaviness and heat in lower abdomen, with retraction of anus.
3. Heat with drowsiness and hot face.
4. Much painful flatulence and flatus discharged with stool.
5. Mouth very dry and tongue red at tip.

‡ Plumb. 200.

VI.

1. Burning in vertex, worse from exertion.
2. Leucorrhœa, yellowish, offensive, profuse, worse just before dinner.
3. Menses dark, profuse, offensive, worse from overheating and when lying.
4. Vertigo from exertion, followed by attacks of hysterical laughing and crying.
5. Feet crack open and bleed every summer.
6. Formerly had vicarious menstruation.
7. Red sand in urine.
8. Many blood boils.

‡ Coccus. cact. 2x.

VII.

1. Fluttering and throbbing at heart, more lying on back or left side.
2. Smothering and hot flashes.
3. Aching all over, worse fore part of night, must get up and walk about.
4. Attacks of sudden weakness about chest and heart.
5. Bitter taste, tongue rough with a shiny coat along edge, food is tasteless.
6. Very thirsty, intolerant of heat.
7. Has abused quinine for 40 years.

‡ Nat.-m. cm.

VIII.

1. Eyeballs burn.
2. Great general weakness, heaviness of the arms and interscapular soreness.

3. Profuse urination.
4. Eructations tasting of food, thirstless.
5. Stupid and sleepy, constant inclination to breath through the mouth.
6. Gall stone colic and many light colored stools.

℞ Am-m. 1m.

IX.

1. Vomiting and purging of bright red blood simultaneously, abdomen tympanitic, with burning pain therein and in stomach.
2. Great weakness, pallor and intense thirst.
3. History of an inflammation starting from the uterine region which has now become a general peritonitis.

℞ Erigeron canad. 30 cured.

A CASE OF FIBRINOUS LARYNGO-TRACHITIS.

BY J. C. WHITE, M. D.

Mrs. B, age 26, of sanguine temperament, black hair, blue eyes, light complexion, of average height, weighing 140 pounds. She was a strong, healthy girl, but has been nervous and somewhat anæmic of late, having borne four children during the past seven years. The youngest being eight months and nursing from the mother's breast.

On this April 10th A. M., she complained of sore throat < left side > empty swallowing < warm drinks > by cold and extremely sensitive to pressure or even touch. Examination revealed but slight redness and little or no œdema. Two or three small points of white deposit were noticed on the left arch and tonsil. She also complained of severe headache which she either would not or could not define. The only modality observed was that it was > cold bathing.

Thirst for cold water was a prominent symptom and grew in intensity. She would hold the glass of iced water in her hand sipping it continually, said she "wanted a stream of it going down her throat all the time."

Feared to go to sleep, that she "would suffocate or not awaken." This latter symptom also grew in intensity. She also complained of a sense of "oppression" of the chest which made her anxious and added to her fear of losing consciousness in sleep. The temperature was nearly normal, respiration 30, with a soft, toneless, hacking cough.

April 10th, A. M. Lachesis 30 in water, teaspoonful every two hours.

April 11th, A. M. Symptoms same as yesterday but more intense, respiration increased to 40, no swelling of the parotid or sub-maxillary glands but considerable œdema over the region of the trachea. This region being exceedingly sensitive to the slightest touch even of the clothing. Had slept none. Lachesis 1m, a powder dry on the tongue every three hours until > of symptoms. I saw her again in the evening, she had taken three powders with the result that she had slept some, and felt more calm. The white points had gone from the throat. Swallowing not painful in the pharynx, but was so in the œsophagus in the region of the trachea. Cough was painful in this region and yet toneless. Respiration 40 to 45. Pulse 110.

April 12th. Feels better in every way except breathing and cough. There is no "crowing" or croupous breathing but a sense of insufficient air,—she must breathe deep and rapidly in order to get oxygen enough; yet she has but very slight cyanotic appearance. This condition lasted until evening when with cough and efforts to vomit combined she expelled a $\frac{1}{2}$ teacup of tough translucent membrane, parts of it in cylindrical casts, others in pieces or shreds. There was immediate and entire relief from dyspnoea. The after symptoms of which the cough (not now toneless) was most prominent called for Phos. She made a good and uneventful recovery.

The case was evidently one of fibrinous inflammation of the larynx and trachea, probably extending to the large bronchi.

The case is unique in my experience of 35 years' practice. The fact that there was at no time really marked

croupous breathing; yet the voice was lost entirely to audible expressions.

The usual remedies for membranous croup such as Acetic acid, Spongia, Kali bich., Iodine, Bromine and Chlorine were lost sight of in the most expressive demand for Lachesis.

The white points of deposit in the throat suggested at first diphtheria, but that was excluded by the fact that the glands of the throat were not involved; also that the membrane discharged was thinner, translucent and smooth on both surfaces. The immediate, appreciable and permanent relief after expulsion of the membrane or fibrinous deposit and the absence of blood in the matter expectorated.

Whereas in diphtheritic laryngitis the glands of the throat are always involved. The membrane thicker, rough on the adherent surface and not transparent. The exfoliation is always attended with or followed by bloody expectoration. The constitutional dyscrasia is further emphasized by the slower recovery. The diagnosis in this case is further borne out by the fact that this patient nursed her child throughout her sickness and resumed the care of her children as soon as relieved without infection resulting. The claim of many physicians that fibrinous laryngitis (membranous croup) is identical with diphtheritic croup we regard as untenable.

NUX MOSCHATA.

J. C. WHITE, Port Chester, N. Y.

Mr. D. Quinland, age 30, was admitted to hospital, Aug. 16, 1896, in a semiconscious state, in consequence of a gunshot wound of the head. A loaded cane, with which the servants were "fooling" (did not know it was loaded) was placed close to the head and discharged. The charge entering the brain through the right parietal prominence at the anterior portion. The aperture through the bone was a little enlarged to admit cleansing.

The brain substance was found to be broken down entirely to the extent of an inch in depth and one and one-quarter inches in diameter. A full charge of fine bird shot was removed together with the debris of bone, hair and broken tissues. Some of the shot which had penetrated beyond the broken tissues were discharged by nature two and three months after his discharge from the hospital.

There was nearly complete paralysis of the right upper extremity, the lower was partly at command. He gradually regained the use of his limbs, and now considers himself "able-bodied," though is not as strong in the arm.

During the second week of his illness he complained of intense headache, moaned and made severe demonstrations of pain. The matron in my absence had given him Morph. and Atropia without apparent relief, the pain being evidently of traumatic origin; I felt at a loss as to the remedy, belladonna and arnica failing.

Incidentally at this time I was reading in one of our journals (which I cannot remember, nor the author of the article) of a proving of *Nux moschata* in which the headache was intense and the pain was > by pressure, hard pressure—so much so that he wanted the attendant to "sit on his head." This symptom accorded so well with that of my patient who wanted the nurse to apply both hands to his head and "to bear her whole weight," that I gave him *Nux moschata* two or three times every half hour with such > as to call forth expressions of gratitude. On withholding the medicine the pains returned and were again > by the medicine. The third experiment was made with the same result as the first and the second. The remedy was then continued as required for several days, in the 2x and 3x potencies, the patient being entirely relieved of headache.

He was discharged September 27, being in hospital about six weeks. After losing all track of the journal which suggested the remedy, I was lead to look up the symptom in "Herring's Condensed and Allen's Hand Book" of *Materia Medica*. I was surprised at not finding the symptom recorded in either, nor have I been able to find

it given under the rubrics in any repertory, including Knerr's. Herring gives the symptom, head feels full as if expanding. Parts of recorded symptoms by Allen, such as head seems bulky, swollen sensation, full and expanding, heaviness of head extending toward the occiput, rush of blood obscuring the sight, feeling as if head was twice as thick as natural, and contraction in vertex with pressure inward and rising of warmth towards it, etc.

These symptoms being given in the pathogenesis of *Nux moschata* would suggest the symptom > by pressure, even that it might be italicized. I do not remember whether I gave notes of this case to the North American, or not, but I had intended so to do.

NOTE. The Guiding symptoms have: Sensitiveness of the head as from soreness, especially sensitive to slightest touch in a draft of air (wind,) < from cold and from lying down; > from hard pressure (Mag. c.) and from external heat. This particular symptom has been often verified by the editor, and is marked up in small caps in our copy of the work.—

INDURATED TUBERCULAR GLANDS OF THE NECK.

BY B. LEB. BAYLIES M. D.

Mrs. C., about 40 years of age, dark hair, dark complexion, of strenuous constitution. Passed last winter, with her husband who is phthisical, at Liberty, New York, and had then an attack of pleurisy on the right side, developing empyema, for which the thorax was tapped; and she informs me that some time subsequently she had another attack.

Later she consulted me for treatment of pain and soreness of the intercostal spaces on the right side anteriorly; very sensitive to touch and intolerant of light pressure of clothing; with slight hacking cough and some dullness on percussion. The trouble was relieved by a dose of *Lachesis* cm. F.

Jan. 7, 1901. The cervical glands on each side, extending at intervals from near the mastoid regions toward the base of the neck are very prominently enlarged, hard and sensitive to touch. A mass corresponding to the middle of the mastoid muscle, on the right side measures an inch and a half by an inch and a quarter in diameter. There is a smaller group below the left ear, and a very sensitive one on each side at the base of the occiput; all feel of stony hardness. The patient is very despondent, imagines as I do, that they are tuberculous, and has been intimidated by a suggestion that she has been infected by her former husband, who died of a sarcomatous adenoma in the parotid region, eventuating in fatal hemorrhages. ℞ Syphilinum cm. one dose, as I was in a hypothetical quandary.

Jan. 12. No improvement, very despondent and anxious; glands more tender; induration undiminished. ℞ Bacillin (Heath's) 200 one dose dry.

Jan. 19. Large gland on the right side of the neck has flattened a good deal; is reduced in size. She is cheerful; suboccipital glands still tender. One dose Bacillin 10 thousandth.

Jan. 25. Large gland diminished, some anxiety. Bacillin 50 thousand, one dose dry.

Feb. 2. Large gland that was, now much diminished; others not tender; diminishing. Bacillin 50 thousandth, (Heath's) one dose dry.

Feb. 25. No enlarged glands or induration to be found; patient very cheerful.

ECZEMA IMPETIGINOSUM.

Mrs. L., about 28 years of age, blonde, her hair is matted with thick yellow crusts, and scales covering the greater part of the head, more abundant on the crown and occiput.

Numerous large pustules from which wells out green pus. Great itching and burning of the head, the itching somewhat relieved by scratching; offensive odor of the scalp sweating, as usual with her, profusely over the whole body, especially on the hands and feet. No odor of the

July 31st the improvement was very slight but the odor was not quite so pronounced. The same was repeated in the same manner as before.

August 7th. Very slight improvement, not quite so much exhausted and some improvement in appetite and could sleep better. Sac Lac.

August 14th. Still very slight improvement. Sac Lac as before.

August 21st. Improvement seemed to have ceased. *Crotalus* 200 as before.

August 28th. Improvement commenced soon after the 200 was given and had continued, the gangrenous odor was nearly gone, the discharge very much less and better in every way, and the skin assuming its natural color and the ulcer commencing to heal; did not bleed when touched.

Sac Lac which was continued for four weeks when improvement seemed to cease when one dose of the 1m was given and Sac Lac for two weeks.

Sept. 29th. Sore healing nicely; scarcely any putrescence and discharge but slight, feeling very much better in every way. After four weeks, when improvement seemed to cease *Crotalus* 10m, one powder, was given; improvement commenced at once and continued until the ulcer was completely healed, but the swelling of the bone remained almost the same as when treatment was commenced, there was but very slight tenderness in or around the joint, he could walk very well without his crutches but used a cane, and said he was feeling first rate in every respect and was driving a team for delivery of groceries the most of every day.

Here was another puzzle. What could be done for the enlarged bone? After studying over the case I gave him *Symphytum* 6th, two powders a day, morning and evening, but had very little expectation that it would produce the desired effect and was disappointed again, for it reduced the enlargement of the joint, in about six months from the commencement of the treatment. The sore completely healed and not a vestige of any scar was left to show where the ulcer was

perspiration observed; burning of the finger tips and soles of the feet on awakening in the morning, better in half an hour after getting up. She never covers her feet in bed even in winter. The head does not itch more after washing. General weakness and weak, empty feeling at the epigastrium. ℞ Sulphur millionth. One dose dry.

June 12. Some improvement. Sac. L.

July 5. Paronychia on one of the fingers. ℞ Nat. sulph. 45m. One dose dry.

July 19. The eruption on the head is somewhat dryer; pustules have appeared on the knuckles of some of the fingers, and several of the fingers have suppurative paronychia; the pustules on the finger joints have appeared since July 5, when the Nat. sulph. was given.

July 21. I sent her another dose of Sulph. M. F. to be taken dry.

August 6. She writes "I cannot in words express my thanks to you; for my head is better; all that remains is a little itching; the scalp is clear of scabs, only a little dan druff remains. My health is good. I feel splendid; no pains or ache anywhere." Gave no medicine.

Nov. 13. She continues well and without eruption.

Both Sepia and Sulph. have in my experience been found suitable in cases of this form of impetiginous eruption on the scalp. A most prominent Sulph. group of symptoms was the sensation of burning of the scalp, flushes of heat ascending to the head and vertex and weakness at the stomach, common to both Sepia and Sulph., in the latter especially in the forenoon; the heat of the feet of Sulph. compels to uncover the feet at night in bed. The complaints of Sepia are generally worse after rising from bed—of Sulph. are better after leaving the bed.

I have found excellent results from administering very high potencies in skin diseases and from allowing one dose of the antipsoric to act so long as improvement continues. It does continue, with some fluctuations, and should not be repeated on account of them, if of moderate duration; repetition being followed by aggravation, retards recovery.

APPENDICITIS.(?)

Oct. 27. Mrs. L. had been under allopathic treatment several weeks for trouble diagnosed as appendicitis. The symptoms had twice abated and twice relapsed. On the last occasion her physician advised as the dernier resort, operation, the husband having always been a client of homœopathy, believed the resources of *medicine* had not been exhausted, and I was called to see her on the 27th of Oct. She was in bed not suffering great pain, with sensitiveness to pressure over McBurney's spot; had just suffered a paroxysm of cutting pain in that region extending upward to the right hypochondrium. During the pain obliged to bend over, drawing the knees up tight and pressing the parts with her hand. I gave Colocynth 40m in sol. with relief, and saw her on the 28th and 30th of October and 2nd of November, during which time she had once a slight return of symptoms and took the Colo., and was provided with it for future possible occasion; has made no further complaint.

Whether or not a true appendicitis it was such as under present surgical practice is by many commended to operation.

MORPHIA—AND AWAIT THE END.

C. H. OAKES, M. D.

For the veteran homœopathist—the long time member of the I. H. A.—this paper may possess little interest. But to the new-comer,—the immigrant in our midst—the “ancient mariner” from the wreck-strewn shores of allopathy, as well as to the fledgling homœopath, it is hoped that the following history may prove useful—useful in that the old-time dilemma, bearing its two horns, is again presented before the skeptical and the timid in medicine,—the “horns,” as usual, resolving themselves into this: *homœopathic medication possesses something infinitely more powerful for good—or allopathic methods represent that which is infinitely worse than nothing.*

CASE. October 16th, 1900, I was called by Mr. O—— to see his wife who had been sick in bed eight weeks. She had been attended by an allopathic lady practitioner, and had likewise been the recipient of such advice as had occurred to the minds of the half-dozen masculine members of that school who happened to be residents in town. Meanwhile, the patient, suffering many things from a few, and all the time worse, was constrained to try more. A surgical operation was recommended as holding out the only chance for staying the destructive process.

Nothing known to them in medicine could avail. An eminent surgeon from a neighboring city was called in consultation and, like the school-visitors immortalized by Will Carlton, said "them's my sentiments tew,"—only, thanks to a merciful Providence, the patient was considered too weak for the operating table.

Such conditions confronting a practitioner of modern allopathic medicine, what is to be done? With the grim messenger knocking at the door—medicine a failure and surgery "turned down"—what further? Simply (very simply) "Give her morphia, and await the end"—the end then being an event of their daily expectation.

The cause of all this? Pelvic inflammation, with repeated formation and profuse discharge of pus through the vagina, the rectum, and, in the opinion of the attendants, through the bladder also.

Within a period of eight weeks there had been three abscesses, or three distinct gatherings of pus in the left iliac region, one in the right that had already discharged, with a second in process of formation—making five in all at the time of my first visit.

To say that such a patient was much reduced would be rather euphemistic. Emaciation—"skin and bones"—pallor; these were the outward manifestation.

Of subjective symptoms not many could be elicited. With the material fact of profuse pus formation and discharge through the natural outlets, there was also a burning, throbbing pain about the swelling in the right iliac

region, coupled with *an extreme sensitiveness to touch*. The pain was ameliorated by hot applications.

The remedy, Oct. 16th was Hepar 200th, five powders, one every three hours. This was followed by S. L. for several days. In the meantime occurred one of the severest nights of pain—in the abscess area—that the patient had yet experienced. Here again the relief from heat applied externally was one of the characteristics.

Then came a modification of symptoms, when, although the tumor did not increase, there was a sensation of its *rolling towards the left side when turning in bed*, together with discomfort from pressure. Lach. 30 every half hour to every hour did not disappoint. After that night the patient, with only minor changes in symptoms, gradually improved; the pus disappeared from the evacuations, and the iliac tumor faded out, leaving no soreness of the abdominal walls. By thanksgiving day the woman was ready for her dinner, and was sleighriding during the Christmas season.

What became of the pus and the "pyogenic membrane?"

O, well—ask the pathologists. Ask them too, shall we "give morphia—and await the end?"

A CASE OF PUTRID GANGRENE.

By J. R. HAYNES, M. D.

Mr. H., about 28 years of age, spare built, would weigh about 130 pounds, rather light complexion, light brown hair, greatly emaciated and of a very despondant disposition over his condition, (and well he might be) came to me on July the 24th, 1898, with a large gangrenous ulcer on the outside of the left knee joint. The ulcer was about five inches in length extending equally above and below the joint and fully three inches wide at the widest place in the center, and tapering down to about one inch at each end of the slough. It was surrounded by a greenish black border of fully one inch in width and this by a border of a pinkish color which faded off to a deathly shade. The muscles and

ligaments were sloughed away so that portions of the bone was plainly to be seen; both the ends of the femur and the tibia were enlarged to twice the natural size, the leg was semi-flexed and extremely tender to motion so that any attempt to straighten it was very painful. The jar from attempting to walk upon his crutches was very painful, he could not bear the least weight upon the left foot, there was very little sense of feeling in the gangrenous portion, but very sensitive around it; there was a very free greenish watery discharge from the ulcer which was of the most disagreeable odor of putrescence that I ever came in contact with in all of my life; the borders of the ulcer would bleed from the slightest touch and were of a reddish brown color, and upon examination was found to be defibrinated; the red corpuscles were shrunken and the edges serrated on the most of them. He had a very poor appetite was disgusted at the sight or smell of food; a cold clammy perspiration covered the forehead, felt weak and prostrated, had hard work to get upon his crutches, and after he did, would drag his well foot along as if paralyzed, and reel and stagger like a drunken man; he was the most woebegone looking cuss I ever saw. It was hard work for him to breathe; had to urinate often, but only a few drops at a time of a dark color (yellow); could get no satisfactory sleep or rest as he had to lie upon his back with the sore leg propped up on a pillow, semi-flexed, and the weight of the bed covering held up so that it would not touch the sore knee. Upon examination of the discharge I found evidences of an old suppressed gonorrhoea which he acknowledged, but it had been fifteen years ago and it had never troubled him since in any way so far as he knew, He had been in the hands of several physicians and all of the antiseptics known to science (?) had been freely used, even the celebrated Per oxide, but none of them had given any relief. Now what was to be done for this poor miserable man? I must own that I was severely puzzled; was there such a thing as curing this case? It looked very doubtful to me; so I told him that I would do the best for him that I could, but could not prom-

ise a cure. Now what was the remedy for this case? Where could it be found? I concluded that it must be found among the serpent poisons if at all. So let us digress here for a moment and give them an examination. We will look at some of the characteristic symptoms of some of the poisons, and enumerate the difference produced by one or another of these poisons, but shall consider the pathogenetic effects common to all of them. The venomous serpents have in the upper jaw, on each side a fang resting upon the sack which secretes the poison; this fang is usually concealed in a fold of the gums, can be elevated at the will of the serpent, so that when it strikes, the poison may flow into its victims. The poison gland is nothing more or less than the parotid gland, but with the serpent it has not the function of secreting saliva, but a very deadly poison. The hollow teeth are found in the various species of the genera *crotalus*, *trigoncephalus*, *bothrops* and *vipera*, while furrowed teeth belong to the genera of *naja* and *elaps*. The violence of the bite and its effects are dependant upon the amount of the poison injected and the vitality of the part which is bitten and the resistance of the person which has been bitten. Like all animal poisons the serpent poisons have a very depressing effect upon the victims. The blood soon becomes almost defibrinated and lose the power to coagulate. There are hemorrhages into the cavities and ecchymoses in the serous membranes and the skin, through this into the constitution of the blood, there arises a yellow color of the skin resembling icterus; the symptoms after the bite are a bluish discoloration of the place bitten, then a swelling which spreads all over the body and may become so serious as to cause suffocation around the spot there may appear a number of petechia. There arises a malignant ulceration with the secretion of malignant pus and gangrene, often destroying extensive portions of the skin and surrounding parts; if death does not soon appear multiple abscesses are produced and then offers the morbid image of septicemia. In very severe cases this symptom is not reached, the patient has a frightened look, is extremely anxious and falls down dead

as if struck by lightning. If the course is not so rapid then the following symptoms appear, which also show themselves when the poison is taken in proving: anguish, despondency, forgetfulness, indifference delirium, cramps, convulsions, trembling, paralysis and which, if not followed by death, may last for many years; a sensation of constriction so that all articles of clothing, especially about the chest, seem to suffocate; difficulty in swallowing even to the appearance of rabies; swooning, collapse, dizziness, violent headache, blackness before the eyes; inflammation and bleeding from the eyes, yellow color of the sclerotic coats excessive sensitiveness to noises, bleeding at the nose, purulent coryza; the face is reddish, bloated or pallid, icteric discoloration, the tongue is swollen, coated, there is thirst but swallowing is difficult, vomiting of the ingesta, blood or bile, ulcers and diphtheritic coating in the mouth and throat, fetid diarrhoea, discharges of blood and mucus, scanty passages of urine, respiration difficult, abdominal breathing; paralysis commencing in the lower extremities and extending upward to the chest, the heart beat is frequent, but without strength, bordering on paralysis; in the limbs there is a sensation of prickling and numbness; edema of the feet; itching of the hands, the formation of blisters, furuncles and carbuncles which secrete a foetid pus and burn; ulcers with a gangrenous surface, swelling of and suppuration of the glands, especially in the axilla and the inguinal region, discharging fetid pus. A peculiar feature in some serpent bites is that the patient cannot bear any pressure and many are aggravated by sleep; sleeping into an aggravation. From these symptoms given above we can see that the serpent poisons are among the most violent of poisons, and on this account they are the remedies indicated in the most malignant diseases. Although they are similar to each other they are far from being identical. Each has its own peculiarities, in some of the poisons some one symptom will be more prominent, which is not entirely lacking in the others. Now which of these is our remedy for this case?

They all have gangrene, hemorrhages, putrid dis

charges and great prostration, but some in a greater degree than others.

Lachesis has a great affinity for the left side, the gangrenous ulcer is more of a bluish or cyanotic color the putrescence is not so pronounced as in this case and the hemorrhages are not so severe as some of the others and the blood is not so dark.

Bothrops has gangrene but the color is more of a mahogany tinge, and the hemorrhages are of a less quantity and of a lighter color, and the putrescence is not so pronounced or so irritating.

Elaps has severe hemorrhages of a much lighter color but its affinity is more for the right lung which is the most marked, and the putrescence is slight in comparison to some of the others.

Vipera has less hemorrhage and is of the right side and does not produce such acrid discharges or such violent putrescence.

Naja has still less hemorrhages or gangrene, which is of a lighter color, but the ichorous discharges are more severe and the metastases and abscesses are much aggravated, they may appear on any portion of the body and are very malignant as well as oppressive.

Crotalus has severe hemorrhages from any portion of the body, but its affinity is the right side, the blood is quite dark, fluid and very irritating, the gangrene is very dark, almost black in color, and the putrescence is very pronounced, the discharges watery and very irritating with great exhaustion and emaciation and complete loss of a desire for any kind of food, paralysis of the whole body commencing in the lower extremities and extending upward until the whole system is involved, a very great oppression for breath until complete paralysis of the lungs supervenes and cyanosis follows.

We choose Crotalus H, and give the thirtieth potency, one powder each twenty-four hours, with intermediate powders of Sac Lac. Patient to return in one week, as he lived at some distance and could report but once a week.

situated and he has been at work all of this time and would not know that he ever had any trouble with that leg in any way.

One thing I neglected to state in the beginning, upon which I wish to place especial emphasis. I promptly forbid the use of any application whatever except covering the sore with a piece of clean muslin which was to be changed as often as it became soiled with the discharge, and not even water was applied to the ulcer, but around upon where the skin was not broken it could be washed with water and if necessary a little soap. This was to be strictly obeyed under a no less penalty than an immediate dismissal of the case.

Clinical Experiences.

BY ERASTUS E. CASE, M. D., Hartford, Conn.

CONGENITAL GOITRE—SPONGIA.

A babe four days old has double congenital goitre, each as large as an English walnut. The mother has had goitre for many years, rapidly increasing in size during pregnancy. She was frequently aroused from sleep by dyspnoea.

The child awakes choking and gasps for breath.

It seems normal otherwise.

Aug. 30, 1898. One powder *Spongia c.m.* (F.) dry on the tongue.

The action of the remedy was let alone, and the goitre steadily decreased in size, and in six months was gone.

INFLUENZA—STICTA PULMONARIA.

A dark haired school girl aged 19 years has had influenza for two weeks.

Awakes in the morning sneezing and keeps at it until 9 o'clock.

Fluent, bland coryza in the forenoon, later in the day the nares become obstructed with thick mucus, sometimes crusty.

Dull pain and soreness through the forehead.

Eyeballs hot, dry, feel lame when turned.

Vertigo when going up stairs.

Dry, hard cough from trachea, worse in morning.

Pain between scapulæ on awaking in the morning, relieved by rubbing the back.

Sept. 2, 1899. Four powders *Sticta pulmonaria* 9m. (F.) taken at intervals of twelve hours quickly cured.

INFLUENZA—EUPHRASIA OFFICINALIS.

A stout widow aged 76 years is the patient.

Sneezing with bland coryza, worse from cold air.

Eyes smart and burn, lids agglutinated.

Acrid lachrymation, aggravated when coughing.

Ulcer on cornea with photophobia.

Cough from irritation in larynx, with lachrymation; worse when exercising, on rising from recumbent position.

Expectoration thin, mucus, sometimes frothy, most in morning.

May 6, 1901. *Euphrasia officinalis* 1m. in water, two teaspoonfuls every three hours, four doses, gave speedy relief.

PROLAPUS UTERI—TRILLIUM PENDULUM.

Brown haired woman 50 years old, twice married, no children, climaxis passed ten years ago.

Burning through stomach and abdomen.

Heat through the hips which feel as though the bones were separated and would fall apart.

Weighty sensation through the pelvis, as if the contents would drop out.

Urinary deposit red, sandy.

Vertigo when walking, as if would fall forward.

Aug. 11, 1900. One powder *Trillium pendulum* c.m. in four doses, morning and night, cured.

HEMORRHOIDS—SULPHUR.

A brunette aged 42 years, married, childless, has suffered from hemorrhoids 15 years.

Tumors protrude before and after stool, rarely bleed.

Tumors sore to touch; sticking pains when swollen.

Sensation of weight in anus.

Pain in sacrum and coccyx, worse standing erect; walks stooping.

Oppressed respiration in warm room or from ascending.

Faint at stomach before eating, especially before noon.

Face covered with freckles.

Wakens too early in the morning and cannot sleep again.

June 12, 1899. One powder Sulphur c.m. (F.) in four tablespoonfuls of water, one tablespoonful morning and night until it is gone.

June 27. All symptoms improved. Since prescription morning diarrhoea, with imperative call out of bed, has come on. No medicine.

Dec. 5. Improvement has continued, but occasionally troubles reappear.

One powder Sulphur 3 c.m. (F.) dry on the tongue, Cured without further medicine.

MAMMARY TUMOR—CONIUM MACULATUM.

A tall, slender maiden, aged 61 years, retired school teacher.

Bunch the size of hickory nut in left mamma three months.

Sore to touch, whole breast sometimes swollen, and sensitive.

Leucorrhœa yellow, acrid, with pains in the back.

Nov. 9, 1900. One powder Conium maculatum 1m. in solution, four doses with twelve hours interval.

Dec 28. Bunch entirely gone.

EPISTAXIS—BENZOIC ACID.

Same patient as last reported.

Frequent attacks of profuse epistaxis from left nostril, blood thick, dark.

Membrane of nose sensitive, sneezes from dust or draft of air.

Urine dark, thick, fetid.

Cracking sensation in knees as if joints were dry when walking.

May 4, 1901. One powder Benzoic acid c.m. (F.) dry on the tongue.

No more epistaxis, and other symptoms removed.

NEGLECTED MEASLES—PULSATILLA, SILICEA.

Dark haired girl, aged 22 years, stenographer.

Not well since severe attack of measles two years ago when she had no medical advice.

Six months ago right shoulder sore and painful. Chloroform and other liniments were put on it, and the trouble went to left shoulder. Pain remains under left scapula incapacitating the arm.

Faint at stomach, especially in evening, better from eating.

Dreams of business of the day, sleep unrefreshing.

Cannot bear heat of room or summer.

Jan. 28, 1900. One powder Pulsatilla in water four doses with four hours interval.

Nov. 3. Pain returned to its first location in right shoulder. Old symptoms came back, such as headaches that preceded the measles.

Bone pains now in right arm, worse from cold weather,

Very sensitive to cold air, takes cold easily.

One powder Silicea c.m. (F.) dry on the tongue cured.

PSORIASIS—ARSENICUM IODATUM.

A blonde school girl aged 17 years.

Psoriasis on the scalp and wrists two months.

Crust thick, dry, but underneath much inflammation.

Itching from exposure to cold air.

General health good.

March 28, 1900. One powder Arsenicum iodatum c.m. (Sk.) in four doses twelve hours interval.

May 17. An improvement began within a week and continued until quite recently, now spots increasing in size.

One powder Arsenicum iodatum c.m. dry on tongue.

July 2. Skin entirely clean.

XANTHOXYLUM.

Auburn haired school girl aged 15 years.

Appetite vanishes as soon as she begins to eat.

Thirsty after eating.

Dull pressive pain in the forehead.

Forgets what she intends to do or has done.

Irritable.

Severe gnawing pain in left heel.

Feet damp, offensive.

Restless, broken sleep till morning, then heavy.

Languid and miserable all the forenoon.

Relieved in the forenoon, or in the open air.

June 3, 1899. One powder *Xanthoxylum* 1m. dry on the tongue.

All symptoms relieved except the damp offensive feet.

ASTERIAS RUBENS.

Tall, dark haired teacher, aged 40 years.

Awakes every morning with sneezing, coryza bland.

Smarting and dry, cracking sensation in larynx and trachea follows, with hoarseness.

Coughs and raises a little thick, viscid, yellowish mucus.

Correspondent gave no other symptoms.

April 19, 1900. One powder *Asterias rubens* 45 m. (F.) dry on the tongue gave wonderful relief.

RUMEX CRISPUS.

Fleshy, dark haired hotel keeper, single, aged 37 years.

Sore throat three weeks, sensation of lump in it.

Throat feels dry. Hoarseness, sometimes aphonia in morning.

Sleeps with open mouth because yellow mucus obstructs nose.

Red elevations like seeds of berry on soft palate and tonsils.

Cough in morning.

Expectoration yellow, tough, tenacious.

Pricking itching on outer surface of arms and legs, dry, worse from exposure to air.

Dec. 1, 1900. One powder *Rumex crispus* 900 (F.) in water, four doses with four hours interval.

Feb. 7, 1901. Patient soon relieved. Itching returned last night, same characteristics.

One powder *Rumex crispus* c.m. (F.) dry on the tongue.
Relieved directly and no return since.

KOBALTUM.

Brown haired married woman aged 45 years.
For two weeks tongue cracked crosswise centrally.
Tongue white.

Sore across stomach, hurt by inspiration or any motion
of the surrounding muscles.

Qualmishness, often vomits food, soured.

Yawning and drowsy all day in spite of deep sleep at
night which seems unrefreshing.

Dull pain, seemingly in the bones, in back and ex-
tremities.

May 29, 1899. One powder Kobaltum 10m. (F.) in water,
four doses with three hours interval.

June 4. Tongue worse for two days, improving since.
New symptoms have come as follows:

Burning from stomach to throat.

Nipping sensation in the cracks of the tongue from
touch of air when the mouth is open.

Quivering sensation in abdomen as if it were jelly.

Empty sensation in abdomen.

Pain in occiput and over right eye from stooping.

Trembles all over as if frightened.

Some of these are in the provings of Kobalt.

Let remedy alone.

June 13. Wonderful improvement, which continued
without abatement.

aconite Work in Neuralgia and Hemorrhage with Differentiations.

W. E. LEDYARD, M. D.

CASE I. Called at midnight to attend a case of Neu-
ralgia of the heart. While walking to the house the hus-
band informed me that he had lately arrived from Chicago,
where Dr. Murphy, of Murphy-button fame, had treated his

wife several times for these attacks; that he invariably gave her, as a starter, a hypodermic injection of morphine, and that he had insisted that nothing else would relieve her. We remarked that we were not in favor of the suggested treatment, but thought we knew of something better. We also learned that she had been afflicted with the heart affection for two years; that the latter was first noticed after an attack of pneumonia of the left lung and its treatment by old school methods. Of course we have a shrewd suspicion that the treatment of the pneumonia is responsible for the heart trouble.

Arriving at the house we found the patient sitting bolt upright in a chair, with a most doleful expression of countenance, depicting anguish and fear. She sat, loosely wrapped up in the bed-covers, apparently afraid to move a muscle. Pulse was small and weak.

We at once gave her a powder of the usual temporizing kind, in order to make sure of our case, and a peculiar nervousness was at once apparent in her actions. She took the paper containing the powder, from our hand, poured the latter into her hand, called for water; quickly swallowed the powder; drank the water, and spat it out. She had evidently been accustomed to very badly tasting medicine.

Then we watched her again. Presently, the right eye and muscles of the right side of the face began to twitch, on account, she informed us, of sharp pains in the prae-cordial region, cutting darting or shooting. As an accompaniment, she had numbness extending down left arm.

We thought we now had a clear case, accordingly we prepared a powder of Aconite 200, which she took, going through the same manœuvres as before.

There was another paroxysm of pain, but in less than ten minutes she was asleep. She slept nearly half an hour, and awoke feeling much better, and saying she would go to bed.

Calling the following afternoon we learned that the patient had gone for a walk, and concluded that the improvement continued.

We left Aconite 200, to be given in solution every half hour, until relieved, in case of a recurrence of the attack.

About 2 A. M. the attack returned, and was relieved after four doses of Acon. 200, in solution.

We are wondering, if, in the future management of the case, the suppression will be overcome, the pneumonia return and yield to the indicated remedy, and the heart trouble become beautifully less. "So mote it be!"

CASE II. Again, we were called about 2 A. M., to find the patient, a tall man, of about thirty-five, and of a slender frame, after a little unusual exercise and the excitement of a Fourth of July party, in which he was the host, coughing up mouthfuls of bright, frothy blood, every little while. His face expressed decidedly, fear of death, and extreme anguish. In each hand he held a lump of ice, with which he was vainly attempting to stanch the blood. His wife and friends were plying him with salt.

Seeing that we had here, too, an Aconite case, we administered the 200th potency, in solution, every five minutes, and in half an hour the bleeding which diminished at once, had practically ceased. Even this case, went back to the Old School, for the so-called constitutional treatment.

Under the rubric:—Lancinating pains in the heart, we have eighteen remedies, viz:—Acon., Ant-t., Ars., and Bad. (all in italics in Kent's Repertory), Bell., Bov., Bry., Cact. (italics), Can., Calc., (italics), Chel., Colch., Crot-c., Manc., Plb., Rhus-v., Senec., and Sepia.

Evidently, we must select one of these. Here, as ever, we must look away from the special to the general.

Commencing with Aconite, we realize the importance of bearing in mind, particularly, the mental symptoms. In our patient's features, were written in unmistakable characters, anguish, anxiety and fear. She was afraid to breathe, afraid to move, afraid she would die.

As in the text, under heart, she experienced "Intense pains in all directions, especially down the left arm with numbness and tingling; anxiety, fear of death, coldness, cold sweat, feeble pulse."

The "pitiful whining and crying" of Antim-tart, and its uncomfortably warm feeling proceeding from the heart, were absent.

Arsenicum, like Aconite, has restlessness, anxiety and fear of death; but, with the latter is a feeling that she will surely die, notwithstanding the use of remedies, with this there is also a sense of exhaustion after every movement, and a condition of adynamia, contrasting with the sthenic nature calling for aconite.

The fresh-water sponge (Badiaga), is distinguished by palpitation of the heart, especially after pleasurable emotions, and tremulous vibrating palpitation from every slight mental emotion.

Belladonna has more quickness of sensation and its movements are more rapid than those of Aconite. Or there is delirium with dullness, or with violent raving rather than the fear of Aconite.

Bovista has terrors, in a person whose disposition is irritable and sad, rather than fearful; absent-minded; awkwardly drops things like Apis.

Bryonia is characterized more by apprehension of the future, and intolerance of noise than by fear; is peevish and hasty.

Cactus is differentiated from Aconite by a sensation of constriction about the heart, as if the organ were clutched by an iron hand, cries without reason, and is made worse by consolation, as in Bell., Nat-m., Sep. and others.

Calcarea carb, is peevish, full of fear of the future, with feeling as if she will go crazy, and is inclined to weep.

Chelidonium majus is indicated by great absence of mind, her memory being so weak that she forgets what she wants to do or has done. In our patient, the most characteristic symptom of the above remedy; "a very severe pain in the inner and lower angle of the right shoulder blade, running into the chest"—was wanting.

Again, in the case under consideration, the trouble was the sequel of pneumonia, and not of gout or acute rheumatism, or effusions into the pericardium, following inflamma-

tory affections of the heart, which, in a surly, ill natured white, who is withal hard to please, would call for *Colchicum autumnale*.

The rush of blood in region of heart while walking quickly, not being in evidence, would rule out *Plumbum*.

While nervous palpitation which actually finds relief in fast walking, especially in a person who manifests an aversion to her occupation and family, and who is at one time very irritable, and at another time indifferent, or vexed with inclination to scold, and is worse after coffee or opium, finds its curative remedy in *Sepia*.

In differentiating between *Aconite* and other remedies in hemorrhage from the chest, and incidentally from other parts, we shall consider only the following, viz.: *Acet-ac.*, *Acon.*, *Arn.*, *Ars.*, *Bell.*, *Cact.*, *Calc.*, *Chin.*, *Croc.*, *Ferr.*, *Ham.*, *Ipecac.*, *Mill.*, *Nitr-ac.*, *Nux-v.*, *Phos.*, *Puls.*, *Sabin.*, *Secale*, *Senec.* and *Terebinth*.

In *Aconite* the great fear of death is present, and "The blood comes with great ease by hemming and hawking; it comes in great quantity, and of a pure, bright red quality. The hemorrhage is often brought on by a little exercise (as in the case herein reported) or by being in the cold dry air, or in a cold dry room."

Should blood be coughed up by a person whose face is pale, wax-like and emaciated, with great thirst, dropsy of the lower extremities, and passing pale urine in large quantities, *Acetic acid* is remedial.

If a bruised sore feeling accompanies expectoration of blood, especially in pneumonia of the right lung, *Arnica* cures.

When the patient has fear of death, is sure she will not recover, and that it is useless to take medicine, expectoration of mucus being blood-streaked, with or without frequently recurring cough; or bloody expectoration at night with burning heat of body; or bursting forth in a stream of foaming, bright red blood, with slight hawking, with ebullition, burning and fulness in chest.

Also in drunkards or from suppressed menses, spitting

of blood after a hemorrhage, with burning heat all over and interscapular pain; it means *Arsenicum*.

In a leucophlegmatic constitution, with fear of going crazy, or that others will observe her mental confusion; expectoration of blood by coughing and hawking, with rough and sore feeling in chest, and bloody purulent expectoration—is *Calcarea*.

Weakness from loss of animal fluids (blood, etc.), or after severe and exhausting ailments, with excessive nervous sensitiveness, special senses of sight, smell, hearing and taste, being abnormally acute; hemorrhage from the lungs with coughing spells, dizziness; sensation of enlargement of the eyes, and he feels full after eating a mouthful. *China* is surely indicated.

Dark, stringy blood, or dark bloody expectoration with cough, and desire for open air, like *Pulsatilla*, with sleepiness in the day time, calls for *Crocus sativa*.

Ferrum comes to the fore with face fiery red or sallow; with a *Calcarea*-like tendency to get fat; painless and digested diarrhœic stools; general relief from motion; and hæmoptysis with tickling cough and oppression of chest.

Perchance, even a small loss of blood is followed by great weakness and weariness, and hæmoptysis may be accompanied by a tickling cough, with taste of blood or of sulphur—pointing to *Hamamelis virginica*.

Ipecac is the unfailing remedy where there is a constant nausea with bloody expectoration.

Millefolium is suggested by hemorrhages of mechanical origin, or by hæmoptysis, the blood being profuse and bright red without fever.

Sensation of a sharp splinter being stuck into the affected part, on the slightest contact with anything, with possibly the sensation of a band, would of course mean Nitric Acid for the stanching of the accompanying hæmoptysis.

When tall, slender and dark-haired, with a weak, empty or gone sensation in stomach and abdomen; great thirst for cold water which is vomited as soon as it becomes warm in

the stomach, hæmoptysis, with occasional attacks of profuse hemorrhage from chest, or blood-spitting in women with delayed and scanty menses, Phosphorus will be our great stand-by.

Pulsatilla is the deft-handed plumber that stops the leak when hæmoptysis of dark and coagulated blood occurs after suppression of menses, in a mild, gentle, yielding, good-natured person, with constantly shifting pains, in one who is easily moved to tears, and better in the open air or in a cold place.

However, where, like Pulsatilla there is aggravation from a warm room, or from getting warm in bed; the blood, in uterine hemorrhage, consisting of fluids and clots, Sabina affords timely aid.

In case the patient, a thin, scrawny, wrinkled woman, objects to be covered up, although the surface of the body is cold, in troubles of child-bed; has a uterine hemorrhage, the flow being passive, dark and perhaps offensive; holding the fingers widely separated, on account of tingling or formication all over the body, with desire to have limbs rubbed. *Secale cornutum* brings speedy relief.

Terebinthina is all sufficient in hemorrhage from the urethra, when the urine smells strongly of violets.

Clinical Cases.

EDWARD RUSHMORE, M. D., Plainfield, N. J.

CASE I. DIARRHŒA. ARGENTUM NITRICUM. Mrs. H. Has had diarrhœa several weeks; has been away from home and could not get to her physician, so took no medicine. Stools dark liquid, rarely watery, with flatus and very urgent as soon as she gets on her feet in the morning, also more hurried to stool if lying on the left side. Much empty eructation, nausea, severe pain in lower back.

Argentum Nitricum 900, Fincke, in one prescription removed all the troubles.

CASE II. VERTIGO, CALCAREA-CARB. Mrs. H. Has

vertigo with feeling of falling; worse on looking upward.

Removed by *Calcareo carbonica* 5m. Fincke in one prescription.

CASE III. GALL STONE COLIC. CHINA. Mrs. L. being away from home nearly 200 miles was attacked with gall-stone colic and could not come home for two or three weeks. She is much prostrated and there is extreme sensitiveness to touch and motion in the region of the gall bladder.

The use of China in various high potencies has been followed by almost complete disappearance of the sensitiveness, and no recurrence of the attacks, of which there formerly were several, for more than six months. And the general health is better.

CASE IV. Mrs. L. has had headaches for years, the attacks being caused by over-fatigue or taking cold, or sometimes from eating fresh bread, or reading or writing in the evening; at times it comes every morning, at others every second day; it is also worse from cold wind. I am sorry that my notes do not give the seat and character of the pain.

Agaricus muscarius first in 900th, later in 9m. and then in 29m. Fincke potencies has entirely removed these headaches.

CASE V. INCIPIENT CHOLERA. AGARICUS. Miss C. Is pale, peevish, and in looking at people feels chill running up her back and her head jerked around.

Agaricus, 900 Fincke, cured her in one prescription.

CASE VI. HEADACHE, LACHESIS. Mr. D. has headache following gripe, now steadily for six days and no relief. The pain is in the temples, and is a pressure with occasional throbbing, and is attended with delirium when most severe and hinders him from sleeping. It is mitigated by both heat and cold. Had loose stools before the headache. He is inclined to chilliness, is sore ^{all} through, has bad taste in back of mouth and no appetite. The tongue is

dry and yellowish and he often wants water to open the mouth. Has pain in lower back.

Lachesis in some high potency relieved him quickly and permanently.

A Nur Moschata Case.

BY J. C. WHITE, M. D.

Mrs. M., aged 45, tall, slender, light complexion, nervous temperament, has suffered from menstrual headache since girlhood. Her mother and her sister both suffered menstrual headache during the whole period of their menstrual lives. This lady had also severe dysmenorrhœa before her child was born sixteen years since; after the birth of which she has been relieved of menstrual pains, but the headaches have continued the same. She has had the service of a homœopathic physician during the whole time of her sickness, but has had only partial and very temporary relief. The headaches commence a week before the period, when she must take to her bed until the flow comes to give her relief. It is attended with nausea and vomiting of bilious matter. Numbness of all of the limbs < hands and feet. Chills running down the body, alternating with flushes of heat to the head, dryness of the mouth, sleepiness and dizziness. The vertigo is manifested by staggering to the right when she walks; of late has had vertigo when lying and while turning in bed. A creeping sensation in the legs often obliges her to get up and walk around the room. The initial symptom of the headache is a "quivering sensation" originating in the upper dorsal region, ascending to the head.

The headache is < by cold, a jar and by light > by warmth, hot applications and by hard pressure. Says she "gets so tired pressing her locked hands down on her head for relief." She had been taking gross medicine and plenty of it from this homœopathic physician (?), and now had the

added symptom "unsuccessful desire for stool." Said she could "accomplish the desire but for the pain in the head which this straining produced." (This symptom had been present for a month and she was obliged to resort to enemas for every movement of the bowels.)

In consideration of her previous drugging, together with her present symptoms, she got Nux. vom. 1m every two hours until tenesmus was >. I found her comparatively comfortable the next morning, though still nauseated. Her mother informed me of some hysterical symptoms, and I substituted Ignatia for Nux. On the next morning I found the headache, nausea and vomiting in full blast; had thrown up some of her feces. On bearing my hands heavily on her head she said, "that pressure makes me feel so comfortable." I then gave her Nux mos. 3x every half hour and visited her again in three hours. She said she was entirely relieved—that she had never been so relieved by any medicine before. The medicine was discontinued for three days when the symptoms returned and were again relieved as signally by the same medicine. While relieved of pain she was able to sit up and even walk around, which she had not done for years during this period.

The head symptom from "straining at stool" is not >. The "sensitive breasts" before menstruation and the vertigo after lying and the rectal symptoms suggest that Conium may be required to cure this patient.

EDITORIAL.

All Contributions, Exchanges, Books for Review and other communications should be addressed to the Editor, 5142 Washington Ave., who is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

Announcement for 1902.—The **MEDICAL ADVANCE** is now the only journal in the United States that is strictly representative of the type of homeopathy promulgated by Samuel Hahnemann and handed down to us by Bönninghausen, Hering, Dunham and Lippe and their coadjutors. It is lamentable that this is so, but so it is. For while there are more than a score of able and useful periodicals denominating themselves homeopathic there is none but the **ADVANCE**, so far as it has been able to observe, that is not homeopathic plus something else. To the credit of its contemporaries, as intentions go, it is conceded that they believe that this plus quantity, whatever it may be, adds strength to the homeopathic principle; but, to the contrary, this is only an evidence of weakness of faith in and knowledge of the homeopathic law—a detriment to its propagation and a stain upon its escutcheon.

The **ADVANCE** stands alone as an exponent of a homeopathy without this plus element, whether it be a therapy based upon ever-changing pathological deductions, an organ-therapy, a sero-therapy, a vaccine-therapy, a toxine therapy or what not. It stands for a homeopathy that needs neither bolstering, apology nor defense. The great therapeutic law of Hahnemann is looked upon by it as all-sufficient for the medical needs of mankind. Its slogan is the trite maxim of the immortal Hering: "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."

The one defensible reason the homeopathic profession

has for its separate existence is an absolutely distinct and consistent application of remedial agents according to its therapeutic law. Homeopathy is a scientific and exact proposition. It is not a vascillating, haphazard, confusing or conglomerate blending of an admixture of methods, but a clear-cut, definite, accurate and satisfying way of treating the sick. Straight is this way, narrow the path, and, unfortunately, few there be who walk therein. Yet of all the ways that have been blazed in medicine, from the time of Hippocrates to the uncertain ones of bacteriology and maltreatment of the sick by polluted animal serums, the strictly homeopathic is the only one presenting a semblance of a straight course toward methodical and sensible healing. It is this way in which the ADVANCE thoroughly believes and consistently follows, and which it will ever be found ready and willing to assist its readers in finding.

As an exponent of a direct and correct homeopathic doctrine the ADVANCE cordially and earnestly invites the co-operation and support of every conscientious homeopath who believes in and practices the teachings of Hahmenann, and of every physician and student who would learn the better way. During 1902 it will be enlarged and greatly improved by the addition of new departments, increased editorial virility, prompt monthly issuance and a straightforwardness for homeopathy and its curative application at the bedside that will be a challenge to all the isms and adnexa that a so-called liberalism has attempted to foist upon it. To secure these ends it will strive with zeal and persistence. To insure them it asks for increased subscription and advertising patronage, practical contributions to its reading pages, words of good cheer and recommendation to their colleagues by its friends, interesting news and items, and all else of which its efforts shall make it deserving.

Aid the ADVANCE toward the attainment of its ambition during the year upon which we are about to enter and it in turn will try to aid you in your work of curing the sick. We should at least have one journal among our number that is always true to the homeopathy of our founders.

Food for Reflection.—The appalling disaster of October in St. Louis, whereby thirteen or fourteen children lost their lives through the injection into their tissues of the so-called diphtheria antitoxin which was contaminated with the bacilli of tetanus, had its counterpart in November when an equal number, or more, innocents lost their lives in Philadelphia and Camden through like contamination by means of vaccination. Such disasters have no place in the practice either of prophylaxis or bedside medicine, nor would such dreadful occurrences ever bring their unhappy blights did common-sense and a consciousness of the eternal fitness of things permeate the preventive and therapeutic departments of medical science.

Notwithstanding the fact that vaccination as a preventive of small-pox has come to be generally accepted as a satisfactory and successful measure, it is still far from being universally adopted and beyond question, the sentiment against it is growing. Especially is this so in England and many parts of the United States. Nor is it strange that this should be true when it is borne in mind that in both the general medical and surgical fields, and in all the specialties, almost superhuman efforts are continually being put forth to prevent and avoid infection of every kind. Yet in vaccination we see both physician and surgeon setting themselves deliberately to the censurable task of infecting the human system with a virus of known malignancy. It matters not that the virus of vaccinia is less malignant than that of small-pox. It is an infection nevertheless, and 'tis certainly unscientific, and an acknowledgement of weakness, to infect human beings with any virus or poison intentionally.

This is true of antitoxin also. It is naught else than horse blood-serum which has been polluted by the injection into the veins of the animal of a culture of diphtheria poison. The process of preparation is revolting to refined sense, while the injection of such stuff into the veins of innocent children, who deserve sympathy the more because ill, should be made an indictable offense. The infection of any child by virus from the diseased udder of a heifer or the jugular

vein of a horse is repulsive, septic, uncleanly, unscientific and dangerous. Both should be prohibited by law, as an infringement upon the inalienable rights of infant citizens, unable to help themselves, and too young to determine through education whether they shall submit to bodily contamination or not.

The deaths from tetanus through toxination in St. Louis and vaccination in the East, which have been so widely heralded in the press? are but exaggerated examples of the evils of this veterinary science, as it might be termed. The unknown and indirect death-list from these abominations is believed to be tremendous. The horse and the cow inhabit stables, in which the tetanus bacillus is known to abound. Small wonder is it that this particular danger is omnipresent. The real wonder is that either practice, vaccination or toxination, is ever indulged and the victims escape. Besides, both animals have their known and unknown diseases and there is always the danger of infecting with these the infant upon whom the abhorrent practices under consideration are indulged.

Recently a special source of danger has been pointed out in the use of the greatly vaunted glycerinated lymph vaccine now on the market, a large number of general systemic infections and vicious sore arms having followed its use.

The whole theory upon which animal and pollution medication is based is erroneous and repellant. It is utterly indefensible from the viewpoints of physical ethics, bodily cleanliness, present-day asepsis and personal safety. Nor is either practice necessary or desirable. The homeopathic physician who knows his therapeutic law and follows it gets along better and more safely than the exemplar of veterinary toxinations, saves a larger percent of his diphtheria cases than they have ever claimed to save, by two to one, and is altogether beyond the remotest danger of killing little children entrusted to his care by tetanus or any other destructive poisoning, immediate or remote. How much

better it would be if all physicians were true and conscientious homeopaths!

* * * *

A Ridiculous Proposition. The Camden board of health has gone to the very extreme of absurdity in trying to explain the epidemic of tetanus which has recently occurred in that city in connection with enforced vaccination. It says that the virus has been found to be pure and not the cause of the lockjaw, its excuse for the latter being that New Jersey has had a long, dry summer and that the fall winds have been surcharged with tetanus germs from the dusty streets and stable yards, these alighting on the sore arms of an unsuspecting vaccinated populace, thus bringing disaster upon them. In support of the theory it offers a case of tetanus occurring in a boy suffering a gunshot wound, in which tetanus may occur at any time, and the fact that the lockjaw in the vaccination cases occurred too long after vaccination to be charged thereto.

If the board's theory is good we may now expect to hear of health authorities over the country quarantining against the atmosphere we breathe, and spending their time and the people's money trying to discover a tetanus-toxine with which to render us immune—if we survive the attack of the toxine. The whole country had an unusually hot summer, with very little rain, and the usual fall winds have prevailed with exasperating breeziness. In fact, the conditions everywhere are so like unto those of the Jersey city that it is a wonder we are not all in the throes of tetanus. For there is dust everywhere, there is wind everywhere, and there are people with wounds, and vaccination wounds at that, everywhere.

Down in St. Louis it didn't take the coroner's jury very long to find out that that city's epidemic of tetanus was due to contaminated antitoxin. They were honest about it and told the truth. Perhaps a coroner's jury might sit to advantage on the vaccination cases in Camden. The explanation of the board is in direct conflict with all previous explanations of the mode of causation of lockjaw, and on the

face of it is too absurd to be considered for a moment. In the language of Puck, "What fools these mortals be", when pet theories are in jeopardy.

News Items.

Dr. Martin Deschere, of New York, was the guest of honor at the Rochester meeting of the Central New York Homeopathic Medical Society December 12th. The essayists were Dr. I. Dever, subject "Organon, Sections III and IV;" Dr. W. H. Nickelsen, subject "A Lycopodium Case;" Dr. E. P. Hussey, subject, "Treatment of Rheumatism;" and Dr. J. K. Tretton, subject, "Clinical Cases." The *ADVANCE* hopes to be able to publish these papers and the discussions thereupon.

Hering Hospital has been made the glad recipient of a donation of a hundred garments and other useful articles, all new, by the Needlework Guild of America. Several little waifs are already enjoying the benefits of the beautiful infant suits comprising a part of the gift.

Miss Beufort, a thoroughly competent graduated nurse, is the new matron of Hering Hospital.

The eye and ear clinics at Hering College is as well attended and as instructive as ever—all because it is never neglected by Dr. Day. The way to keep up a profitable clinic is to attend to it and to give good service in it.

Fourteen men were killed and forty six wounded during the late brief deer-killing season. Almost as fatal a sport that as foot-ball, and nearly as bad as antitoxine or tetanized vaccine.

Dr. Frederick William Payne has removed to 100 Boylston St. (Colonial Theater Building), Boston.

Dr. Mark M. Thompson announces the opening of "a down town office" at 607, 98 State St., Stewart Building. Hours 2-4 p. m.

Dr. M. B. Hunt, of Columbus, Ohio, formerly of the University of Michigan, has been making a visit to the Pacific Coast.

Dr. J. C. Kirkpatrick, of Los Angeles, died on October 28th. Dr. Kirkpatrick was one of the pioneer homeopaths of Southern California and was held in high esteem by his colleagues. Drs. Salisbury, Manning, Clark, Buell, Sherry and Parker acted as pall-bearers at the obsequies.

Wisconsin's new journal. "The Medical Magazine," edited by Dr. Dale seems not to be offering its second number promptly.

Hering Medical College is having a very successful season. It has splendid classes in each of its four sections, a bright, thoughtful and studious lot of young men and women studying Homeopathy for the love of it.

Dr. H. C. Aldrich of the *Minneapolis Medical Magazine* is president this year of the Association of Official Surgeons, of which body he has been secretary a number of years.

Editors Arndt and Kraft, of the Pacific Coast Journal of Homeopathy and the American Homeopathist, respectively, continue now and then to pour out vials of inky wrath upon each other's devoted heads. The one is rather craftily inclined, the other hardly as pacific as his location implies. Both forget that 'tis pleasant for brethren to dwell together in unity.

Dr. Susan E. Gearhart, late superintendent of Hering Hospital, has taken a fine suite of offices in the new Oakland National bank building, corner Cottage Grove avenue and Thirty-ninth street.

Dr. S. E. Chapman, the Lycopodium-Phosphorus test case man from California, has succeeded to the office and practice of Dr. Mark M. Thompson on Twenty-second street, Chicago, thereby falling into a comfortable practice in a large homeopathic mission field.

Drs. Edgar G. Davis and **Edward Clark Streeter** have taken offices at No. 70 State street, Chicago, making a specialty of pathological examinations. Dr. Streeter is a son of the well-known gynecological surgeon, Dr. J. W. Streeter.

During 1902 the ADVANCE will be glad to have its

friends and readers postal-card their news items to the editorial office.

Dr. W. D. Norwood, of Shreveport, La., a graduate of Hering College, has succeeded by his good careful work in building up an excellent practice in that thriving Southern city, where the good name of homeopathy had previously been impaired by an unprincipled mountebank of notorious reputation.

Dr. J. F. Edgar, formerly of Lexington, Kentucky, is now located at El Paso, Texas. Physicians sending patients to that climate will find in Dr. Edgar a conscientious disciple of Hahnemann.

The Students at Hering College are getting a very satisfactory lot of surgical and obstetrical clinics this winter.

"Reports from the Field" are solicited for the **ADVANCE** from every graduate of Hering College now in practice, from the very beginning of its career. Your fellow classmates and alumni want to know where you are and what you are doing. Help make this feature of the journal a sort of a Hering Family Circle visitor each month.

What college in this county, or any other, has such a corps of teachers of homeopathic materia medica, the very heart and marrow of bedside practice, as Profs. Allen, Tomhagen, Taylor and Chapman? Hering College teaches Homeopathy, pure and undefiled. That's why its graduates succeed so admirably, wherever located.

Sir Wm. McCormack, the great English surgeon, died at Bath on December 4th.

Dr. J. H. Von Kotsch, of Hering's surgical corps, is enjoying a wide range of emergency work as surgeon to Swift & Company's great packing house.

Dr. Amanda Decker, of the obstetrical corps at Hering, is filling the ward with confinement cases and giving the class excellent clinics in this department. She is proving a valuable aid in this important field. Hering's obstetrical department is now completely "manned" by women, and it is one of the best.

The International Hahnemannian Association will meet at Chicago in June of 1902, the sessions being held at the delightful Chicago Beach Hotel. A general reunion for Hering College Alumni is being planned to take place at the same time.

No matter what other kind of a homeopath you may be always stick to one remedy at a time. This makes the sharp-shooter and not a blunderbuss prescriber.

Chicago has reason to be fairly well satisfied with its public health conditions during the month of November. The average November mortalities of the previous ten years, 1891-1900, was at the annual rate of 14.16 per thousand of population. The 1,811 deaths from all causes recorded last month give an annual rate of 12.52, a decrease of $11\frac{1}{2}$ per cent.

During November there were reported to the health department in Chicago forty-seven cases of diphtheria and fifty-three of scarlet fever.

The city health department of Chicago is still dispensing glycerinated vaccine lymph notwithstanding the fact that from various sources come reports that serious cases of systemic and local infection are constantly arising from its use. 2,140 tubes were given away at the city health office last month. They might much better have been thrown in the lake.

New Publications.

Practical Medicine. By F. Mortimer Lawrence, A. M., M. D., Assistant in Practice of Medicine, Hahnemann Medical College, Chief of Medical Clinic, etc., Hahnemann Hospital, Philadelphia. Boericke & Tafel. Pp. 521. Cloth, \$3.00 net.

This is a work on "Practical Medicine," not the "Practice of Medicine" or the "Homeopathic Practice of Medicine." It is intended for students, not practitioners, and deals almost exclusively with the history of the disease—etiology, pathology, course, symptoms, physical signs, diagnosis, prognosis—all that pertains to the knowledge of

disease and very little that will be of any use in therapeutics. The pathology has been tersely yet as fully given as can be or need be in such a work, while the details of morbid anatomy are omitted, as they ought to be. Modern laboratory methods as aids to diagnosis are fully amplified and add much to its practical value, while the few clinical hints do not seriously mar it, and had they been much extended would not have enriched its pages. The great curse of our school since the days of Hahnemann, Hering and Bönninghausen has been the futile attempt to attach "therapeutic hints" and "remedial indications" to diseases, per se, thus largely ignoring or overlooking the fundamental fact upon which Hahnemann so strongly insists, that it is the individual, the patient, and not the disease that is to be treated.

This work on "Practical Medicine" is a step in the right direction—which should have been taken years ago—the study of disease unencumbered by therapeutics, which at best can be but crude and as uncertain as they are misleading and unsatisfactory. The study of therapeutics must be from the individual, not the general, standpoint. This is the great difference between scientific therapeutics, based on the law of similars, and all other methods of healing. How to treat diseases in a homeopathic way, a la allopathy, is a self-appointed task by which many able and honest authors have in vain attempted to shorten the pathway of the working homeopath. Homeopathy is not "built that way," and the sooner this fact is thoroughly learned and adopted, the better for the patient and the science we try to represent. We trust the next edition, should one be called for, will eliminate "treatment" altogether.

History of Medicine. A Brief Outline of Medical History and Sects of Physicians from the Earliest Historic Period; with an Extended Account of the New Schools of the Healing Art in the Nineteenth Century, and a History of the Eclectic Practice of Medicine, with portrait of the author. By Alexander Wilder, M. D. Pp. 946, 12 mo. Cloth, \$2.75. New England Eclectic Publishing Co., New Sharon, Maine. 1901.

This work is practically a history of Eclecticism and

originated at the annual meeting of the National Eclectic Medical Association at Niagara Falls 1890, where a resolution was adopted "That Dr. Alexander Wilder be requested to prepare a history of Medical Reform during the earlier periods." After much material had been collected it was found that an intelligible history of the evolution of the Eclectic Practice of Medicine could no more be given without tracing the previous history of the healing art than could a history of the United States begin with an account of the battle of Bunker Hill. Accordingly, at the earnest solicitation of the publishers, Dr. Wilder prefaced his work on Reformed Medicine by a succinct history of medicine in the earlier times.

Among the chapters we note "Archaic Medicines," "Ancient Historic," "In the Middle Ages," "In the Renaissance," "The 17th Century," "The 18th Century," "The 19th Century," etc. This brings us to the time of Hahnemann and Homeopathy. The author is to be congratulated on the excellent condensations and brief biographical sketches of the names of medical men and medical reformers which the history of medicine produces, and the book will be referred to with pleasure and profit by every one interested in history and progress.

Libertinism and Marriage. By Dr. Louis Jullien (Paris). Surgeon of Saint Lazare Prison; Laureate of the Institute, of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Pp. v-169. Extra cloth, \$1.00 net, delivered. Philadelphia. F. A. Davis Co., Publishers, 1914-16 Cherry Street. 1901.

"He who takes the trouble to cast his eye over the following pages will quickly see that, in the majority of cases noted, woman is the victim. It is with deep compassionate sentiment that I relate the numerous clinical examples which I have found in my notes, almost forming a martology where my conscience told me I was pleading pro femina by the evidence of the facts themselves." Here will be found one of the best descriptions of the cause and effect of acute and chronice blennorrhœa, in the man and in the woman.

The "curse of the age" is very delicately yet practically laid down, and every medical practitioner should not only read it and study it but have a copy on his table from which to read a lesson to young men.

The Doctor's Wife: A Tribute to Wifehood. An after-dinner speech originally delivered before a general audience at the Annual Banquet of the College of Physicians and Surgeons, April, 1899. Published to please the few friends who heard it and in the hope of pleasing a few others. By Wm. E. Quine, M. D.

Those who have had the pleasure of hearing or reading this really charming post-prandial address will readily acknowledge that one "Doctor's Wife," at least, has a talented and *well-trained* husband. After such a drill, it is doubtful, even under such a drill-master, if many Dean's of medical colleges could speak so eloquently in an after dinner effort, How few Deans would dare to speak thus, even "after dinner:" "For a few joyous months I, too, imagined I had one (a wife) but I've been suspicious for many a sombre year since that she had me."

"It is a trite maxim, the realization of which has humbled many a proud-spirited man, that 'Husband and wife are of one mind—and that belongs to the wife.'

"I have had so many impressive lessons on this point that I am not in the least inclined to argue it now."

It is a charming and altogether just tribute to wifehood, and 'tis refreshing to know that the busiest of doctors can eat as well as speak, and speak as well as eat,

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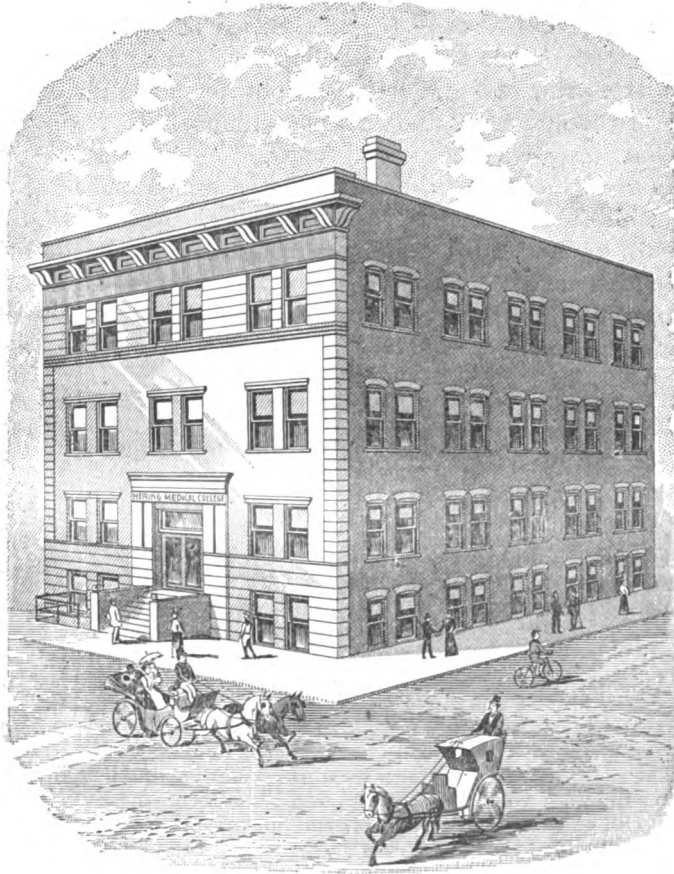
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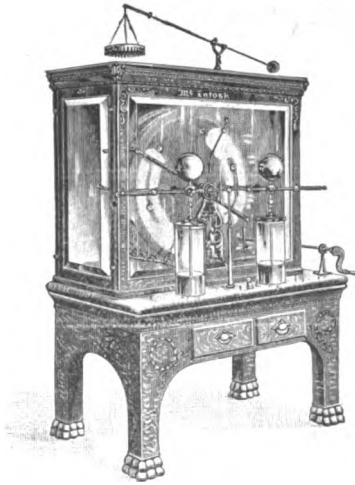
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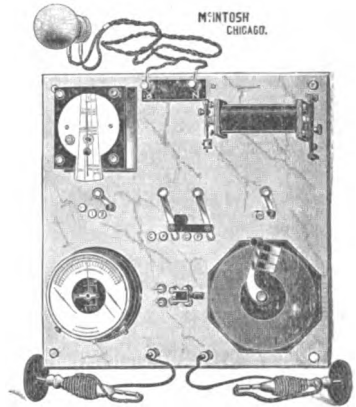
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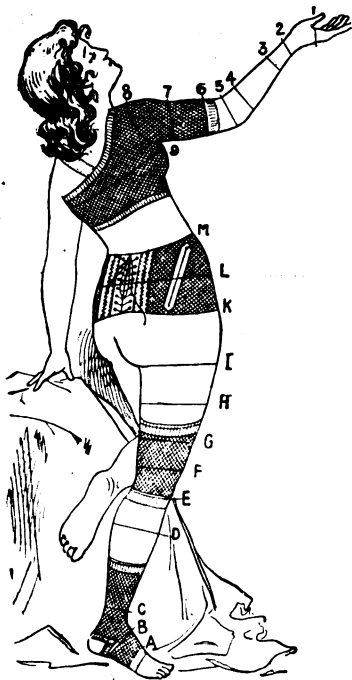
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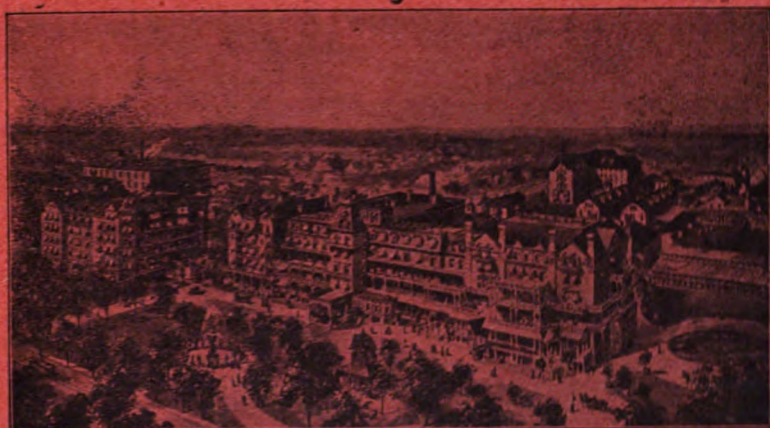
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"So on the above plan," says M. W. Porter of Topeka, Kan., "I will write what I know of Grape-Nuts Breakfast Food from personal experience. After a long period of indigestion and other disorders, with some misgivings, I took up the use of Grape-Nuts. Despite the hot weather I kept gaining in strength and mentally, a thing I had never done at that season of the year.

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It would be just as reasonable for a temperance advocate to drink a little diluted whiskey as to drink coffee, for one is as truly an intoxicant as the other, and persistence in the use of coffee brings on a variety of chronic diseases, notorious among which are dyspepsia, heart palpitation (and ultimately heart failure), frequently constipation, kidney diseases, many cases of weak eyes and trembling condition of the nerves.


This is only a small percentage of the great variety of diseases which come from an unbalanced nervous system, caused by the persistent daily use of the drug caffeine, which is the active principle of coffee. Another bit of prima facie evidence about coffee is that the victims to the habit find great difficulty in giving it up.

They will solemnly pledge to themselves day after day that they will abandon the use of it when they know that it is shortening their days, but morning after morning they fail, until they grow to despise themselves for their lack of control.

Any one interested in this subject would be greatly surprised to make a systematic inquiry among prominent brain workers in America. There are hundreds of thousands of our most prominent people that have abandoned coffee altogether and are using Postum Food Coffee in its place, and for the most excellent reasons in the world. Many of them testify that ill health, nervous prostration, and consequent inability to work, has in times past, pushed them back and out of their proper standing in life, which they have been able to regain by the use of good health, strong nerves, and great vitality, since coffee has been thrown out and the Postum puts in its place.

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