



Über dieses Buch

Dies ist ein digitales Exemplar eines Buches, das seit Generationen in den Regalen der Bibliotheken aufbewahrt wurde, bevor es von Google im Rahmen eines Projekts, mit dem die Bücher dieser Welt online verfügbar gemacht werden sollen, sorgfältig gescannt wurde.

Das Buch hat das Urheberrecht überdauert und kann nun öffentlich zugänglich gemacht werden. Ein öffentlich zugängliches Buch ist ein Buch, das niemals Urheberrechten unterlag oder bei dem die Schutzfrist des Urheberrechts abgelaufen ist. Ob ein Buch öffentlich zugänglich ist, kann von Land zu Land unterschiedlich sein. Öffentlich zugängliche Bücher sind unser Tor zur Vergangenheit und stellen ein geschichtliches, kulturelles und wissenschaftliches Vermögen dar, das häufig nur schwierig zu entdecken ist.

Gebrauchsspuren, Anmerkungen und andere Randbemerkungen, die im Originalband enthalten sind, finden sich auch in dieser Datei – eine Erinnerung an die lange Reise, die das Buch vom Verleger zu einer Bibliothek und weiter zu Ihnen hinter sich gebracht hat.

Nutzungsrichtlinien

Google ist stolz, mit Bibliotheken in partnerschaftlicher Zusammenarbeit öffentlich zugängliches Material zu digitalisieren und einer breiten Masse zugänglich zu machen. Öffentlich zugängliche Bücher gehören der Öffentlichkeit, und wir sind nur ihre Hüter. Nichtsdestotrotz ist diese Arbeit kostspielig. Um diese Ressource weiterhin zur Verfügung stellen zu können, haben wir Schritte unternommen, um den Missbrauch durch kommerzielle Parteien zu verhindern. Dazu gehören technische Einschränkungen für automatisierte Abfragen.

Wir bitten Sie um Einhaltung folgender Richtlinien:

- + *Nutzung der Dateien zu nichtkommerziellen Zwecken* Wir haben Google Buchsuche für Endanwender konzipiert und möchten, dass Sie diese Dateien nur für persönliche, nichtkommerzielle Zwecke verwenden.
- + *Keine automatisierten Abfragen* Senden Sie keine automatisierten Abfragen irgendwelcher Art an das Google-System. Wenn Sie Recherchen über maschinelle Übersetzung, optische Zeichenerkennung oder andere Bereiche durchführen, in denen der Zugang zu Text in großen Mengen nützlich ist, wenden Sie sich bitte an uns. Wir fördern die Nutzung des öffentlich zugänglichen Materials für diese Zwecke und können Ihnen unter Umständen helfen.
- + *Beibehaltung von Google-Markenelementen* Das "Wasserzeichen" von Google, das Sie in jeder Datei finden, ist wichtig zur Information über dieses Projekt und hilft den Anwendern weiteres Material über Google Buchsuche zu finden. Bitte entfernen Sie das Wasserzeichen nicht.
- + *Bewegen Sie sich innerhalb der Legalität* Unabhängig von Ihrem Verwendungszweck müssen Sie sich Ihrer Verantwortung bewusst sein, sicherzustellen, dass Ihre Nutzung legal ist. Gehen Sie nicht davon aus, dass ein Buch, das nach unserem Dafürhalten für Nutzer in den USA öffentlich zugänglich ist, auch für Nutzer in anderen Ländern öffentlich zugänglich ist. Ob ein Buch noch dem Urheberrecht unterliegt, ist von Land zu Land verschieden. Wir können keine Beratung leisten, ob eine bestimmte Nutzung eines bestimmten Buches gesetzlich zulässig ist. Gehen Sie nicht davon aus, dass das Erscheinen eines Buchs in Google Buchsuche bedeutet, dass es in jeder Form und überall auf der Welt verwendet werden kann. Eine Urheberrechtsverletzung kann schwerwiegende Folgen haben.

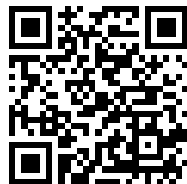
Über Google Buchsuche

Das Ziel von Google besteht darin, die weltweiten Informationen zu organisieren und allgemein nutzbar und zugänglich zu machen. Google Buchsuche hilft Lesern dabei, die Bücher dieser Welt zu entdecken, und unterstützt Autoren und Verleger dabei, neue Zielgruppen zu erreichen. Den gesamten Buchtext können Sie im Internet unter <http://books.google.com> durchsuchen.

This is a reproduction of a library book that was digitized by Google as part of an ongoing effort to preserve the information in books and make it universally accessible.

Google™ books

<https://books.google.com>





The Medical advance

Brookly



H 610.8⁻

M⁵

A24



Yours Fraternally
A. C. Loupes Thwaiter

the

62387

MEDICAL ADVANCE

A MONTHLY MAGAZINE OF

HOMŒOPATHIC MEDICINE.

EDITOR: H. C. ALLEN, M.D.,
ANN ARBOR, MICH.

VOLUME XXI.

JULY TO DECEMBER, 1888.

PUBLICATION OFFICE, CHICAGO, ILL., U. S. A.

INDEX.

- A** CALYPHA IND. in Tuberculosis, 246.
Acalpha ind. in Hæmoptysis, 246.
Acalpha ind., Indications for, 247.
Aconite, 8.
 A Study by the Farrington Club, 413.
 Mental Symptoms. Z. T. Miller, M.D., 413.
 Gastric and Abdominal Symptoms. R. K. Fleming, M.D, 427.
 Compared with Bell., Berb., Cinch., Bry., Glon., Nux, Ther., Amm. m.,
 Chel., Lach., Lachn., Rhus, Zinc. J. L. Ferson, M.D.
 In Pneumonia, 299.
Allen, H. C., M.D., 193, 210, 246, 255, 256, 262., 263, 301, 304, 307, 318.
Allen, R. C., M.D., 327.
Allen, John V., M.D., 244.
Allopathy vs. Homœopathy: A Differential Diagnosis. C. H. Lawton,
 M.D., 433.
Alone; Yet not Disheartened. M. Dills, M.D., 347.
Aloe, an Anti-Psorid Remedy. W. P. Wesselhœft, M.D., 536.
Alt, Conrad, M.D., 233.
American Institute.
 Bureau of Mateica Medica and Discussion, 255.
 Bureau of Obstetrics, 324.
 Comparative Statistics, 44.
 Cyclopædia of Drug Pathogenesis, 58.
 Dr. Bartholow vs. Homœopathy, 45.
 Politics of, 86.
 Medical Education, 53.
 New Members Electcd, 63.
 President's Address, 39.
 Report of Provings, 60.
 The Grand Excursion, 87.
 The Progress of Homœopathy, 49.
Annual of the Universal Medical Sciences, 329.
Antimonium tart. in Cholera Morbus, 505.
Antimonium tart, 4, 84, 505.
Antisepticism vs. Homœopathy, 330.
Antiseptic Surgery. G. G. Clifford, M.D., 109.
 Agents, 110.
Apis, 8.
Arctium lappa in Prolapsus, 86.
Argentum nit. in Locomotor Ataxy, 172.
Arnica in Quinsy, 85.
Arsenic, Dunham's Indications, 248.
 And Cinchona Compared, 267.
 Characteristics of, 249.
 In Pneumonia, 350.
 In Tuberculosis, 247.
 In Cancer of Stomach, 517.
Arsenicum iod. in Cancer, 265.
Aseptic Obstetrics. E. B. Grosvenor, M.D., 175.
Aurum in Retinitis Apoplectica, 454.
 In Insanity, 69.

BABY THERAPEUTICS, Æth., Ant. c., Ant. t., Ars., Bar. c., Benz. ac., Calc., Calc. p., Cham., Sil., Cina, China, Graph., Rheum, Mag. c., Caps., Coff., Zinc., Cup., Caust., Puls., Acon., Fer. p., Mag. p. Z. T. Miller, M. D., 527.
 Baer, O. P., M.D., Death of, 384.
 Ballard, E. A., M.D., 288, 305, 318.
 Barnes, Geo. W., M.D., 567.
 Baryta carb., 226.
 Beckwith, D. H., M.D., 567.
 Berridge, E. W., M.D., 223, 441.
 Belladonna, 8.
 Bismuth in Cholera Infantum, 505.
 Biggar, H. F., M.D., 21, 288.
 Big Toes, Right, Symptoms of, 216.
 Left, Symptoms of, 218.
 Right and Left, 219.
 Biegler, J. A., M.D., 303, 509.
 Bowen, G. W., M.D., 384.
 Bryonia, Diarrhoea, 239.
 Button, Julia F., M.D., 288.
 Butler, C. W., 59, 169, 261, 317, 319, 322, 323, 353, 514.
 Burnett, J. Compton, M.D., 228.
 Butchart, James, M.D., 238.

CHAMPLIN, H. W., M.D., 522.
 Chill, Congestive. C. B. Gilbert, M.D., 520
 Calcarea, 4, 8, 436.
 Camp, A. A., M.D., Resolutions on Death of, 12.
 Campbell, Alice B., M.D., 317, 323.
 Canadian Institute, 94, 219.
 Cancer of Stomach. W. A. Hawley, M.D., 517.
 Candee, Dr., 267.
 Cannabis Indica in Delirium Tremens, 84.
 Carbolic acid, accidental proving of, 203.
 Carleton, E., M.D., 322.
 Casseday, F. F., M.D., 288.
 Causticum, 8.
 Cleveland, C. L., M.D., 264.
 Colorado Letter, Our. W. S. Gee, M.D., 367.
 Comment and Criticism.
 A Few Questions. Fred. Hooker, M.D., 77.
 A Non-Traumatic Cranial Depression. S. E. Burchfield, M.D., 76.
 Another View of the Dividing Line. B. Fincke, M.D., 180.
 Aseptic Precautions. C. Carleton Smith, M.D., 269.
 Axiom No. 2. Samuel Swan, M.D., 369.
 Boeninghausen and Lippe. P. P. Wells, M.D., 176.
 Dr. Hooker's Questions. C. B. Gilbert, M.D., 270.
 Examination of Patient for a Homœopathic Prescription. J. G. Malcolm, M.D., 468.
 How Shall it be Done. F. S. Davis, M.D., 70.
 Making History: Introducing the Lacs. Samuel Swan, M.D., 471.
 Needs an Explanation. Robt. Farley, M.D., 371.
 New York Society. Fred Hooker, M.D., 465.
 Nota Bene Number Two. C. B. Gilbert, M.D., 78.
 Nota Bene, Again. Aug. Korndorfer, M.D., 273.
 Reply to C. Carleton Smith, M.D. E. B. Grosvenor, M.D., 472.
 Reply to Dr. Korndorfer. C. B. Gilbert, M.D., 369.
 Science Frst, then Art. C. B. Gilbert, M.D., 268.

- The Dividing Line. C. A. Bacon, M.D., 178.
 The Effect of a Poison is a Proving. S. W. Cohn, M.D., 72.
 The Effect of a Poison is a Proving. S. Lillenthal, M.D., 370.
 The Second Prescription. S. L. G. Leggett, M.D., 271.
 Timely and Valuable. Thomas Skinner, M.D., 184.
 Would Like to Test the Remedies in Diphtheria. F. P. Warren, M.D., 71.
- Conium Mac., a proving of. Dr. Lembke, 143.
 Coupe, Mrs. W. T., 335.
 Comstock, T. G., M.D., 256, 257, 261, 325.
 Colocynth, 227.
 Cowperthwaite, A. C., M.D., President's Address, 39.
 Cranch, Edward, M.D., 390.
 Cundurango, Cracks in Angles of the Mouth, 228.
 Cundurango in Cancer, 228.
 Cures, Some Good. Burnett, 228.
 Cuprum met. in Cholera Morbus, 506.
 Cushing, A. M., M.D., 86, 256, 407.
 Custis, J. B. Gregg, M.D., 324.
- D**AKE, J. P., M.D., 86.
 Danforth, L. L., M.D., 325.
 Deck, J. F., M.D., 94.
 Dever, I., M.D., 264.
 Diagnose the Remedy, How to, 290.
 Dills, M., M.D., 347.
 Diarrhoea, Morning, 238.
 Diphtheria, Nature will not Tolerate Mistakes in. Dr. Gregg, 85.
 Diphtheria, would like to Test the Remedies for. F. P. Warner, M.D., 71.
 Dioscorea, Diarrhoea, 239.
 Dose, repetition of the. Ad. Lippe, M.D., 343.
 Dose, the question of, 319.
 Dose, "Large" and "Small," Objection to, 317.
 Drysdale, Alfred, M.D., 448, 479.
 Dowling, Frances A., Death of, 95.
 Dudgeon, R. E., M.D., 243.
- E**ASTERN Ohio Homœopathic Medical Society, 556.
 Ecole de Medicine, Students of, 66.
- Editorial:
 A Misconception of fact, 372.
 A Needed Amendment, 80.
 Drug Provings. Wesselhoëft, 82.
 Dunham's View of it, 187.
 Kansas City Homœopathic College, 278.
 Our Drug Provings, 185.
 Post-Graduate Course of Lectures, 82.
 Potentiation, 276.
 Boenninghausen's Experience, 276.
 Practical Truth, A, 189.
 Second Prescription. Kent, 82.
 Sick-Headache Pill of E. M. Hale, 83.
 The Cigarette Eye, 279.
 The Fire in the Rear, 549.
 The Totality of the Symptoms, 473.
 Editor's Table, 93, 190, 288, 384, 478, 566.
 Effect of a Poison in a Proving. S. W. Cohen, M.D., 76.
 Edson, Susan, M.D., 326

Evans, L. Hamilton, M.D., 319.
Examination of the Patient for a Homœopathic Prescription, 289.

FABIOLA Hospital, 337.
Fahnstock, J. C., M.D., 203.
Farley, Robert, M.D., 240, 371.
Farrington's Caution in Use of Arsenicum, 248.
Feet, Symptoms of, 216, 338.
Felger, Adolphus, M.D., Death of, 191.
Fisher, Dr., 308.
Fistula in Ano.—Silicea, 448.
Fothergill J. Milner, M.D., 288.
Foreign Letter, Our. Alfred Dysdale, M.D., 448.
Foster, W. D., M.D., 460.
French, Dr., 325.

GEE, WM. S., M.D., 256, 299, 309, 317, 322, 343, 300.
Gelsemium in Metorrhagia, 523.
Gestation, Cardiac Complications of, 324.
Nervous " " 324.
Placental " " 325.
Pulmonary " " 325.
Gilbert, C. B., M.D., 78, 236, 268, 270, 369, 520.
Gilchrist, J. G., M.D., 106, 328.
Glosso-Syphilis of Eleven Years—Cured. Thomas Skinner, M.D., 158.
Gnapalium, Diarrhoea, 239.
Gonorrhœa. Alfred Pulford, M.D., 442.
Kali bich. in, 443.
Soliloquy on, 238.
Graphites in Psoric Disease, 225.
Grosvenor, L. C., M.D., 324.
Guernsey, H. N., 238.
Guernsey, Wm. Jefferson, M.D., 244, 288.

HÆMATOXYLON. E. W. Berridge, M.D., 441.
Hahnemann's Life Force. Dr. B. Fincke, 97.
Hahnemann's Patient, 322.
Hale, E. M., M.D., 257, 259, 261, 262.
Hawley, W. A., M.D., 266, 267, 307, 517.
Hay Fever, Sinapis, 354, 357, 358.
Headache, Gastric, Iris, Lac. defl., Eup. perf., 167.
Headache, Rheumatic, Act., Rhus, Caust., Arg. n., Verat. v., 168.
Headache, Catarrhal, Cepa, Kali bi., Sticta, Merc. bin., 164.
Headache, Congestive, Ferr. phos., Gels., Verat. vir., Cinch., Actea, Mel., Sulph., 166.
Helmuth, Wm. Tod, M.D. 384.
Helonias in Albuminuria of Pregnancy, 84, 508.
Helleborus, a Proving of. R. N. Warren, M.D., 23.
Hæmorrhoids, Diagnosis of. Hering, 122.
Hering, C., M.D., Not an Isopathist, 243.
Hiccough from Quinine, Nat. mur., 229.
Holcombe, W. H., M.D., 245.
Holmes, E. B., M.D., 244.
Holmes, H. P., M.D., 301, 307, 318.
Hooker, Fred., M.D., 77, 266.

- Homœopathic Difficulties in 1850, 244.
 Homœopathic Surveillance, 244.
 Homœopathy, A few Questions on. Fred. Hooker, M.D., 77.
 Homarus, Proving of. A. M. Cushing, M.D., 407.
 Hoag, C. S., M.D., 260.
 Howell, C. A., M.D., 231.
 How Shall it be Done. Dr. F. S. Davis, 70.
 How I Became a Homœopath. E. B. Holmes, M. D., 244.

I GNATIA, 8.

- Insanity, Borderland of. Thomas Skinner, M.D., 67.
 International Hahnemannian Association, 26.
 Intestinal Obstruction, 108.
 Iodine in Retinitis Apoplectica, 453.
 Isopathy, What it is Not, 215.

J AHR'S Forty Years' Practice. E. B. Nash, M.D., 163.

- Jones, S. A., M.D., 398, 364.

K ALI BICH., 5.

- Kali bich. Diarrhoea, 239.
 Kali phos. in Subacute Laryngitis, 514.
 Kansas City College, 94, 278.
 Keloid—Silicea, 447.
 Kent, J. T., M.D., 1, 300, 342, 362, 513.
 Kentucky State Society, 64.
 Key to the Materia Medica, Lippe, 27.
 Kreasote in Cholera Infantum, 505.
 Kreasote in Painful Dentition, 84.

L ACTIC ACID in Diabetis, 508.

- Lappa major in Cholera Infantum. G. T. Hardin, M.D., 122.
 Lachesis, in Mania from Alcoholic Stimulants, 84.
 In Mental Alienation, 509.
 In Neuritis, 439.
 Sensation of Sinking, 84.
 Lawton, C. H., M.D., 433.
 Leavitt, Sheldon, M.D., 324, 327.
 Leggett, S. L. G., M.D., 271, 385.
 Lenggenhager, Dr., 266.
 Lilienthal, S., M.D., 233, 370.
 Liliun tig., Diarrhoea, 239.
 Lippe, Ad., M.D., 343.
 Lippe Memorial Course. First Lecture of. P. P. Wells, M.D., 481.
 Locomotor Ataxy. C. W. Butler, M.D., 169.
 Lufkin, H. M., M.D., 439.
 Lycopodium, 4, 5, 342, 343.
 And Lac. c. in Diphtheria, 205.
 In Headache, 206.
 In Ophthalmia, 206.
 In Scarlet Fever, 206.
 In Constipation, 207.
 J. A. Wakeman, M.D., 204.
 Lycopodium in Sciatica, 507.

- M**ACROTIN in Suppressed Menses, 231.
 Magnesia phos., A Proving of, 193.
 Magnesia carb. in Throat Diseases. J. B. G. Custis, M.D., 114.
 Compared with Badiaga, 115.
 Cistus can., 116.
 Merc. cyan., 116.
 Phosphorus, 116.
 Phytolacca, 116.
 Stannum, 115.
 Wyethia, 115.
 Magnesia phos, A Proving of, 193.
 In Cancer of Stomach, 84.
 In Dysmenorrhœa, 201.
 In Facial Neuralgia, 196.
 In Menorrhagia, 202.
 Malandrinum in Small-pox, 242.
 Markham, R. C., M.D., 524.
 Martin, W. J., M.D., 436.
 McGuire, D. J., M.D., Death of, 288, 376.
 Medorrhine in Chronic Rheumatism, 85.
 Melilotus in Mental Affections, 514.
 Menorrhagia. Samuel Swan, M.D., 361.
 Two Cases of. H. W. Champlin, M.D., 522.
 Merc. cor. in Dysentery, 525.
 Mercurius, 5.
 Merycismus—Rumination, 233.
 Remedies for, 234.
 Mephitis in Pertussis, 86.
 Menyanthes, in Cephalgia, 240.
 Michigan State Society, 13.
 Middleton, M. F., 326.
 Miller, Z. T., M.D., 413, 527.
 Minnesota State Society, 10.
 Mohr, Chas., M.D., 259.
 Morgan, J. C., M.D., 86, 258.
 Murdock Hospital for Women vs. Dr. Marcy, 81.
- N**ASH, E. B., M.D., 163, 301, 317, 318, 505.
 Natrum mur., 8, 226, 229, 457.
 Natrum sulph., Diarrhœa, 238.
 New Publications.
 A System of Gynæcology by American Authors. Mann, 564.
 Abdominal Surgery. H. C. Wyman, 564.
 Alden's Manifold Cyclopædia, 92, 565.
 Annual of the Universal Medical Sciences. Sajous, 381.
 Aryan Race, Its Origin and Achievements. Morris, 476.
 Atlas of Venereal and Skin Diseases. Morrow, 281.
 Blakiston's Visiting List, 1889, 565.
 Clinical Lectures on Nervous Diseases. Charcot, 564.
 Cyclopedia of Drug Pathogenecy, 283.
 Diseases of the Heart and Lungs. Leaming, 285.
 Diseases of the Liver. Dujardin-Baumetz, 564.
 Disinfection and Disinfectants, 560.
 Divine Healing. Carter, 286.
 Domestic Cook Book. Mrs. Pulte, 92.
 Essentials of Chemistry and Toxicology. Witthaus, 189.
 Excessive Venery, Masturbation and Continence. Howe, 382.
 Fevers, Blood-Poisoning and their Treatment. Burnett, 380.

- Fifty Reasons for Being a Homœopath. Burnett, 281.
 Gonorrhœa, A Repertory of. Kimball, 87, 281.
 Griggs' German Philosophical Classics, 89.
 Guiding Symptoms, Vol. VI, 88.
 Hand-Book of Historical and Geographical Pththisiology. Evans, 558.
 Hay-Fever, and its Radical Cure. Lippencott, 477.
 Helmuth House Report, 558.
 Homœopathy in Venereal Diseases. Yeldham, 189.
 Homœopathic Therapeutics of Diarrhœa. Bell, 379.
 Hospital and Dispensary Clinics and Art of Prescribing, 283.
 How to Study Materia Medica. Wesselhoeft, 284.
 Index-Catalogue of Surgeon General's Library, Gov. Printing Office, 561.
 Helmuth's Criticism on, 561.
 Infectious Diseases. Liebermaster, 286.
 Judaism on the Social Question. Berkowitz, 287.
 Kalevala. Crawford, 475.
 Kansas Medical Society, Proceedings of, 383.
 Land of the Pueblos. Wallace, 287.
 Leibnitz's New Essays on the Human Understanding. Dewey, 381.
 Materia Medica. Swan, 88.
 Massachusetts Society, Publications of, 91.
 Medical Diagnosis. Brown, 557.
 Medical Society of Ohio, Proceedings of, 476.
 Middletown Asylum, 17th Annual Report, 91.
 New York Society, Transactions of, 92.
 Otis Clapp & Son's Visiting List, 1889, 565.
 Pathology, Diagnosis and Treatment of Women. Graily Hewitt, 89.
 Pessimist in Theory and Practice. Timsol, 287.
 Physicians Leisure Library. Davis, 91.
 Premature Baldness in the United States, 286.
 Relation of Alimentation to Disease. Salisbury, 285.
 Semi Centennial Celebration of the Introduction of Homœopathy West
 of Allegheny Mountains, 477.
 Sexual Impotence in Male and Female. Hammond, 92, 287.
 Sheaf of Song. Leggett, 287.
 Similia Similibus Curantur. Mack, 90.
 Spinal Irritation. Hammond, 284.
 Story of Ohio. Black, 382.
 System of Obstetrics, by American Authors, 90.
 Text-Book of Gynæcology. Cowperthwaite, 476.
 The Life Insurance Examiner, 565.
 Therapeutics, Its Principles and Practice. Wood, 559.
 Theory and Practice of the Ophthalmoscope. Claiborne, 475.
 Three Ethical Codes, 286.
 Transactions by the American Institute, 558.
 Transactions Hom. Medical Society of Michigan, 566.
 Unity of Truth in Christianity and Evolution. Hark, 286.
 Wit and Humor: Their Use and Abuse. Matthews, 565.
 Newton College Hospital, 94.
 New York Homœopathic Union, 34.
 New York Medical Times. 86.
 Niccolum, 227.
 Nickelson, W. H., M.D., 326.
 Night Service in Paris, 157.
 Nitrio Acid in Chancre, 236.
 Non-Traumatic Cranial Depression. Dr. S. E. Burchfield, 76.
 Nota Bene, 236.
 Nota Bene Number Two. Dr. Chas. B. Gilbert, 78.

- Non-Union of Fractured Bones. J. G. Gilchrist, M.D., 106.
 Nuphar luteum, Diarrhoea, 239.
 Nux Moschata in Brain Affections, 84.
 Nux Vomica, Bad Effects of Ether, 85.
 Diarrhoea, 239.
 In Congestive Chill, 521.

- O**DD Symptoms. B. W. James, M.D., 147.
 Ohio State Society, 19.
 Oregon State Society, 65.
 Organon and Materia Medica Society, 556.
 Organon, Fincke's Translation, 35.
 Organon: Section 3. W. S. Gee, M.D., 309.
 " " 153. Ed. Cranch, M.D., 390.
 " Lectures on. J. T. Kent, M.D., 496.
 Oneida County Medical Society, 264.
 Onondaga County Society, 266.

- P**ACKARD, Horace, 86.
 Pardee, Emily V. D., M.D., 324.
 Parturition, Painless, 335.
 Payne, F. W., M.D., 451.
 Peck, Geo. B., M.D., 324.
 Peculiar Case, A, 231.
 Petroleum, Diarrhoea, 239.
 Phillips, L. A., M.D., 324.
 Phosphorus 3, 8, 224, 239, 362.
 Pix liquida in Eczema, 86.
 Placenta prævia, 325.
 Plumbum in Dysmenorrhœa, 237.
 Plumbum in Liver Troubles, 238.
 Podophyllum, Diarrhoea, 239.
 Poisons. Samuel Swan, M.D., 212.
 Pomeroy, T. F., M.D., 265, 556.
 Porter, Maria W., M.D., Death of, 567.
 Pratt, E. H., M.D., 288.
 Pre-emption Plea: Addressed to the Homeœopathic Profession in America.
 S. A. Jones, M.D., 364.
 President's Address. Dr. R. C. Olin, 14.
 Psoric Disease, a Complicated Case of, 223.
 Pulford, Alfred, M.D., 442.
 Pulsatilla, 8. 224, 227, 401.
 Antidotes Coffee Headache, 149.
 Compared with Sepia, Nat. m., Stan., Ign., Cycl., Ferr., Quinine, 152.
 Compared with Actea, Caul., 153.
 Helen., Sen., Alet., 154.
 Hydr., Lil., Cycl., 155.
 Diseases of Women, 153.
 H. G. Glover, M.D., 149.
 In Acute Orchitis, 407.
 In Amenorrhœa, 150.
 In Labor, 253.
 In Lumbo-Sacral Neuralgia, 403.
 J. A. Wakeman, M.D., 401.
 Pathogenesis of, Dunham.
 Pulte College Notes. L. L. Helt, 480.

QUININE.—An Involuntary Proving. O. F. Macdonald, M.D., 154.

RAYMOND, J. C., M.D., 265.

Reininger, E. E., M.D., 190.

Repertory Work. R. C. Markham, M.D., 524.

Repetition of the Dose, 315.

Retinitis Apoplectica, Five Cases Cured. F. W. Payne, M.D., 451.

Rounds, W. E., M.D., 190.

Rhus in Traumatic Prolapsus, 8, 86.

Rhus Poisoning, Cured by Sulph., 232.

Rochester Hannemannian Society, 554.

Rumex Crispus, Diarrhœa, 238.

SATISFACTORY CURE, A, 232.

Sawyer, E. W., M.D., 322.

Scales, E. P., M.D., 324.

Schneider, N., M.D., President's Address, 21, 260, 261.

Second Prescription. J. T. Kent, M.D., 1.

“ “ W. P. Wesselhoeft, M.D., 396.

Sepia, 363.

Sepia—Zincum : A Comparison, 210.

Seward, Stephen, M.D., 267.

Silicea, 8, 447, 448.

Sinapis Nigra, Clinical Experience with. C. W. Butler, M.D., 353.

Skinner, Thomas, M.D., 85.

Small-pox, Medicinal Prophylaxis of, 240.

Smith, C. Carleton, M.D., 269.

Smith, J. Heber, M.D., 85, 262.

Smith, S. N., M.D., 264.

Southern Homœopathic Association, 553.

Southwick, G. R., M.D., 86, 324, 326, 327.

Stammering, How to Cure, 288.

Stevenson, E., M.D., Letter of, 253, 479.

Stow, T. D., M.D., 304.

Students, Number of in France and Germany, 66.

Sturtevant, L. P., M.D., 324.

Sulphur, 4, 8.

J. A. Wakman, M.D., 116.

In Dorsal Ulcer, 117.

In Chronic Headache, 118.

Scrofulous Ophthalmia every Eighth Year, 119.

Coryza of Thirty Years Standing, 120.

Surgical Notes. J. G. Gilchrist, M.D., 106, 328.

Brain Surgery. J. G. Gilchrist, M.D., 446.

Cases from Practice. E. Carleton, M.D., 332.

Fibrous Epulis. E. Carleton, M.D., 333.

Operation de Complaisance. E. Carleton, M.D., 332.

Ozone in Carcinoma. J. G. Gilchrist, M.D., 444.

Surgical Therapeutics. J. G. Gilchrist, M.D., 447.

Tubular Aneurism. J. G. Gilchrist, M.D., 447.

Swan, Samuel, M.D., 212, 216, 361.

Sycosis. S. L. G. Leggett, M.D., 385.

Symptoms, Characteristic. J. T. Kent, M.D., 342.

Symptomatology and Pathology. S. A. Jones, M.D., 398.

Syphilis and Carcinoma, 328.

Syphilinum, Night Cough, 215.

Syphilinum, Pathogenesis of. Samuel Swan, M.D., 123, 215.

- T**HERAPEUTICS of the Throat.—Magn. c. J. B. G. Custis, M.D., 114.
 Three Great Mistakes, 314.
 Tobacco Using, 567.
 Toe Nail, Ingrowing, Mag. aus., 220.
 Tonsillitis, Acute, Calcarea, 236.
 Tousley, L. D., M.D., 265.
 True, Dr., 266.
 Tuberculous Affections, Therapeutics of, 246.
 Tuberculosis, Pulmonary, Cured with One Dose of Calcarea 50m. W.*J.
 Martin, M.D., 436.
 Tumor, Phantom, A, 21.
 Two Desperate Cases Cured. J. A. Biegler, M.D., 509.
- U**TERI, Laceration of Cervix. W. D. Foster, M.D., 460.
 Uterine Cervix, Excision of, for Cancer. C. S. Marley, M.D., 461.
- V**ACCINATION, Results of, 351.
 Valeriana in Sciatica, 84, 507.
 VanDenburgh, W. M., M.D., 257.
 Van Norman, E., M.D., 479.
 Verifications. J. T. Kent, M.D., 362.
 von Gottschalck, Wm., M.D., Death of, 378.
- W**AKEMAN, J. A., M.D., 116, 204, 404.
 Waltz, A. L., M.D., 232.
 Wells, L. B., M.D., 265.
 Wells, P. P., M.D., 289, 299, 304, 307, 308, 317, 318,*319, 321,*322, 323,
 481, 513.
 Wesselhoft, W. P., M.D., President's Address, 26, 302, 396, 536.
 Williamson, W. M., M.D., 209.
 Wilson, Harold, M.D., 190.
 Woman's Homeopathic Association of Pennsylvania, 94.
 Wood, J. C., M.D., 327.
 Wright, A. R., M.D., 262, 264.
 Wurmb's View of Arsenic, 248.
- Z**INCUM met. in Suppressed Eruptions, 260.
 In Constipation, 259.
 In Cholera Infantum, 256.
 In Cerebro-Spinal Diseases, 257.
 In Uterine Cancer, 259.
 In Eczema, 86.
 In Dysmenorrhœa, 261.
 Zincum phos. in Shingles, 257.
 In Ovarian Neuralgia, 259.
 Zinc Poisoning from Galvanized Iron Water Pipes, 262.
 In Convulsions of Children, 264.

The

Medical Advance

VOL. XXI.

CHICAGO, JULY, 1888.

NO. 1.

THE SECOND PRESCRIPTION.

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

What is more beautiful to look upon than the bud during its hourly changes to the rose in all its bloom. This evolution has so often come to my mind when patiently awaiting the return of symptoms after the first prescription has exhausted its curative power. The return symptom-image unfolds the knowledge by which we know whether the first prescription was the specific or the palliative, i. e., we may know whether the remedy was deep enough to cure all the deranged vital wrong or simply a superficial acting remedy, only able to sustain a temporary effect. The many things learned by the action of the first remedy determines the kind of demand made upon the physician for the second prescription.

Many problems come up to be solved, that must be solved, or failure may follow.

How long shall I watch and wait? is a question frequently asked but seldom answered. Is the remedy still acting? Is the vital reaction still affected by the impulse of the remedy? If the symptoms are returning, how long shall they be watched before it is necessary to act or give medicine? Is the disease acute or chronic? Why is the second prescription so much more difficult than the first? Why is it that so many patients are benefited when first going to the physician and thereafter derive no benefit?

I presume that most good prescribers will say, we have often acted too soon but never waited too long. Many physicians

fail because of not waiting, and yet the waiting must be governed by knowledge. Knowledge must be had, but where can it be obtained? To know that this waiting is right, is quite different from waiting without fixed purpose. This knowledge cannot be found where its existence is denied: it is not found with unbelievers and agnostics.

When the first prescription has been made and the remedy has been similar enough to change the existing image we have but to wait for results. The manner of change taking place in the totality of symptoms means everything, yet the manner of the return of the image, provided it has disappeared, means more.

First.—If aggravation of symptoms follow.

Second.—If amelioration of symptoms follow.

Aggravation of existing symptoms may come on with general improvement of the patient, which means well; but if aggravation of the symptoms is attended with decline of the patient, the cure is doubtful and the case must be handled with extreme care as it is seldom that such patients recover perfectly.

If amelioration follow the prescription, to what does the amelioration apply? It may apply to the general state or but to the few symptoms. If the patient does not feel the elasticity of life returning, the improved symptoms are the facts upon which to doubt recovery. The knowledge that the disease is incurable is often obtained only in this way. In such cases, every remedy may palliate his sufferings but cure does not come. The symptoms that are the expressions of the debility are there, and hence the totality of the symptoms is not removed.

After the curative impulse has entirely subsided, the symptoms will appear one by one falling into place to arrange an image of the disease before the intelligent physician for the purpose of cure. If the first prescription has been continuously given, there has been little if any chance of a pure returning image of the disease, therefore this image must be very unreliable. When the remedy has been fully exhausted then, and only then, can we trust the symptoms constituting the picture.

If the first prescription was the simillimum the symptoms will return, when they return, asking for the same remedy. Too often the remedy has been only similar enough to the super-

ficial symptoms to change the totality and the image comes back changed, therefore, looking like the image of another remedy which must always be regarded as a misfortune by which the case is sometimes spoiled and the hand of a master may fail to correct the wrong done. Whenever the symptoms return in the same image, calling for the same remedy, then it is that we have demonstrated, that for a time, if the disease be chronic, we have but to commend the range of dynamics to cure this case. This rule is almost free from exceptions if the remedy is an antipsoric. What must the physician do who has not the knowledge of dynamic medicines? He must sometimes see sick images come back without change of symptoms, though I believe it is seldom. The symptoms may call for Phosphorus as strongly as when he began and Phosphorus 6x has served and no longer cures. What can he do but change his remedy? Can it be possible that man can be so ignorant of how to cure as to give a drug that is not indicated because the one that is indicated does not cure? These ignorant mortals condemn the system of Homœopathy and feel that they have performed their duty to the sick, forgetting that ignorance was the culprit. I have observed in cases where a low potency had been administered in frequently repeated doses that some time must elapse before a perfect action will follow the higher potency; but where the dose had not been repeated after its action was first observed, the new and higher potency will act promptly.

When the symptoms come back after prudent waiting, unchanged, the selection was correct, and if the same potency fail to act, a higher one will generally do so quite promptly, as did the lower one at first. When the picture comes back changed only by the absence of some one or more symptoms, and no new symptoms, the remedy should never be changed until a still higher potency has been fully tested, as no harm can come to a case from giving a single dose of a medicine that has exhausted its curative powers; it is even negligence not to do just this thing.

When the demonstration is clear that the present remedy has done all it is capable of doing, and this demonstration can not be made until much higher potencies than usually made have been tried, then the time is present for the next prescription. To change to the next remedy becomes a ponderous

problem, and what shall it be? The last appearing symptom shall be the guide to the next remedy. This is so whenever the image has been permitted to settle by watching and waiting for the shaping of the returning symptom-picture. Long have I waited after exhausting the power of a remedy, while observing a few of the old symptoms returning, finally a new symptom appears. This latest symptom will appear in the anamnesis as best related to some medicine having it as a characteristic which will most likely have all the rest of the symptoms. It is not supposed that this latter appearing symptom is an old symptom on its way to final departure; for so long as old symptoms come back and go, it is granted that no medicine is to be thought of.

It is an error to think of a medicine when a symptom-image is changing; the physician must wait for permanency or firmness in the relations of the image before making a prescription. Some say, "I must give the patient medicine or he will go and get some one else." I have only to say that it were better had all sick folks gone somewhere else, for these doctors seldom cure but often complicate the sickness.

The acute expressions of a chronic disease have a different management from the acute disease, *per se*: a child suffers from bronchitis every change of the weather and may grow worse and worse if treated with the remedy for the acute symptoms. The miasm that predisposes the child to recurrent attacks must be considered. One recently under my care had received Antimonium tart., Calcarea, Sulphur, Lycopodium, etc., in such indiscriminate confusion that the child was not cured. The waiting on Sac. lac. through several attacks permitted the drugs to pass off and the true image of the sickness was permitted to express itself through several of the exacerbations taken as a whole. When western ague is complicated with a miasm, a single paroxysm does not fully express the totality, but several must be grouped and the true image will be discovered. If the acute disease be uncomplicated with a miasm, the indicated remedy will wipe it out "*cito, tuto et jucunde*."

All things oppose haste in prescribing. In very grave diseases haste is the common error, more frequently with the second prescription than the first. Many doctors suppose that a diphtheria demands an immediate medicine because "some-

thing must be done." This is an error; many a life has been saved by waiting and waiting. For example: A little girl was suffering from a severe attack of diphtheria and mother had treated it four days with Mercurius 3x and Kali bich. 3x in alternation. She was poor and therefore I did not refuse to take the case which was then in a very bad state; nose, mouth and larynx full of exudation. After a long study, the child received Lycopodium cm. (F.), one dose dry which cleared out all the exudation from nose and fauces, but did not touch the larynx. I dare not tell you how long I watched that child before I saw an indication for the second remedy which it would have never needed had the Lycopodium been given when the child first took sick. I waited until the poor child was threatening dissolution when I saw a little tough, yellow mucus in the mouth; Kali bich. cm., one dose, cleared the larynx in one day and there was no further indication necessary.

The first prescription is made with the entire image of the sickness formed. People usually send for the doctor after there can be no doubt of the sickness to be treated: the doctor watches the improvement of the patient and the corresponding disappearance of the symptoms under the first prescription and when the case comes to a standstill, he is uneasy, and with increasing fidgetyness he awaits the coming indications for the next dose of medicine. Often he does not wait, and hence the reports of lingering sicknesses in our medical journals. This fidgetyness which comes from lack of knowledge unfits the physician as an observer and judge of symptoms; hence we see the doctor usually failing to cure his own children. He cannot wait and reason clearly over the returning symptoms. The first prescription may have been correct, but the second prescription is dangerous to make in a hurry.

While watching the prescriptions of beginners, I have observed very often the proper results of the first prescription. The patient has improved for a time, then ceased to respond to any remedy. Close investigation generally reveals the fact that this patient improved after the first dose of medicine, that the symptoms changed slightly without new symptoms, and the new "photo" seemed to call for some other remedy, when of course the remedy was changed and trouble began; constant changing of remedies followed until all the antipsorics in the Chronic

Diseases had been given on flitting symptom-images and the patient is yet sick. This is the common experience of young Hahnemannians trying to find the right way. Some of experience make lesser blunders and some make few, but how many have made none. All of these blunders I have made as I had no teacher, until I blundered upon the works of the great Master.

The third great mistake (Chronic Diseases) which the homoeopathic physician cannot too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. The three precautions of the Master found in the Chronic Diseases, should be printed and posted in every physician's office and committed to memory. The third precaution relates to the second prescription.

The first prescription may not have been a well-chosen medicine and then it becomes necessary to make a second effort. As time brings about the re-examination of the patient, new facts are brought out in relation to the image of the sickness, that show that the first medicine had not been suitable; perhaps several weeks have passed and the re-examination shows no change in the symptoms. Shall I compare anew all the facts in the case to reassure myself of the correctness of the first prescription, or shall I wait longer? Yes, to the former, of course, and if the remedy still is the most similar of all to the symptoms, wait, and watch, and study the patient for a new light on his feelings that he has become so accustomed to, that he has not observed. Commonly the new study of the case will reveal the reason why the first prescription has not cured; it was not appropriate. If it still appear to be the most similar remedy the question comes up, "How long shall I wait?" Also the change of potency may be considered. It is the practice of some to go higher, but the first dose may have been very high and then the previous question is to be considered, "How long shall I wait?"

At this point it should be duly appreciated that the length of time is not so important as being on the safe side, and "wait" is the only safe thing to do. But it may have been many days, but that matters not, wait longer. The finest curative action I ever observed was begun sixty days after the administration of the single dose. The curative action may begin as late as a long-acting drug can produce symptoms on the healthy body.

This guide has never been thought of by our writers but is well to be considered. Why not? It is the practice for some to go lower if a high potency has failed. This method has but few recorded successes but should not be ignored.

The question next to be considered is the giving of a dose of medicine in water and in divided doses. This has at times seemed to have favor over the single dose dry. This is open for discussion, requiring testimony of the many, not few, to give it weight. The best of reports are made of both methods, and both are in harmony with correct practice.

The next important step to be considered is when the first prescription has acted improperly, or without curative results. Then it becomes necessary to consider a second prescription. The first prescription sometimes changes the symptoms that are harmless and painless into symptoms that are dangerous and painful. If a rheumatism of the knee goes to the heart under a remedy prescribed for the one symptom, the remedy has done harm ; it is an unfortunate prescription and must be antidoted. If its antidote is not known the new symptoms must be prescribed for. Whenever symptoms are changed from surface to center, the medicine must have an antidote. In incurable diseases when a remedy has set up destructive symptoms, an antidote must be considered.

If the medicine changes the general symptom image and the general state of the patient is growing worse, the question then comes up, Was the prescription only similar to a part of the image, or, is the disease incurable? Knowledge of disease may settle this question. If the disease is incurable, the the action of the remedy was not expected to do more than to change the sufferings into peaceful symptoms and a second prescription is to be considered only when new sufferings demand a remedy. But suppose such a change of suffering comes after the first prescription and the disease is undoubtedly curable, then the conclusion must be that the first prescription was not the true specific, and that the true image has not been seen. The second prescription is then to be considered, but hastiness may spoil all as the first prescription has nearly done. Wait until the old image has fully returned is all there is to do. A prescription of the remedy that might have cured would now be useless in a chronic case. It is hazardous practice to follow up

rapidly all the changing symptoms in any sickness, with remedies that simply for the moment seem similar to the symptoms present. The observing physician will know by the symptoms and their directions, whether the patient is growing better or worse, even though he appear to the contrary to himself and friends. The complaints of patient or friends constitute no ground for a second prescription. The greatest sufferings may intervene in the change of symptoms in progress of permanent recovery, and if such symptoms are disturbed by a new prescription or palliated by inappropriate medicine, the patient may never be cured.

The object of the first prescription is to arrange the vital current or motion in a direction favorable to equilibrium, and when this is attained it must not be disturbed by a new interference. Ignorance in this sphere has cost millions of lives: when will the medical world be willing to learn these principles so well that they can cure speedily, gently and permanently. There can be no fixed time for making the second prescription; it may be many months. The second prescription must be one that has a friendly relation to the last one or the preceding. No intelligent prescription can be made without knowing the last remedy. Concordances in Boeninghausen must not be ignored. The new remedy should sustain a complementary relation to the former.

In managing a chronic sickness the remedy that conforms to an acute experience of the illness is worth knowing, as very often its chronic may be just the one that conforms to the symptoms. Calcarea is the natural chronic of Belladonna and Rhus. Natrum mur. sustains the same relation to Apis and Ignatia; Silicea to Pulsatilla; Sulphur to Aconite. The fact that Pulsatilla has been of great service in a given case and finally cures no longer, but the symptoms now point to Silicea, the latter will be given with confidence as its complementary relation has long been established. While on the other hand Causticum and Phosphorus do not like to work after each other, nor will Apis do well after Rhus.

How physicians can make the second prescription without regard to the experience of nearly a century, is more than man can know. These things are not written to instruct men of experience in the right way, but the young men who have asked

so often for the above notes of our present practice. I am told almost daily that this kind of practice is splitting hairs, but I am more and more convinced of the necessity of obeying every injunction.

You should have no confidence in the experience of men who do not write out faithfully all the symptoms of patients treated, and note carefully the remedy and how given: especially is this necessary in patients likely to need a second prescription. The physician who has in his case-book the notes of every illness of his patients, has wonderful hold of any community. He has the old symptoms and the remedies noted that cured, and he can make indirect inquiry after all the old symptoms long ago removed. The pleasure is not small found in consulting such a note-book. Experience soon leads the close prescriber to note all the peculiar symptoms and to omit the nondescript wanderings indulged in by all sick people; however it is important to be correct in judgment.

Many physicians make a correct first prescription and the patient does well and cheers up for a while, but finally the test is made for the second and then all is lost. Homœopathy is nothing if not true and, if true, the greatest accuracy of detail and method should be followed. It is fortunate that the physicians who repeat while the remedy is acting are such poor prescribers, or their death list would be enormous.

A prominent writer has boasted that he could and had repeated high attenuations without effect. There can be no stronger confession than this of ignorance as to the knowledge of selecting remedies. Such men do not, and can not, see their own lack of knowledge, or they would know why the statement is only a self condemnation. Can it be that one physician who reads this will be urged to be more accurate in his habit when making the second prescription; if not, this effort is lost.

I have no hope of reaching such men as have only the desire to be scientific. Hahnemann never thought of establishing a science of medicine but everywhere calls it the "Art of Healing." The sooner it is settled that men who are everlastingly seeking to be scientific and demonstrating this scientificity by chemistry, pathology and the microscope are not Homœopaths, neither indeed can be, the better it will be for the followers of law and truth.

The man who works for the mighty dollar cannot be reached by this paper. I am well aware that it will act upon him as doth the raindrops upon the well-oiled fowl; neither can the vital spark look to him for protection. Yet a few will find their own efforts and experiences verified in this paper, and a few will profit by the recorded rules that have grown out of following law.

Societies.

THE MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

The Institute met in the parlors of the Nicollet House, Minneapolis, May 15th, 16th and 17th, 1888. The president, Dr. W. S. Briggs, St. Paul, presided. There was the usual attendance of about one hundred members. A goodly number of papers were read and presented in such way as to excite friendly-spirited discussions, which are the life and benefit of every medical society. The annual address by the president was delivered at the banquet in the evening of second day's session.

Under the bureau of obstetrics, Dr. H. C. Leonard, of Fergus Falls, read a paper on Anæsthetics in Midwifery. A profitable and long discussion of this topic followed. The Institute was about equally divided as to those who used and favored anæsthetics in childbirth and those who did not. Dr. Leonard favored as harmless, and only danger lay in poor Chloroform and careless administration. He thought an exposure of Chloroform for even fifteen minutes to sunlight would so deteriorate it as to be unfit to use.

Dr. Adele S. Hutchison read a paper, Use of Arnica in Obstetrics. The opinion expressed was confirmed again and again that the frequent use of Arnica was to a certain extent prophylactic of puerperal fever.

One of the most interesting bureau reports was that of clinical medicine, Dr. G. E. Clark, Stillwater, chairman. The entire bureau reported on diphtheria. The long and sharp discussion that followed brought out reports of many cases and

different epidemics, treated in various ways—some by the single dose given high—others by frequent repetition of low potencies with and without the local use of gargles. It was the general opinion that, in report of cases, distinction should be made between the mild and malignant forms. In this latter type, where death takes place in twenty-four to forty-eight hours, or where the cases run on apparently doing well—throat begins to clean and death occurs all at once from heart failure—in this latter class of cases we have very little to boast of. All kinds of treatment meet with the fatal result in a very large per cent of cases. Even here the little success secured is obtained by accurate prescribing by the law of similia.

Dr. D. W. Horning, of Lake City, read a paper on Practical Psychology, Dr. D. H. Roberts, of Owatonna, one on Psychological Sanitation, and Dr. E. R. Perkins, of Excelsior, one on Mind Cure or Christian Science. The discussion turned on the latter paper. The mind cure was denounced as one of the greatest humbugs of the day—was in fact what its name implies, a *mind* cure and not a cure of disease proper.

Under the chair of materia medica, Dr. W. H. Leonard, of Minneapolis, gave a paper on The Positive and Negative in Therapeutics; Dr. L. G. Wilberton, of Winona, one entitled, Atropia in Headaches. The discussion brought out some fine indications for remedies in headaches. Attention was called to the neglect to ascertain if headache was caused by defective refraction of eyes, if so, glasses not medicines, was the cure.

Dr. A. E. Higbee, of Minneapolis, gave record of some interesting cases under bureau of surgery, also Dr. J. A. Steele and Dr. Robt. Matchan, of Minneapolis, spoke at length on A New Method of Treating Fractures of the Thigh. The method described is not within the limit of this report. Dr. Matchan gave the credit for this advancement in surgery to Dr. O. H. Hall, of Zumbrota, who had employed it for many years. The Institute unanimously requested Dr. Hall to prepare a paper on his method of treatment, to be printed in transactions of society, that it might be on record, and in future years Homœopathy receive credit for this improvement in surgery.

Dr. J. E. Sawyer, of St. Paul, read a paper on Our Schools and Their Effect on Women of the Future.

Dr. C. G. Higbee, in somewhat the same train of thought,

gave one entitled "Give 'em a Rest." Papers were read by Dr. G. H. Hawes, of Hastings, on Preventive Medicine, Dr. E. G. Dennis, of Minneapolis, on The Best Method of Disposing of Garbage.

Dr. S. A. Locke, of Minneapolis, Cohesion of the Kidneys. This paper was interesting by reason of microscopical specimens exhibited. Dr. Chas. E. Thayer, of Minneapolis, Pathology of Nasal Catarrh. Dr. Petrus Nelson, of Minneapolis, on Corneal Ulceration and Inflammation. Dr. L. R. Palmer, of Minneapolis, The Ophthalmoscope in Brain Lesions, and others.

The sessions and discussions of the Institute were much enlivened by the presence of Prof. A. C. Cowperthwaite, of Iowa City, a part of the time.

An expression of the great loss the Institute had sustained in the death of Dr. A. A. Camp, of Minneapolis, was as follows:

WHEREAS, Dr. Arthur A. Camp, a former president and for several years a most valuable and efficient secretary of this Institute, has since our last meeting departed this life,

Resolved, That we, the members of the Minnesota State Homœopathic Institute, appreciating the great services rendered us by Dr. Camp, not only in official capacity, but in wise counsel as a brother physician, do express our sorrow at the loss we have sustained.

Resolved, That we extend our sympathy to the family, relatives and friends of our deceased brother in their bereavement.

Resolved, That the secretary be instructed to send a copy of these resolutions to the family of the deceased and to the homœopathic journals.

A. M. EASTMAN, M.D.

A. E. HIGBEE, M.D.

E. R. PERKINS, M.D.

MINNEAPOLIS, Minn., May 17, 1888.

Fraternal greetings were sent to Michigan, Illinois, and Indiana state homœopathic societies in session convened. Greetings were received from Michigan.

A cordial invitation will be extended by the Institute to the American Institute of Homœopathy to hold its session of 1889 in Minnesota.

The following officers were elected: President, Dr. E. R. Perkins, Excelsior; vice-presidents, Drs. G. E. Clark, Stillwater, Geo. F. Roberts, Minneapolis; secretary, Dr. Genevieve Tucker, Northfield; treasurer, Dr. D. A. Locke, Minneapolis. Eight new members were reported by board of censors and

accepted. After appointing as representative delegates to the American Institute of Homœopathy at Niagara, Drs. W. E. Leonard and Geo. F. Roberts, of Minneapolis, and Dr. Alex. Donald, of St. Paul; to the Western Academy of Homœopathy at Chicago, Dr. John Beaumont, of Minneapolis, the Institute adjourned to meet in St. Paul, Minn., for a three-days session, beginning the third Tuesday in May, 1889.

THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN.

The Nineteenth annual session was held at Ionia, May 15th and 16th. The attendance was meagre, only about forty of the five hundred physicians in the state having sufficient interest in the welfare of the profession to put in an appearance. The meeting was called to order after dinner by President R. C. Olin, of Detroit, and prayer was offered by Rev. W. S. Potter (who unfortunately overlooked the ladies as he invoked a blessing on "the men assembled here"), after which ex-Mayor T. F. McGarry in felicitous terms greeted the members with an address of welcome that was heartily appreciated. In closing he said:

Nature points from these, from time and its relations, to the belt of light around the ever-widening circle of your science, and asks that she be studied in the interest of humanity and the welfare of mankind.

You are honored, because you listen to her teaching. Since the day when disease and plague escaped full fledged from Pandora's frightful box, your profession has struggled for the supremacy with marvelous success. Scourges that have stalked in merciless triumph over the earth have been arrested, and pain has been literally annihilated. Questions upon which hang the issue of life or death are answered with the unerring accuracy of a problem in mathematics.

But your work is not all done, nor will it be 'til we cease to become children of wrath; 'til nations go no more to war; 'til death-damps abandon wells; 'til malaria refuses to float in the atmosphere; 'till the sunbeam reveals no dancing mote, nor the deadly nightshade poison. 'Til then

"Glorious be their aim, to ease the laboring heart,
To war with death and stop his flying dart,
To trace the source whence the fierce contest grew,
And life's short lease on easier terms renew;
To calm the frenzy of the burning brain,
To heal the tortures of imploring pain,

To ease the victim no device can save,
And smooth the stormy passage to the grave."

President Olin briefly responded.

The minutes of the last meeting were read by Secretary House and approved. He then read invitations to the convention to visit the Michigan Asylum for Insane Criminals and the State House of Correction, and the invitations were accepted.

On motion of Dr. O. R. Long a recess was taken for the purpose of visiting these institutions, with which the members were more than pleased, and many favorable comments were made on the successful management of the insane criminals by the homœopathic medical attendants. The profession should certainly feel much excusable pride in the acknowledged success of these our chief state institutions under homœopathic management, and if we are not greatly mistaken a few pages of statistics will some day help to open the vision of the board of the Northern asylum whose members were unable to find a competent medical superintendent in Michigan.

The first business on reassembling was the treasurer's report, which showed a balance of cash on hand of \$110.36. The secretary's report was then presented and both papers were duly referred.

The censors reported a large number of applicants for membership who were duly elected.

Drs. McLachlan, Bailey and Grant were appointed a committee to nominate chairmen of bureaux and adjournment was then taken.

THE EVENING SESSION

was opened by the delivery of the President's Address, an able and thoughtful paper, frequently applauded during its delivery. On medical medical education it says:

I do not believe there is any one of my hearers who does not regret that he or she did not lay broader and deeper for themselves the foundations of their professional life. The great law of the "survival of the fittest" is just as active here as it is anywhere in the animal or vegetable kingdoms. The intense energy of this restless and enquiring age in all apartments of knowledge is constantly adding to our common store, and it is becoming more and more an absolute necessity that our judgments be cultivated to their highest powers, that we may quickly and certainly discriminate between what is useful and serviceable to us in our particular sphere and what is not, and to adopt and utilize only that which can best subserve our purposes.

In speaking of education I have purposely left out the word "medical" because an education that is confined to what one may learn in the curriculum of a purely medical school is not what I believe to be broad enough for the medical man of to-day. If any one may rightly ask for *universal knowledge* for the proper practice of his profession, that man is the Doctor of Medicine. From the much-discussed and over-much-abused classics, than which, by the way, there is nothing better calculated to furnish a high type of mental training down, or up (as we may view it), to the highest mathematics, the natural and mental sciences and the philosophics, there is nothing that would come amiss, there is but little that he might not use. Who should be as broad or as catholic or as many-sided as he who meets not only all sorts of diseases, but also all orders of men and all varieties of mind? The bodies of his patients are frequently that which calls for his profoundest thought and highest skill. He has to penetrate into regions which the anatomist has not yet mapped out and named. He has to use forces that cannot be weighed even in the delicate scales of the chemist. The question which was once propounded as something unanswerable and unknowable is to-day being solved in nearly every city (I had almost said hamlet,) in the Christianized world. "Who can minister to a mind diseased?" is a problem no longer held up as something which limits human knowledge and human endeavor, for the sick minds of his patients are almost as often the subject of the physician's thoughts as are their bodies, and it is frequently the case that mental disturbances are the direct cause of physical ailments. It is scarcely the province of this paper to say just what should constitute a proper education for the physician, but let me say generally, that all the aids that he can have to teach him to think clearly and quickly, that all the training he can have to help him to use what powers he may be possessed of to the best advantage, should be afforded him. The special point which I desire to make in this connection is this, namely, that the first and great thing to do is to teach him *how to think*. The rest of it, the *what* to think, will easily take care of itself, or rather, he will take care of it. * * * The best schools in our country are already demanding a higher grade of scholarship in their matriculants, and, at least, a three-years' course of study. This is a good sign of the times, and to such schools the attention of the enquirers after the doctor's opinion should be directed. You will thus be doing good service in at least two ways, viz., first, by encouraging the better class of medical schools, and second, by giving that advice to the enquirer which, if followed, will be productive, in the long run, of his future success in his profession. It is a matter of record, that the graduates of those institutions which are most exacting in their requirements as to the standing of their students, are those who are most successful in building up and maintaining their practice. They select a location, begin their work and are uniformly found in a few years at the head of their profession in their respective localities. In a large majority of cases the rolling stones who gather no moss, or practice, or position, are those who were in too great haste to get into practice and who gave themselves little concern as to their fitness for it; who were able to secure their diplomas from institutions

that were more solicitous about the *size* than the *quality* of their graduating class.

The address was referred to a committee consisting of Drs. Long, Wood and Knapp.

The bureau of pædology presented a volunteer paper by Dr. Harriet N. Allen on Tubercular Meningitis which was well written and well read.

Dr. Bailey.—My experience is that the diagnosis is seldom made out until the prognosis has become unfavorable. I am very skeptical about anybody diagnosing a case until the second stage is reached and the case is beyond remedial agents. The Doctor appeared to overlook the rule laid down by Dunham that the symptoms which were valuable to the diagnostician were very little if any use to the therapist. From a therapeutic standpoint—the chief point of the homœopathist—patient's suffering with, or threatened with, this disease can as well be treated in the premonitory stages as after the diagnosis has been confirmed.

Dr. Warren.—It has been my misfortune to have had three or four cases, all fatal. The *cri encephalic* which often preceded the attack three or four days (the child while engaged at play will give a sharp piercing cry and then resume its play,) is nearly always diagnostic.

Dr. Gaylord.—I have found that a symptom that frequently precedes the "*cri*" is that the child pulls its hair, sometimes for days, then comes the "*cri*." Believes the disease curable if taken in time, but it was next to impossible to prognosticate what a child was going to have.

Dr. Knowles.—I had a case last week which presented these same symptoms.

Dr. Knapp.—The physician does not usually see the patient in prodromic stage, and later prescriptions are usually worthless.

Dr. Morley.—I reported a case in March, 1887, Counselor, in which the diagnosis was authentic, cured.

Dr. Wood.—So far as treatment is concerned it is a disease to be dreaded, and I feel like saying with Dr. Holmes, that the preventive treatment should have been applied 200 years before the child was born. Tuberculosis is handed down from generation to generation, sometimes skipping one only to reappear further on.

Bureau of clinical medicine was called and Dr. Hartson read a paper on Heredity as a Cause of Phthisis.

Dr. R. S. Porter.—Is phthisis contagious?

Dr. McLachlan.—There is no question that if not contagious, it is at least, infectious.

Other members expressed a similar opinion.

Dr. Warren's paper on Adiposis was the next read, giving the etiology and most approved anti-fat regimen and treatment.

Adjourned till eight o'clock Wednesday morning.

MORNING SESSION.

Society called to order at 8:20. The committee to select the chairmen of bureaus for the next session made the following report which was adopted:

Sanitary Science.—A. H. Winslow.

Pædology.—F. S. Hillyer.

Surgery.—Oscar LeSeur.

Clinical Medicine.—C. M. Watson.

Gynæcology.—E. P. Gaylord.

Obstetrics.—B. S. Knapp.

Ophthalmology.—H. B. Wilson.

Materia Medica.—H. R. Arndt.

Mental and Nervous Diseases.—H. M. Warren.

Microscopy and Histology.—E. F. Beckwith.

Pathology.—B. L. Cleveland.

Anatomy and Physiology.—S. G. Milner.

Registration and Statistics.—L. M. Jones.

Necrologist.—J. S. Ayers.

Dr. McLachlan then read a paper on The Prognosis and Treatment of Phthisis, which closed the bureau of clinical medicine.

This paper was discussed by Drs. Hillyer, H. C. Allen, Morley, Whitney, Sprague, R. S. Porter and McLachlan.

The bureau of materia medica, H. C. Allen, chairman, reported the following papers: *Veratrum Viride*, by G. W. Winterburn, New York; *When to Give the Remedy*, by W. J. Guernsey, Philadelphia; *Poisoning by Rhus Vernix*, by E. F. Beckwith, Ionia; *Pulsatilla*, H. G. Glover, Jackson; *Tarentula*, by I. Dever, Clinton, N. Y.; *Colocynth*, A. F. Randall, Port Huron; *Four Leading Antipsorics*, by D. C. McLaren, Nashville; *Melilotus*, by H. C. Allen, Ann Arbor, several of which,

owing to want of time, were read by title and referred. A short discussion followed, participated in by Drs. Gaylord, Brown, Reynolds, Bailey, Morley and Knowles, the latter verifying the characteristic hæmorrhage of *Melilotus*, that it always occurs above the diaphragm. [Some of these papers may be found in June number.]—Ed.

A telegram of fraternal greeting from the Minnesota state society was received and the secretary instructed to reply.

The bureau of surgery discussed the subject of fractures of the neck of the femur and Dr. Obetz read a well-prepared paper on Differential Diagnosis, illustrated by pathological specimens of bone. Dr. Grant followed with a paper on the treatment of such fractures; both papers eliciting profitable discussion.

The bureau of obstetrics opened with a paper by Dr. Clark on The Delivery of the Placenta, and Dr. Sherman presented some Clinical Cases. The views presented by Dr. Clark were rather severely criticised by Dr. Wood and others with the result of bringing out the latest and most approved methods.

Dr. Long from the committee on President's Address reported approval of the recommendations as to higher medical education and the holding of a three-days' session of the state society. The latter is especially desirable as there were many good papers read only to be referred to the publishing committee without discussion, and it is the discussion, the interchange of thought and opinion, which makes the meetings of our state societies practical and profitable.

For the bureau of gynæcology, Areolar Hyperplasia of the Uterus was the title of a paper by Dr. Wood while its treatment was given by Dr. Nottingham. The subject appeared to be too deep for the majority of the members, at least the discussion was not very spirited.

The Curability of Cataract without Operation was the title of the only paper read in the bureau of ophthalmology and otology.

The bureau of mental and nervous diseases presented a paper by Dr. Long on Paretic Dementia, and one by Dr. Dolan on Paranoia. They both evidenced extensive research, but lack of time prevented discussion.

On motion of Dr. R. S. Porter the thanks of the society were extended to the officers of the Asylum and the State House of Correction for courtesies extended the members.

Officers elected for 1889 as follows: President, L. M. Jones; first vice-president, D. M. Nottingham; second vice-president, J. P. Brown; secretary, W. M. Bailey; corresponding secretary, H. B. Wilson; treasurer, H. M. Warren.

The transactions and papers of the present session and the papers of the two last years were ordered printed.

Dr. C. S. Morley was appointed a member of the board of control for five years.

Drs. G. W. Winterburn, of New York, and W. J. Guernsey, of Philadelphia, were elected honorary members.

Drs. Olin and Wood were elected delegates to the American Institute and the society adjourned to meet at Detroit on the third Tuesday and Wednesday of May, 1889.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

The Twenty-fourth session was held at Delaware, May 8th and 9th and although the secretary sent out over five hundred special invitations, less than sixty physicians found time to attend the meeting.

President Schneider called the society to order and the Rev. Mr. McCabe made the invocation. After reading the minutes the secretary made his report, twenty-one new members being added at last meeting, making a total membership of 216. He also congratulated the society that the Transactions of last session appeared in substantial board covers and trusted that the condition of the treasury would in future warrant its continuance.

The board of censors recommended for membership: Drs. Philip Porter, Frank Kraft, W. E. Deuell, W. A. Tims, T. M. Stewart, Emma B. Hartwell, G. E. Allen, Laura E. Brickley, N. O. Brenizer, O. A. Palmer, C. A. Pauly and L. D. Rogers, who were elected.

The president introduced Mayor J. N. Newcomer who, on behalf of the Board of Trade and citizens of Delaware made the address of welcome, which was responded to by Vice-president Eggleston.

The treasurer's report showed a balance of \$22.55 on hand and all bills paid.

The bureau of legislation presented a tariff bill, proposed by the Georgia State Society, for the removal of duties upon surgical instruments which was promptly laid on the table, and the committee was instructed to secure, if possible, a State Board of Medical Examiners.

The bureau of sanitary science offered the following papers: Sophistication of Foods and Drinks, by D. H. Beckwith, read by title; Natural Gas a Sanitary Factor, by J. P. Hershberger; The Essentials of Sanitary Reform, by J. W. Clemmer.

Dr. Barnes commended the last paper, he thought it abounded in principle but was wanting in facts. He agreed with the essayist that sanitation should not be confined to matters outside, but should be applied on the inside also; we should not search the premises for cesspools or the alleys for a mudhole, while the bathing, change of clothing, sleeping, but above all, the eating of large quantities of animal food which the system could not appropriate, were entirely neglected. True sanitation begins at home and on the inside. The chairman's paper, The Relations of Meteorology and Morbidity, closed the bureau. It was an able paper, carefully prepared and illustrated by charts, showing the maximum, minimum and mean temperatures of each day, as well as the humidity.

Dr. Owens had no doubt that nineteen-twentieths of all diseases arose from telluric and atmospheric conditions, and he gave cholera, yellow fever and intermittent fever as illustrations of his theory. Rotheln, or German measles, was now epidemic in southern Ohio and due, no doubt, to atmospheric conditions.

The bureau of materia medica, H. C. Allen, chairman, reported a fragmentary proving of *Cactus grand.*, by J. R. Hershberger, made with the 200th potency. The drug was given in alcoholic attenuation and strong exceptions were taken to it by many members, Dr. Owens in particular claiming it a proving of Alcohol instead of Cactus. The red flag, the potency, was however the chief factor in view.

Dr. Cleveland was prevented by sickness and family bereavement from active work on the bureau this year.

Dr. Allen had a partial proving of Magnesia phos., although but five out of thirty-seven provers reported any results. The proving was undertaken to establish the value of the remedy, as

the empirical method of Schussler was unsatisfactory and misleading.

On the disposition of the papers an effort was twice made to table the Cactus proving but with the rest it was finally referred to the committee on publication.

Bureau of insanity, Dr. Beebe, chairman, presented a paper on Nerve Impression by Dr. Buck. In the absence of the author it was read by title. Adjourned till 7:30 P. M.

THE EVENING SESSION

opened with Dr. Eggleston's, Insanity In the Light of the Laws of Continuity. Dr. Barnes' paper, Views on Insanity, failed to elicit discussion. Dr. Beebe's Diagnosis of Intra-Cranial Lesions was illustrated by clinical cases and was well received.

The bureau of gynecology, Dr. Orpha D. Baldwin, chairman, presented Dr. Claypool's paper, That Corset, chiefly, as he expressed it, to elicit discussion, in which he succeeded admirably. The point made in the paper was that when properly made and properly worn, the corset was not injurious, and to this view of it the ladies who took part in the discussion strongly objected. Dr. Walton next demonstrated the *modus operandi* of vaginal hysterectomy without an assistant, by the use of the speculum retractor "to the pendant of which, the patient in the dorsal position," he attached a flat-iron to retain speculum in position. It was listened to with marked attention and commented on by Drs. Biggar and Porter.

Dr. Biggar related the case of a phantom tumor on which he declined to operate, but which a surgeon in a neighboring hospital attempted to remove with fatal results.

The Sanitary Treatment of Uterine Diseases, by Dr. O. D. Baldwin, being a recital of the self-inflicted wrongs of woman, elicited much profitable discussion.

The president then read his address which contained some excellent suggestions, chief of which were :

ORGANIZATION.

The first important subject for your consideration, is the systematic organization of our school in the state. True, we are to some extent organized; but it is not complete. The state should be divided into districts, and in each district should exist a thoroughly organized society in which every member of our school should be enrolled.

These societies should be auxiliary to the state society, and work in harmony with it. United effort is the first element of success. In this way we

can command the united force of our school in all things pertaining to the general welfare of the profession, such as medical education, our colleges, hospitals, and state and national legislation as far as they effect our general interests. In union there is crystallization; in disunion there is disintegration and disaster. I would suggest a committee be appointed for this purpose.

MATERIA MEDICA.

The second question to which I would call your attention is *materia medica*. There is no subject within the whole field of medical science which so demands our earnest attention as that of *materia medica*. It should be, above all, our field of labor. It is the distinctive work of our school; and as this is perfected so will our ability to cure the ills of humanity increase, and the truth of our therapeutic law be attested.

That our present *materia medica* is very imperfect, is a fact. Nearly every drug is burdened with symptoms foreign to it. It is loaded down with imaginary pains; provings made with doses in which there is no possibility of drug presence, and so mixed up with clinical symptoms that they disgust the student and by their absurdities forbid investigation. What we want and demand is scientific provings of the drugs we are daily using—provings with toxic doses, that we may learn their pathogeneses, and know their physiological action. We want facts and not the vain imaginings of sick and unreliable persons. Until we have a *materia medica* based upon scientific provings, we will be disappointed in the power of drugs to cure disease.

MEDICAL EDUCATION.

The third question for your consideration is that of medical education. The subject demands the earnest attention of our society, and indeed of the whole profession. The time has passed when men and women who are unfit to pursue the study of medicine, should be allowed to enter the office of a preceptor, much less the halls of a medical college. To enter a literary college every student is required to pass a rigid entrance-examination. If he fails, he is obliged to further prepare himself or give it up.

With the advance of science, the requisites of a good physician have increased. It is not enough to have some general knowledge, a common-school education; but the student on beginning the study of medicine, should have at least a learning that would admit him to a literary college; and the doctor should discriminate, should carefully inquire into the fitness, both as to education and moral character, before he admits him into his office as a student. The preceptor should be the guardian to the door of the profession, admitting only such as are likely to be an honor to the profession, and while we guard the entrance, what shall we demand of our colleges? Not that they strive to turn out the greatest number of doctors in the shortest time; but that they admit only those who are properly vouched for, with credentials from some school whose grade of study would permit them to enter the best literary colleges of our land. Demand of them facilities and teachings which will induce the broadest and most thorough medical education.

While you ask this of the colleges, they demand of you and your clientage an endowment, that they may employ the best teachers—scientific men—in

their various departments; that they may be equipped, not only with good lecture rooms and suitable apparatus, but also possess all the facilities for illustrating the various departments taught. You endow literary colleges and theological schools. They select for their teachers the ablest men the land affords, and pay them for it; but our poor medical schools are obliged to struggle on in poverty, without sufficient apparatus to illustrate, without facilities for teaching, without money to pay a faculty, demanding of men who are overworked by the exacting duties incident to a busy practitioner's life, men who are obliged to sustain themselves and families by hard work, with minds robbed of their freshness by incessant toil and sleepless nights—I say you demand of them that they prepare men for this learned profession. Is it more important that men be better educated in the theories of theology, than they who devote themselves to the science of medicine?

Shall the education of men who have the physical welfare of our people in their hands be less provided for? Men who are expected to understand anatomy and physiology—that when tissues are diseased, or functions disturbed, they may be able to set them right? Men who are expected to understand the science of sanitation, that our homes may be protected from fierce epidemics, and the portals of our country guarded from the destroying angel of pestilential disease?

Should not every facility be given for their education? And yet members of the theological profession enter the homes of your wealthy clients, secure bequests for their seminaries, even while you are administering to their physical sufferings, alleviating their pains, and as far as possible, giving them a comfortable exit from this world, and perhaps, a happy entrance into the next. Would it not be well for us, as we love our profession, to wake up to the financial condition of our colleges? We have two worthy ones in this state, which are doing their best to educate the men who come to them.

Neither college has an endowment; both depend upon the fees they get from the students to meet their financial demands; and some of you ask smaller fees for your students, and search the country over for colleges which give cheaper lectures, and push them through in the shortest possible time. Let us endow *our* colleges,—it can be done.

This suggestion is practical and there is every reason to believe it can, with proper effort, be made as successful in Ohio as it is in New York.

The president also said: "It is a fact that the more truth is combatted, the brighter it grows."

Let us see how this looks when applied to our materia medica of to-day. Many, like Dr. Schneider, insist upon provings with toxic doses.

Here is an involuntary proving of Helleborus by R. N. Warren, of Wooster, O.

Feb. 14, 1888, at 10 P. M., I was called to see Mrs. F., who, the messenger

said, was very ill and needed my immediate presence. In fifteen minutes I was by her bedside. She was sitting up in bed, suffering from extreme nausea—making frequent and almost continuous attempts to vomit, very little being expelled however, probably owing to the fact that she had already thrown up all, or nearly all, of the contents of the stomach before my arrival.

She was perfectly conscious and complained of great oppression in the upper part of the thorax, a kind of smothered sensation—breathing short, rapid and panting. She kept repeating, "I feel as if I must die. I cannot live." A terribly distressed look was on her countenance, her face was pale and haggard. I could scarcely find her pulse at the radial artery; when found, I was shocked to find it extremely slow and feeble. From her looks I expected to find it feeble and rapid. What made the pulse so slow? What was the matter with my patient? She was very sick and needed prompt relief but the cause of her distress I knew not. About this time her husband, who had gone to the kitchen for a cup of water, was taken ill and began vomiting. Mrs. F. then said they had both taken "Compostion Tea" before going to bed to-break up a bad cold. I immediately ordered the messenger to go for another physician to assist me, and requested the daughter to look for the box or paper from which they had taken the powder said to be "Composition." She brought the paper and on one corner was marked "helbor." Here, then, was the secret of all this trouble. Hellebore nig. was the drug taken by mistake. Mr. F. had evidently taken a larger dose of the drug than his wife, as he was nearly paralyzed. When found, his face and back of his hands were dripping with perspiration; the same pale, haggard look, with pulse feeble and slow. He was sitting in a chair when I first saw him, eyes staring and wandering, and evidently hearing and sight both temporarily suspended; a shudder or light spasm passed over him and we thought him dying. We laid him on the lounge, lowered his head, and in a few minutes he returned to consciousness. Soon they were both taken with purging and pain in the bowels—vomiting continued. I gave them both freely of milk, and encouraged the vomiting by salt and mustard, one teaspoonful of each in a cup of warm water. Dr. Barrett having by this time arrived and after a very hurried consultation, we concluded that our patients had been relieved of all the poison except what had been absorbed. We therefore administered whisky in small doses frequently repeated, and a little later gave them each a hyperdermic injection of Morphine 1-6 and Atropia 1-180 gr. They both made a good recovery although they remained weak for two or three days.

This short but very heroic proving of this drug would suggest very forcibly to my mind that Hellebore ought to be a capital remedy for some cases of cholera morbus and cholera infantum with great prostration and collapse. The slow and feeble pulse (forty per minute) was a marked symptom in both cases, and continued for some hours after we considered them out of danger. Cowperthwaite says of Hellebore: "It acts especially upon the kidneys and the serous membranes, giving rise to dropsical effusions, etc."

I am quite sure the primary effect of large doses is on the digestive tract, and probably the secondary effect is on the serous membranes. Mr. F. says

his family tell him of many things said and done during the time he was under the influence of the drug, of which he remembers nothing. A prominent symptom with Mr. F. was, when raised to an upright position he would become unconscious.

In this case the system is overpowered by a violent poison and the symptoms are so general as to be nearly valueless in a therapeutic sense. Compare effects of this kind—and our pathogenesis of Arsenic is partly made up from such symptoms—with Pulsatilla, of which Dunham says:

Our knowledge of Pulsatilla being derived wholly from provings on the healthy with moderate doses, we have no records of the effects of poisonous doses and have therefore no data for constructing a theory of its pathological action on an anatomical basis; but, on the other hand, through the action of these moderate doses, under the clear observation of Hahnemann and his pupils, we have a quantity of characteristic symptoms, chiefly subjective, which furnish us indications for the selection of Pulsatilla, more positive and precise than those of almost any other remedy.

No, it is not provings with toxic doses we need so much as careful observers. Potency is one of the corner stones of the homœopathic edifice, one of the brightest jewels in the crown of similia, and an every-day truth; "the more it is combated the brighter it grows."

The bureau of clinical medicine presented the following papers: Continuation of Verification of Symptoms, by Dr. Waddell; Two cases of Epilepsy, by Dr. Fahnstock; and A Lesson from Failure, by the chairman, Dr. Wells, who insisted that in diphtheria *Kali bich.* was worthless, unless used in the first or second potency. We doubt if it is either wise or in accordance with the spirit of this progressive age, to make such an assertion, until he has given all the potencies of the remedy as fair a trial as he has those mentioned. Our experience—and we began with the first potency—is that it is practically worthless. The most effective we have ever used is the highest and we would advise the Doctor to try it faithfully before he writes another paper. Do as Hahnemann advised his allopathic brethren to do: "Give us all the facts and publish the failures to the world."

The necrologist, Dr. Beckwith, had no record to make. The bureau of pedology had the following papers: Entero-Colitis; Etiology, Pathology and Treatment, by Dr. Crank; Prophylaxis of Morbid Conditions during Dentition, by Dr. Derby;

Maternal Impressions of the Child in Utero, by Dr. Webster, and Why does the Baby Cry, by the chairman, Dr. Gann. The papers of this bureau were all valuable and well discussed.

Drs. McDermott and Palmer looked after the bureau of O. and O., by Injuries of the Cornea by the former, and Orbital Cellulitis by the latter.

Officers elected for the ensuing year: President, E. C. Walton; 1st vice-president, C. L. Cleveland; 2d vice-president, Frances J. Derby; secretary, Frank Kraft; assistant secretary, C. D. Crank; treasurer, H. Pomeroy, and after a very profitable session, the society adjourned to meet in Cincinnati the second Tuesday in May, 1889.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The Ninth session of the Hahnemannian Association was opened at the International Hotel, Niagara Falls, June 19th. At 10:30 A. M., Dr. W. P. Wesselhöft called the meeting to order and read the following annual address:

President's Address.

W. P. WESSELHÖFT, M.D., BOSTON.

Members of the International Hahnemannian Association.—On this occasion, on the ninth meeting of this association, our thoughts naturally revert to the events which have occurred since our last gathering and which most deeply interest and affect our organization. We have met with a deep bereavement in the death of two of our most valued and zealous members. The one was taken from his field of labor after having passed the allotted time of life; the other was stricken suddenly in the full vigor of ripe manhood. Both men were true as steel to their convictions, and of both we may say, "Well done, good and faithful servant."

In the death of Dr. Lippe, not only this association but the entire profession have lost a leader, a master and an uncompromising worker. The city of Philadelphia, in which the greater part of his professional life was spent, has lost one of the great-

est healers since the light of Hahnemann came upon earth. Hundreds could surpass him in physical diagnosis and pathology and demonstrate their sagacity at the autopsy; but none could approach him in the diagnosis of the indicated remedy, and for this reason autopsies were fewer in his practice! He was ever watchful of the retrograde tendencies in the practice of the majority of the so-called Homœopathists, and never lost an occasion to express his convictions and defend the strictest methods in the treatment of the sick. With what admirable courage, power and effective argument he met his adversaries all of us are familiar and thankful. His therapeutical successes made him bold and confident, and at the same time most intolerant of practices which could only lead to failures. The cures he published were always instructive, never failing to give good reasons for the selection of the drug, and teaching us the necessity of waiting for its full action and not carelessly to repeat a well-selected remedy.

The most important book he has left us is, in my judgment, the *Key to the Materia Medica*, published in 1854 and which contained a study of a dozen polychrests, with concordant symptoms of over three hundred other drugs. This little book of 144 pages contains a mine of wealth, and as a guide to the materia medica is unsurpassed by any other repertory, although arranged on an entirely different plan from those mostly in use. Its scope is so large that it should have a place on the desk of every Hahnemannian, and as it is out of print our association should see to it that every member has a copy. It vies in usefulness with Boenninghausen's *Therapeutic Pocket Book*, and will be found of priceless value to him who prefers to prescribe for the complex of symptoms rather than for a pathological lesion alone.

Dr. Lippe's strict integrity in his practice challenged the admiration of that small portion of the younger men of our school who were striving to learn something better than the loose therapy taught in most of our colleges, and to such he was an ever ready teacher and adviser; at all times willing to show them that Hahnemann's statement was correct when he said: "Besides pure Homœopathy, another true and more perfect way of healing dynamic (i. e., non-surgical) diseases cannot exist, as it is impossible to draw more than one straight line be-

tween two given points. How little must he who imagines there are still other kinds of diseases to be cured, besides those amenable to Homœopathy, have penetrated into its depth, or how insufficiently must he have practiced it; how few correctly planned Homœopathic cures must he have seen or read of, and, on the other hand, how imperfectly must he have weighed in his mind the absence of any foundation in every Allopathic mode of procedure, or have acquired information concerning their poor, nay, horrible results; who, with shallow indifference, considers the merits of the only true healing art as equal to those pernicious modes of treatment, or who even pretends that they are the sisters of Homœopathy, and indispensable to it. My true and conscientious followers may refute such notions by their almost unerring fortunate cures."

Dr. Lippe did refute such notions, and by ocular demonstration guided his students into safer fields of labor, in which their enthusiasm for law and method will grow from year to year as his own did.

Unlike those among us, who are ready and eager to adopt any and every means for "relieving pain," or suppressing symptoms, and who throw overboard four-fifths of the *materia medica*, and consequently use in their practice one-fifth of it, he taught and made it evident that the whole *materia medica* can be used to advantage if put into proper requisition, and that the greater the range of medicines used (which means only closer individualizing) the greater the success.

We now come to the consideration of other matters affecting our small and protesting organization.

We are met by attacks and criticisms from the homœopathic world at large, which bear the closest resemblance to the assaults our fathers had to meet from the allopathic world more than fifty years ago. We read in the journals of "the little exclusive coterie," "the bottle-washers," "the idolaters of the Master," and whatnot more. Some even go so far as to accuse us of wrong doing in ceasing to act like a wholesome leaven to the ponderous American Institute of Homœopathy.

Let us look at the facts: Nine years ago a dozen men convened, in this same place, to form an association which should represent Homœopathy and all its great truths. This step was not taken hastily or rashly, but with very good and sufficient

reason. The American Institute of Homœopathy had stricken from the requirements of membership the word "Homœopathy," and thereby opening its doors to any man or woman who possessed a diploma, not even requiring a quasi adherence to, much less a knowledge of, the new healing art. Graduates of any medical college were admitted to full membership and permitted to participate in its deliberations. The floodgates were opened, and all comers with diplomas were sucked into the wide sluiceway. It was proclaimed that this institute recognized no distinction among physicians; anybody with a diploma was eligible. This great and liberal measure was enacted in 1874, mainly through the instrumentality of a few men who had placed themselves on record, a year or two previous, as champions of the single remedy in its high attenuation. The wretched result of this action has become more and more evident from year to year; the papers, discussions, and actions taken by this so-called Homœopathic Institute, clearly showing a steady departure from any kind of method and law, until the little leaven remaining became incapable of raising such dough. The yeast of the American Institute of Homœopathy became sour after six years of effort, and very naturally felt a desire to regain its "raising" qualities by starting a new bake-shop, in which only honest materials were to be used, and which would act and react to the best advantage of the loaf. When the advice is given us by our kind *Medical Counselors* not to "flock by ourselves," but to remember the biblical assertion that "a little leaven leaveneth the whole lump," they forget the ingredients and component parts of the lump. When you take dough, constituted of meal and water, and add a little leaven it will rise; but when the dough is composed of a conglomerate mass, which can never be converted into chyme by the most approved stomach ever constructed, we have a right to suspect the composition of the lump to be at fault, and not the leaven. Let us follow this simile, which has been forced upon us and is not of our own making, a little further. Suppose a baker engages to deliver good and honest bread, into the composition of which only pure and honest material is to be put, allows his assistants to throw handfuls of extraneous substances into the dough, in order to increase its weight and bulk, the result will be that his customers will soon recognize the fraud, and the few

honest journeymen among his employes will seek work in another shop.

Can an association, which meets annually and has a session of four days, undertake to teach *an art* to men and women who have never found it convenient to acquaint themselves with its possibilities by study and experiment? The art represented by the American Institute of Homœopathy may be able to do it, but the work of Hahnemann requires a worthier candidature.

The Institute may take it for granted that no one will apply for membership who is not in sympathy with the law of similars in the treatment of the sick. This may be true or not, the fact remains that anybody in possession of a diploma, regardless of his views, experiences or convictions, will be welcomed with open arms. And for what purpose do they come? This question the annual circular answers most alluringly: "that each may labor for his or her own favorite branch of study." Now as Homœopathy is a system of therapeutics only, based *not only* upon the similar remedy, but quite as much on the single remedy, and the dynamic dose, we have a right to expect that the therapeutics of Homœopathy be not only discussed, but evidence of their application given in the various departments of an ostensibly homœopathic society. Please take down the last volume of the Transactions of the A. I. H. and look at the work of the different bureaus, especially the gynæcological report and discussions, and if anything even faintly resembling the application of homœopathic methods can therein be detected, I have been unable to discover it. "The favorite branch of study" is most certainly there, *but the application of Hahnemann's methods are not there.* We find instead of it a rehash of allopathic proceedings which before another decade passes will be superceded by others equally pernicious.

We should regard only those physicians as belonging to the consensus of the competent who have experimented honestly as Hahnemann demands. Those who, after such honest work, have failed to find his teachings true, should disavow the name of Homœopath. If, after honest experiment, they are better satisfied with the so-called "regular" (?) methods, let them seek their associates and affiliations among these. Those who are contented to look upon the law of similars, merely as a *rule*, to be applied as it suits the caprice of each individual, who claim

the right to treat their patients by any mode or means, disregarding the responsibility of assuming the name of Homœopath, should be honest and seek their affiliations with the eclectics. Our claim is perfectly right that such practice should not pass current as homœopathic before the public. A few years ago one of this class spoke these words to the members of a bereaved family: "Nothing could have saved the patient, as both methods of treatment were applied by me during his sickness." May we not with propriety ask what kind of Homœopathy could that have been, and what kind of Allopathy?

A professor of materia medīca and therapeutics in New York puts himself on record with the following words: "He who in these days will not wash out with distilled water and one seventy-five thousandth grain of corrosive mercury a fresh case of gonorrhœa, and cure his erring brother in twenty-four to forty-eight hours, must give up the treatment of such diseases." The millennium has really arrived for "curing" this disease, in New York!

The professor's statistics claim that only one in a hundred gets orchitis or rheumatism after killing the terrible gonococcus, and that this admirable result is not owing to the death of the germ, but to the temperature of the solution used. This is certainly a splendid showing, but unfortunately it does not succeed with the same brilliancy in other sections of the country, and where the discharge does not stop in twenty-four to forty-eight hours, but goes on frequently for months in the same old way, unless the case happens, by accident, to be one homœopathically suited for corrosive sublimate, which may now and then occur. According to this professor the specific has been found for this "disease"; but we know better, as no specific exists for a *disease*, but it does exist for the *patient*, and that we can only find by applying the methods of Homœopathy. If the assertion of the professor is true, why are sounds still passed to detect a possible stricture for the obstinacy of the discharge? Why is it necessary to still cut and slash the urethra so that the "erring brother" will be obliged to pass catheters when he is fifty years old on account of the erring doctor's methods?

We are told that we blindly follow the master, which means, I suppose, that we have not sufficient discernment to discover the faults of his teachings and methods, but just shut our eyes

and "go it blind." Still we have sufficient vision left not to "cure" a gonorrhœa (with or without sycosis) in twenty-four to forty-eight hours according to the latest theory of the allopathic school.

Up to within a very few years, every chancre was cauterized, until it became evident that secondary syphilitic diseases were caused by the suppression of the primary ulcer. The ectrotic treatment of the local manifestation is being abandoned by the more thoughtful men of the old school, and so-called constitutional treatment resorted to from the beginning of the infection. This is in accordance with Hahnemann's discoveries that the primary sore is nature's effort to rid the organism of the noxa, and therefore must not be locally interfered with. If left alone no constitutional syphilis will follow. Who among us has not verified this experience over and over again? Now there is undoubtedly a germ that runs riot in the chancre, and according to our New York authority that germ should first be strangled, for if his killing of germs applies to gonorrhœa it must apply to every external manifestation of disease. If it were true that the cure of sycosis, syphilis or psora was dependent upon the killing of the germ, no such disease could be cured with dynamized drugs, which we are doing day by day, and leaving our patients in such a condition that no trace of disease can be transmitted to his progeny. We know whereof we speak, for we have had ample opportunity to observe the results of correct treatment into the second generation.

Our association correctly demands of a candidate not only an adherence to the law of similars and the single remedy, but that he should have passed that state of mind (which most beginners have to experience) in which he doubts the efficacy of a potentized drug, and in cases of failure places the blame upon the preparation of the drug, rather than upon the selection.

The full development of Homœopathy as a system of therapeutics was only reached after Hahnemann had discovered the endless divisibility of substances when treated by his methods, and when he furthermore ascertained the curative power of substances which were inert in their crude state. No man or woman should be eligible to a *homœopathic* association until they have verified this fact, and are willing to fight for it, in spite of microscope or scales. Those who have not been able to do

this are not of the consensus of the competent in matters homœopathic. Physical science, as far as it has been developed, may still be unable to explain the efficacy of potencies above the 12th centesimal, but the experiments on living beings have piled up evidence enough to outweigh any attempt to disprove them by "scientific" dictum. If thirty years ago an electrician had told a "scientist" that a number of messages could be transmitted from both ends of a single wire at the same time, the scientist would have tried to demonstrate its impossibility, no matter if the electrician had proved it to his own satisfaction.

Homœopathy possesses this *scientific* fact, that inert substances in their crude state are transformed into useful curative agents by the process of potentizing, and Homœopathy will patiently wait till it suits "science" to explain it.

If the science of therapeutics rested only on the law of similars, it would be indeed a flimsy fabric. Under this law alone any one would be at liberty to bleed, cup, purge, irritate, etc. It has all the plastic qualities of putty, and easily made to conform to almost anything which is now practiced under the shield of "the law." Hahnemann was the first to develop the law, not the first to find it, but the first to make it useful. Its usefulness was secured by the discovery of the dynamization of drugs, a discovery of vast importance, and as yet in opposition to all accepted facts regarding "matter," that it may still require decades before the medical world will accept it. We must remember how many discoveries, in the world's history, have remained unaccepted for generations, until the thought and insight of men had grown sufficiently to accept the revelations of nature which a genius had unveiled.

Our battle cry must be: No Homœopathy Without *Hahnemannism*! The grand structure of Homœopathy can rest on firm foundation only by recognizing and employing the single remedy, the potentized drug, over which is spanned the arch inscribed: *similia similibus curantur*.

The address was referred to a committee consisting of Drs. Gee, Lawton and Powell. The secretary and treasurer presented their annual reports; the former stating that he had a number of diplomas to which new members were entitled as soon as they presented the treasurer's receipt, and the latter

giving receipts and expenditures for the year and showing a balance in the treasury of \$358.50.

The board of censors recommended the following who were duly elected:

C. Baldilla, Florence, Italy; Caroline E. Hastings, Boston; Wm. A. D. Pierce, Philadelphia; Clarence C. Howard, New York; Robt. N. Fallon, Clifton, Eng.; Stuart Close, Brooklyn; R. B. Johnston, Philadelphia; F. L. McIntosh, Melrose, Mass.; Euphemia J. Myers, New York; Phoebe B. Brown, Hilton, N. J.

The resignation of Dr. G. G. Gale, of Quebec, was accepted.

The officers elected for 1889 were: President, W. A. Hawley; vice-president, W. S. Gee; secretary, S. A. Kimball; treasurer, J. D. Tyrrell.

The chairmen of the different bureaus were:

Clinical Medicine.—C. W. Butler.

Obstetrics.—W. J. Guernsey.

Materia Medica.—H. Hitchcock.

Surgery.—J. B. Bell.

Toronto, Ontario, was selected for next place of meeting.

The attendance was not large but the papers were numerous, well-prepared and practical, and the discussions extremely entertaining and profitable. We hope to publish many of the papers and discussions in future issues.

The last volume of 500 pages contains many valuable papers and the secretary was authorized to furnish them to non-members for \$2.50 per copy.

NEW YORK HOMŒOPATHIC UNION.

May 17, 1888.—The meeting was called to order by President Bayard at 8:25 P. M.

The minutes of the previous meeting were read and approved. Referring to Dr. Butler's suggestion that a more careful study of pathological anatomy with reference to drug action might give us valuable indications for drug application, Dr. P. P. Wells said that he who prescribes from a pathological standpoint, places his trust in a stool which, so far as the knowledge of the prescriber was concerned, had but one leg. The knowledge of the diseased condition is his, or oftener perhaps, some

one's *theory* of that condition, but where was he to find drugs which had produced the many tissue changes met with in practice.

Dr. Butler still thought that such tissue changes might furnish us with valuable indications therapeutically, obtained as the result of toxic doses of the drug or of clinical observations; but these would be ever secondary to the subjective symptoms for the reasons before given.

Dr. Thomson agreed with Dr. Wells and believes Dr. Butler's position to be untenable.

Dr. Wells hoped to catch Dr. Butler alone sometime and "have it out" with him.

The secretary then read Section v. of the Organon from the Stratten translation.

Dr. Eaton read the same comparison from the Wesselhoeft translation, and Dr. Fincke read his own translation as follows:

"As aids to healing serve to the Physician the data of the most probable *occasioning* of the acute disease, as also the most significant moments of the whole history of the chronic sickness, in order to find out the *original cause* which mostly depends upon a chronic miasm whereby the cognizable constitution of the (especially chronic) patient, his emotional and mental character, his occupations, his mode of living and his habits, his public and domestic relations, his age and his sexual functions, etc., have to be taken into consideration."

Dr. Thomson.—Is not the chronic miasm a secondary cause—derived from our ancestors perhaps—not a true cause?

Dr. Fincke.—One cause. The cause is "that which lies at the bottom."

Section vi. "The unprejudiced observer—he knows the nullity of supersensual speculations which cannot be proved by experience—even if he be the most acute, in each single disease perceives nothing but variations of the state of body and mind, cognizable externally by the senses, *disease signs, incidents, symptoms*, i. e., deviations from the healthy previous state of the now sick which he himself feels, which the bystanders perceive in him, and which the Physician observes on him. All these cognizable signs represent the disease in its whole compass, i. e., they together constitute the true and only thinkable form of the disease (1). Hence I do not know how it was possible, that without carefully observing the symptoms, and following

them in the cure, they fell upon the idea to be driven to seek and to be enabled to find for that what was to be healed in the disease, only in the obscure and indiscernible interior, under the bragging and ridiculous pretention to be able to perceive the changes in the indiscernible interior without paying particular attention to the symptoms, and to set them in order again with (unknown) remedies, and to call such a proceeding the only means to cure thoroughly and rationally. Is not, for the healing Artist, that what by the senses is cognizable by signs in disease, the disease itself? Since he never can see the spiritual being which creates the disease, the life force, and never even need see her, but only her morbid actions in order to heal the disease accordingly. Why, besides, does the old school want to find out a *prima causa morbi* in the hidden interior, but in turn does reject and superciliously despise as objects of healing the sensually and distinctly perceivable representation of the disease, the symptoms which speak to us audibly? What else does he want to cure, if not these?

“The physician, searching for the hidden relations in the interior of the organism can err daily; but the Homœopathician, in taking up the total group of symptoms with the necessary care, has a true guide, and if he succeeds to remove the whole group of symptoms, he surely has also removed the interior hidden cause of the disease.”—Rau., l. c., p. 103.

Dr. Wells wished to emphasize the fact that our only knowledge therapeutically of disease was its perceptible symptoms and to take exception to speaking of disease as an entity—as anything but these perceptible phenomena. “It is misleading and untrue.”

Dr. Thomson.—Hahnemann made this plain in section read.

Dr. Bayer.—Hahnemann was a simple vitalist. Harmony in vital action is health—variations in vital harmonies is disease.

Section vii. was next read. Dr. Fincke’s translation being

“Since, then, in disease, from which no evidently occasioning and sustaining cause (*causa occasionalis*) is to be removed (1), nothing else can be perceived than the disease signs, therefore with regard to possible miasm and under observation of the concomitant circumstances (Sec. v.) it must be only the symptoms by which the disease claims the medicine suited for its help and by which it is able to point it out, therefore the com-

plex of these her symptoms, *this picture, reflecting outwardly the internal essence of the disease, i. e., the suffering of the life force,* must be the main and only object by which the disease can indicate the remedy needed—the only point which can decide the selection of the most appropriate remedy—therefore, in one word, the complex of the symptoms (2) for the healing artist, must be the main and only point which in every case of disease he has to discern and which he has to *take away* by his art, so that it be healed and converted into health.

(1) "It is self understood, that every sensible physician will remove these at first, then the indisposition usually ceases by itself. He will remove from the room the strong-smelling flowers which excite fainting and hysterical conditions, he will draw the splinter out of the cornea which excites ophthalmia, he will loosen the too tight bandage threatening mortification and put it on more suitably, he will lay bare and tie up the wounded artery which induces syncope, he will try to expel the swallowed berries of Belladonna, etc., by vomiting, he will extract the foreign which have come in the openings of the body (nose, pharynx, ears, urethra, rectum, vagina), he will crush the stone in the bladder, he will open the imperforate anus of the new born child, etc.

(2) "At all times the old school, in diseases, has tried to combat or if possible to suppress a single one of the many symptoms of medicine—a *one-sidedness* which under the name, *symptomatic method of cure* has justly excited universal contempt, because not only nothing is gained by it, but also much is spoiled. A single one of the present symptoms is as little the disease itself as a single foot is the man himself. This method was the more objectionable since they treated such a single symptom only by an opposite remedy (hence only enantio-pathically and palliatively) and thereby after a short relief is afterwards much more aggravated."

Dr. Bayard.—That note is sound ; a palliative as a cloak.

Dr. Wells.—Yes, and the cloak don't cover—the palliative don't palliate.

Dr. Bayard.—Exactly, a useless cloak—even when harmless.

Dr. Fincke next presented a paper on Hahnemann's Life Force. This paper, which showed great diligence of research and intimate acquaintance with the Master's writings, was received with applause.

Dr. Butler innocently remarked that he didn't know what a "spirit" was. This precipitated a long metaphysical discussion which your secretary acknowledges himself wholly unable to report.

LATER.—Dr. Carleton called attention to Hahnemann's note to Sec. vii., regarding single symptoms as a basis for a prescription. He thought it evident that Hahnemann did not approve of prescribing upon the single symptom even though a characteristic—a "key-note."

Dr. Wells.—Such prescribing will sometimes cure acute, but never chronic cases.

Dr. Fincke wished to know if, while treating a chronic case an acute disease, e. g., malaria, should develop, he should turn to the treatment of the acute trouble and ignore the chronic disease.

Dr. Wells.—No, look at your patient anew, get if possible the remedy which covers the symptoms of both the acute and the chronic disease (and such drug can almost always be found), give it in a low potency, so Dr. Hering advises, and you will cure both diseases—your patient, in other words.

Dr. Smith asked why the low potency was to be chosen.

Dr. Wells.—That was Hering's advice—those were his views when I conversed with him on the subject more than fifty years ago. Whether he modified them in later years I do not know.

Dr. Bayard said that many of us had modified the views of our younger years. He thought Dr. Hering had his in this respect.

Dr. Miller said that his experience was not in accord with such recommendation.

Dr. Bayard advised: Prescribe at the right time when possible, and in the right direction. If, for example, your patient presents a history of syphilis be sure and recognize that as a factor in the case.

The study of the Organon will commence at the next meeting with Section viii.

On account of the International Hahnemannian Association meeting in June, adjournment was had, on motion of Dr. Carleton, for two months.

Present, Drs. Eaton, Finch, Thomson, Close, Van Evera, S. N. Smith, Cameron, Spottiswoode, Myers, Carleton, Williams, Knudsen, Howard, Bedell, Deschere, Palmer, P. P. Wells, E. Bayard, B. Fincke, and Clarence Willard Butler, secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Forty-first annual session of the American Institute of Homœopathy was held at Niagara Falls, N. Y., June 25th to 29th. Prof. A. C. Cowperthwaite, M.D., president, delivered the annual address as follows:

Members of the American Institute of Homœopathy: The inexorable clock of time has tallied off the fleeting moments of another year, and again we are assembled for social converse, to recount the experiences of the past and from these to evolve material for the future advancement and prosperity of our loved profession.

The privilege of renewing old friendships and of forming new acquaintances afforded by our annual reunion is a great pleasure and is also a veritable duty essential to professional success and prosperity. This fact is only recognized by those whose lives reach out beyond the narrow confines of the little world in which they daily move, and who realize that generous hearts and broad enlightened minds are only cultivated by contact with others who like themselves are unselfishly devoting their lives to the good of suffering humanity, and who are continually aspiring to still higher aims and more noble purposes in their profession.

The joy of such a reunion might well be unalloyed, but unfortunately the shadow of the great Destroyer each year darkens our threshold, and at the outset we are required to pause and pay a passing tribute to those whose familiar faces we will see no more, whose hands we will never again grasp at these reunions, whose voices will never more be heard in our discussions. Farewell to these

“Against whose names the asterisk of death is set.”

Their life-works of unselfish benevolence are ended and they are at rest. How sweet the memory of the beloved physician who, though resting from his labors, his works follow him to comfort and bless his fellow men. This is no sentiment but a precious truth which should be enshrined in every heart, easing its burden, gladdening its pathway through life, and finally opening to it the gates of immortality.

Those who will lie down in their last sleep the coming year none can tell. Then

“So live, that when thy summons comes to join
The innumerable caravan that moves

To the pale realms of shade, where each shall take
His chamber in the silent halls of death,
Thou go not like the quarry-slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

The stern realities of the present now demand our attention and energies. All about us are the evidences of the utilitarian age of progress in which we live. The torch of science is illuminating the darkest corners of the earth, and bringing to light and utilizing to our good, truths which have existed from creation's earliest dawn, yet until now hidden from our view. The shadows of the mysterious and incomprehensible are fast disappearing, yet revolutions in science continue with such startling rapidity it would seem as if they had but just begun. Yet, as a recent author says, "In the pride of our hearts we forget how very young science is. We forget how new a power it is in the world, and how feeble and timid was its tender babyhood in the first two decades of the present century. Among the concrete sciences astronomy, the oldest born, had advanced furthest when our age was still young. But geology had only just begun to emerge from the earliest plane of puerile hypothesis into the period of collection and collocation of facts. Biology, hardly yet known by any better or truer name than natural history, consisted mainly of a jumble of half-classified details. Psychology still wandered disconsolate in the misty domain of the abstract metaphysician. The sciences of man, of language, of society, of religion, had not even begun to exist. The antiquity of our race, the natural genesis of arts and knowledge, and the origin of articulate speech or of religious ideas were scarcely so much as debatable questions. Among sciences of the abstract-concrete class, of physics, unilluminated by the clear light of correlation and conservation of energy, embraced a wide and ill-digested mass of separate and wholly unconnected departments. Light had little enough to do with heat, and nothing at all to do in the way with electricity, or sound, or motion, or magnetism. Chemistry still remained very much in the condition of Mrs. Jellaby's cupboard. Everywhere science was tentative and invertebrate, feeling its way on earth with hesitating steps, trying its wings in air with tremulous fear, in preparation

for the broader excursions and wider flights of the last three adventurous decades."

Without stopping here to note the directions in which science has made its most wonderful advancements, and which are too familiar to the educated mind to require repetition, I will only ask, Has the science of medicine, so-called, kept pace with the progress of the times? Perhaps this question can be no better answered than by glancing at the doings of the International Medical Congress—the most noted event in the medical history of the year. There were gathered together the greatest minds of the great medical profession which has assumed for itself the title of "regular," notwithstanding its notoriously irregular methods and practices—and which with pompous pride traces its pedigree back to Hippocrates, a pedigree as unique and canonical as the apostolic succession of the church of Rome. To such a gathering which included distinguished representatives from nearly every civilized nation of the globe, we may fairly look for these evidences of progress which would indicate that the science of medicine is keeping pace with those sciences which are in a measure auxiliary to it.

As we diligently search the record of proceedings of this remarkable body we failed to find that which we seek. True the evidences of progress in the domain of biology, physiology, pathology and etiology are abundant, which together with surgery and obstetrics seem to be attaining a much grander degree of perfection. But these do not constitute the science of medicine. They may form the foundation, as it is claimed, but, even so, without the superstructure, their building is in vain. Yet even this is not the case, for these sciences cannot constitute the science of medicine unless built upon the broad and solid foundation of an unchanging and imperishable *materia medica* and therapeutics. They are only to be likened to the house built upon the sand, which fell when the winds and waves beat against it—not because the house itself was not secure, but because it was built upon a false and ever-shifting foundation.

The records of the International Medical Congress are filled with the results of more or less valuable experiments and discoveries in the realms of the various sciences auxiliary to medicine, but medicine itself, that is, *materia medica* and therapeutics, fills but a small niche in its literature. Thus it was a

century ago when Hahnemann first began to be dissatisfied with the then dominant therapeutics. As one of his followers said: "The progress in this direction was nothing but a simple to and fro motion. The auxiliary sciences, anatomy, physiology, chemistry, etc., made actual progress until they finally took rank as real sciences, leaving therapeutics and its attendant *materia medica* behind in the dark to scrabble on as best they might."

A century has not added wisdom to the dominant school of medicine, and the words written three-quarters of a century ago may be repeated with equal truthfulness to-day. *Materia medica* and therapeutics, the real essentials of medical science, are straggling along in the rear vainly endeavoring to keep within sight of that which they should precede. The proceedings of the International Medical Congress shows beyond contradiction that these men are still pursuing an ever-distant *ignis fatuus*, as did their fathers a century, yes! many centuries, ago. They are searching for the nature and causes of disease, with the supposition that this once found they may build upon it a system of therapeutics with fixed and immutable laws. How futile this search has been in the past history teaches; how much can be expected from it in the future can only be judged by the history of the past.

The International Medical Congress practically accepted the theory of the bacterial origin of disease without opposition. This is the popular theory of to-day, but what will it be to-morrow? Alas! none can tell; but it may not be dangerous for me to predict, in a gathering of the supposed followers of Hahnemann, that long before our old-school friends shall have formulated and adopted a successful system of therapeutics based upon this now popular theory, the theory itself will have been greatly modified and given the comparatively unimportant place in disease etiology which time will have shown that it deserves.

From the evidences before us we are forced to conclude that however great is the progress being made by the dominant school of medicine in the auxiliary sciences, its therapeutics is still straggling along in the dark guided only by the occasional gleams of light that pierce its solitude, as they are reflected from the uprising sun of the law, *similia similibus curantur*, which is fast reaching its zenith and must sooner or later shed its benignant rays upon even the darkest and most hidden spot in old-school medicine.

What cares the homœopathist, from the standpoint of a therapist, as to the result of this constant search after the nature and cause of disease? As a scientist he is interested in acquiring all the knowledge possible, but while such investigations are going on he calmly pursues his way as a physician and prescribes his medicines upon the same unchanging law of cure regardless as to whether micro-organisms are the cause or the result of the disease which he is treating. The words of Dr. Hayward before the British Homœopathic Congress in 1884, are worthy of repetition. After an exhaustive review of the germ theories and their relation to therapeutics, he closes in these words:

“How complete and perfect then, and how simple withal, is the science of therapeutics under the rule of similars. The practical application of it may, indeed, often be unsuccessful, because it is in the hands of fallible human instruments; but the science itself is as perfect as the provisions of nature usually are. Pathology and diagnosis being imperfect, and frequently unable to interpret the true nature of disease, the treatment based on them frequently fails, and is disastrous; but by a faithful narration by the invalid of his sufferings to an observant and educated physician, and the selection of the true simile, a cure may frequently be brought about *tuto cito et jucunde* whether the pathology and diagnosis be true or not. What an elevated position of superiority is, then, occupied by the physician who practices homœopathically. Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculation of the day, to the homœopathic physician, whether the germ theory or any other theory be true or false, and whether the germs are vegetable spores or animal bioplasts, are matters of little moment; he can go on relieving suffering, curing disease, and shortening convalescence all the same. What a blessing to mankind and what a privilege and honor to himself. Let the homœopathic physician, then, go on his way rejoicing; and let him thank God that, though a martyr to professional prejudice, he is a conscientious scientific physician, and a benefactor to his race.” [Applause.]

The members of the International Medical Congress showed in several instances one of the necessary results of their ignorance of drug action—a tendency toward a lessening of their

faith in the power of drugs to cure disease, and an increasing confidence in the *vis medicatrix naturæ*. This is not to be wondered at when we realize that the mortality of most diseases is greater under allopathic treatment than if left alone with nature. Dr. Arnold made the following statement:

“Those who advocate active treatment ought to review the history of the treatment of pneumonia. The superiority of non-interference over active measures allowed this disease to make the fortune of homœopathy.”

Thus it is admitted that active Allopathic treatment, although eminently scientific, and based on a pedigree almost as old as the everlasting hills, is nevertheless worse than nothing. But as our writer truthfully says:

“Dr. Arnold has his lesson only half learned. If he will himself review the history of the treatment of pneumonia, he will find, according to the records of Henderson, Tessier and Dietl, that the mortality was, under

Allopathic treatment	20.5 per cent.
Non-interference	7.4 “
Homœopathic treatment	6.0 “

Thus the allopathic treatment killed thirteen patients in the hundred, while the homœopathic saved one which was lost under non-interference.

But this is not all. According to the same record the duration of the disease was, under

Allopathic treatment	31 days.
Non-interference	28 “
Homœopathic treatment	12 “

“Thus, under homœopathic treatment, on an average the patient's who recovered did so nineteen days earlier than they would under venesection and Tartar emetic, and sixteen days earlier than under non-interference.”

Other statistics, the reliability of which could not be questioned, might easily be given, showing that a similar ratio of mortality and duration of disease exists between the two methods of practice in all acute diseases, and that the mortality is greater under Allopathic treatment than when diseases are left alone to the efforts of nature. It is not surprising that the old school, determined not to profit by the lesson which such statistics teach, should challenge their authenticity and deny their truthfulness. In the “address in medicine,” delivered at the

recent meeting of the American Medical Association by Dr. Roberts Bartholow, that gentleman after abusing the press for its "flippant" attitude towards the medical profession, proceeds to berate homœopathic practitioners for publishing statistics which he claims are "fictitious," and which he says have "placed legitimate medicine in a false position, and discredited its practice to a most serious extent." He then refers to a certain pamphlet written by a physician "who had been a professor in the faculty of Iowa University," which contains "the usual tirade against allopathy—its past errors and its present uncertainties," but according to Dr. Bartholow "its really effective part consisted in statistics made up out of whole cloth." I have never seen this remarkable pamphlet, nor am I prepared to deny that it contained false statistics. I desire, however, in justice to the State University of Iowa to make the statement that the gentleman mentioned was once a student in that institution, and for one year held a nominal position as assistant to one of the professors, but he was never a professor, and such a claim was entirely fraudulent. If, therefore, he would assume a fraudulent title for trade purposes, it is not unlikely that he might, for the same purposes, manufacture false statistics. If he did do so, as Dr. Bartholow's investigations would seem to prove, it is no fault of the Homœopathic profession at large, and only goes to show the gentleman's ignorance of facts, as he could have readily procured authentic and reliable statistics to have proven his point, namely, the superiority of homœopathic over allopathic therapeutics. Even Dr. Bartholow cannot deny the comparative results of the two methods of treatment as set forth in the respective reports of the Middletown Insane Asylum and the Cook County Hospital, and the fact exists that an opportunity for honestly comparing the results of Homœopathic treatment with those of "legitimate medicine"—that means medicine with a pedigree—has never yet occurred but that the figures have been overwhelmingly in favor of homœopathy. A somewhat ludicrous statement is made by Dr. Bartholow to the effect that in "a considerable town" in the west, the pamphlet referred to "was sent to every householder" and that as a consequence "a legitimate practice was in a short time completely destroyed and every regular physician reduced to extremity." How lamentable such a state of affairs! yet

when we consider that "regular physicians," so-called, have only succeeded in increasing mortality in disease, is it not, in the interest of suffering humanity, "a consumation devoutly to be wished"?

A condition of things similar to those I have mentioned prevailed a century ago when Hahnemann made his appearance in the medical world, and with this knowledge before us we cannot be surprised to hear him relate his experience on leaving the ranks of the old school in a letter to Hufeland in these words: "It was painful for me to grope in the dark, guided only by books in the treatment of the sick, to prescribe according to this or that fanciful view of the nature of disease, substances that only owed to mere opinion their place in the *materia medica*. I had conscientious scruples about treating unknown morbid states in my suffering fellow creatures with these unknown medicines, which being powerful substances, may, if not exactly suitable, easily change life into death, or produce new affections and chronic ailments more difficult to remove than the original disease. To become in this way a murderer, or aggravator of the sufferings of my brethren was to me a fearful thought."

Thus it was the imperfections of the *materia medica*, and consequently of therapeutics, that caused Hahnemann to cast about him for something more reliable, and finally led him to the fountain of truth. These imperfections were due as we have seen to the fact that the profession then as now were neglecting *materia medica* and therapeutics in order to spend their energies in searching for the nature and causes of diseases, which even the present century with all its wonderful advantages has yet failed to discover.

Members of the American Institute of Homœopathy, is it not our duty to take warning from the errors and follies of the old school? Shall we too incline to follow the same beaten path they have trodden, or shall we realize that with homœopathy the *materia medica* is the basis of all our action, that therapeutics is the distinguishing feature of our system, and bend all our energies for its improvement and promotion, making the collateral branches of medicine secondary thereto?

A private letter just received from the chairman of the bureau of *materia medica* contains these words: "It is very discourag-

ing to find so few men willing to work on clinical medicine, therapeutics and materia medica.”

As I contemplate the attitude of some members of our profession, I fear that there is a growing disposition to neglect the essential features of homœopathy, and with scalpel and microscope in hand to follow close in the rear of the old school, searching for the nature and causes of disease. I would not for a moment discourage scientific investigation in every department pertaining to medicine, but I would make that entirely secondary to the development and perfecting of our materia medica, without which we might as well surrender our distinctive title, and allow to perish all the principles and truths which Hahnemann and his followers have cherished, and which have brought so much health and happiness to the world.

Is there not danger that under the influence of this investigating spirit we may lose sight of some of the cardinal doctrines of Homœopathy which, cavil as we may, are essential to the successful application of the law of cure? Just so far as this is true just so far are we departing from the true science of therapeutics, and are losing our identity as Homœopathic physicians, no matter how tenaciously we may cling to the name. Already the note of warning is being sounded by those of our members who rebel against this neglect of the distinctive essentials of homœopathy. Just as I pen these lines there is placed before me the last issue of one of our leading journals in which appears an article penned by one of our own members—one who is deserving of our esteem and confidence, and who represents a very considerable element in our school who are dissatisfied with the very methods of which I have been speaking. He says:

“In the work of the American Institute of Homœopathy, which although a national society in name and membership, from its numbers and its formative power over medical opinion within the school, may be considered as international in influence under the leadership of the majority, has been from year to year growing more pronounced in its advocacy of the therapeutic opinions held by the pathological wing, and more and more intolerant of ideas held and advocated in opposition to such opinions. For this cause, the majority of its members have grown to take more and more interest in pathology (as must

naturally have been the case, not only because this branch of medical study is of great interest and importance of itself, but also because it is by them made the basis for the most important of all branches of medical research, therapeutics), and the development, advancement, and promulgation of the peculiar tenets which divide it from other bodies of medical practitioners, have been more and more neglected.

“Year after year good and efficient work has been accomplished in all branches of medical labor except in therapeutics and materia medica, while the bureaus to which were referred these subjects—subjects which would seem the peculiar business of this society—have been granted less and less of the Institute’s time, and their contributions have grown proportionately more and more meager; years have been devoted to the consideration of plans for simplifying, condensing, and abbreviating the materia medica, while amplifying, proving and verifying have been neglected.

“The surgeon and sanitarian, the pathologist, the obstetrician and the pharmacist have been accorded full hearing and respectful and helpful attention, while the materia medicist and therapist, especially in so far as they ventured to differ from the opinions of the majority, have received but scant courtesy.”

Seriously, my brethren, is there not too much room for this criticism, and is it not time for us once more to appreciate the fact that it is the duty of this great organization to lend its influence to the propagation of the essential truths of homœopathy, those truths which have made Homœopathy an accepted power in the medical world, leaving the collateral branches for secondary consideration?

Again, since the days of that notable abortion, “the Milwaukee test,” there has been a disposition on the part of some to spend their time in searching for and publishing to the world alleged discrepancies in homœopathic pharmacology. The microscope is brought to bear upon our drugs and the vehicles in which they are prepared, and the world is informed that the former do not exist beyond the limit of certain attenuations, and that the latter are possessed of impurities which may more than overbalance and destroy the infinitesimal quantities of the material drug which they are said to contain. May the oft-invoked shades of Hahnemann rest upon us, that now, after three-

fourths of a century of the successful use of these very attenuations, prepared in precisely the same character of medium, that wonderful little instrument called the microscope should discover for us that we have been deceived, and that the preparations which have performed such wonders for us at the bedside were nothing, or at least anything except what we supposed them to be. Can we expect anything else than righteous criticism from the old school, when they are permitted to quote such arguments against us from those of our household? How soon will we learn that drug power in disease is not to be measured by scruples and drachms, any more than are the imponderable essences of disease itself, and even if they were, has microscopic science reached the limit of its development? Is it not possible that succeeding years will afford inventions that will go still farther in detecting the infinitesimal in nature than has yet been done? Let us bear in mind these questions and forget not the wonderful achievements of homœopathy as proven by clinical rather than microscopical tests.

Let us guard with care the reputation, honor and integrity of our system of practice. In it we thoroughly believe and to it we owe our allegiance. Let us be careful then that we do not with scalpel and microscope bring about that for which our enemies have labored in vain for nearly a century.

THE PROGRESS OF HOMŒOPATHY.

The progress of homœopathy during the past year has been all that could have been desired. From every quarter of our own land comes the most cheering intelligence, and from other lands where barriers exist against medical freedom such as we of this free and enlightened country know nothing of, from these lands comes the welcome news that homœopathy is becoming slowly but surely established in spite of barriers and in spite of a spirit of intolerance and persecution only surpassed by that which Hahnemann contended in the early days of our system. Especially have our brethren in Great Britain reason to be encouraged. The outcome of the celebrated discussion carried on through the columns of the London Times, on "Odium Medicum and Homœopathy," is gratifying to every homœopathist. It proves a fact that was long since established, namely, that wherever homœopathy, or any of the interests

pertaining to it, are brought before the bar of public opinion, it never suffers therefrom, but invariably comes out triumphant.

In closing its columns to the discussion the London Times administers to the allopaths a stinging and well-deserved rebuke—one which would have been equally appropriate at any time in the history of the past in connection with old-school antagonism towards homœopathy. It says, “It had become a dispute between two systems or schools of medicine. Being only laymen, we are of course incompetent to hold a rational opinion upon such a subject, but it was open to us to endeavor to get the controversy conducted in accordance with the general rule that disputants ought to deal with the arguments of their opponents as stated by themselves, not with any loose travesty of these arguments that prejudice or ignorance may suggest. We accordingly took some pains to ascertain and set forth the homœopathic position as stated by homœopaths themselves, and we were afterward encouraged to believe that we had done so with, for laymen, tolerable exactitude. It ought not to have been necessary, because every orthodox practitioner ought to know the best as well as the worst of homœopathy, and every orthodox controversialist ought to be ready to state his opponents’ position accurately and fairly. It was necessary, however, and we did it, but without the slightest effect. Orthodox writers went on through column after column blazing away at what is non-essential, accidental, and extrinsic, while the essential points upon which the whole argument turns were left untouched. What disquisitions we have had about decillionths, and how utterly irrelevant they are when homœopaths maintain that dose is a mere affair of experience and that the essence of their system is a rule of drug selection based upon observation of the effects of drugs upon the healthy body. Their rule may be rotten and worthless, but we can never advance one step towards proof of that fact by losing ourselves in calculations concerning a space that a decillion of grains would occupy.”

How familiar has been this style of argument from the beginning. The old school has never been able or willing to meet homœopathy upon the fair ground of open and honest discussion, but has invariably resorted to a travesty of arguments, only such as prejudice, ignorance, or malice might suggest. The Times in the same article says :

“So wide is the field over which the discussion has traveled, that it is perhaps necessary to remind the public what the original contention was. It was simply that an *odium medicum* exists, exactly analogous to the *odium theologicum* of a less enlightened age, and no whit less capable of blinding men otherwise honest and kind-hearted to the most elementary conceptions of candour and justice. That contention has been proved not so much by what Lord Grimthorpe has directly advanced as by the revelations of temper and mental attitude made by those who took up the cudgels on behalf of the orthodox profession. There have been one or two verbal denials of the existence of this odium, always accompanied, however, by an expression of contempt which comes in practice to much the same thing. But the strength of Lord Grimthorpe's case lies in the fact that whole columns have been filled with contentions which have no point or meaning except to justify the hatred that is verbally denied. Homœopaths are fools if they believe and practice what they profess, and knaves if they do not; therefore, we are justified, and, indeed, bound, by the lofty considerations which alone influence professional action to hate and despise them in either case—is a fair and accurate summary of the attitude assumed by orthodox champions at the opening of the discussion, and maintained with unswerving consistency up to the present moment. But that is the precise attitude which Lord Grimthorpe intended to describe by the phrase *odium medicum*, and, therefore, out of all the confused discursiveness of the controversy emerges the fact that he has amply justified his main and original statement.”

With this conclusion every candid mind must agree, and doubtless from the results of this contest great good will come to the cause of homœopathy in Great Britain.

Many evidences are afforded in the history of the past year, of the growth of homœopathy in this country, and the hold that it is obtaining in the hearts of the best citizens of the land—the wealthy and intelligent of every community. Notwithstanding this fact, that is evident to the most casual observer, we still hear the same cry resounding from the lips of the old school that homœopathy is dying out. Dr. Oliver Wendell Holmes gave rise to this chapter of long-continued fiction nearly a third of a century ago, and it has been kept up by less able

imitators to the present time. It is said that Dr. Holmes still adheres to the statement made so many years ago and that, too, notwithstanding he cannot have helped observing the unparalleled advancement of homœopathy during all this period of time. At the time Dr. Holmes made this statement there was not a single homœopathic college in existence; now there are fourteen, with about 1200 matriculates annually, and over 400 graduates, their alumni already numbering over 8000. At that time there were but a few hundred practitioners in this country—now there are nearly 12,000. Then there were no homœopathic hospitals, and now there are 60 with nearly 5000 beds. Then we had but one or two journals devoted to the interests of homœopathy—now we have 25. Then we had but half a dozen societies, including the American Institute of Homœopathy, which had been recently organized—now we have over 150 societies. Then only one or two small pharmacies were required to supply the demand of the profession—now there are 33 strictly homœopathic pharmacies, some of them doing an immense business, while thousands of drug stores have miniature homœopathic pharmacies established in connection with their regular business—and I must say, in my own opinion, much to the injury of homœopathy.

Figures like these might be multiplied in every direction, showing the growth and development of homœopathy since Dr. Holmes proclaimed it dead. No doubt, "the wish was father to the thought," which is unquestionably true to-day. Similar statements announcing the decline of homœopathy or predicting its speedy death are frequently seen in the columns of old-school journals, and the same was again publicly announced at the recent meeting of the American Medical Association by Dr. Bartholow in his address before that body, already mentioned. He says, "Homœopathy has practically died out on the Continent. On this side of the ocean it still maintains a certain influence, because of social conditions and prejudices that are only possible in free communities." In the first place homœopathy was never before in as healthy and prosperous a condition upon the Continent as it is to-day, and doubtless the results of the recent discussion already referred to will give it a still greater impetus for the future. Dr. Bartholow admits the "influence" of homœopathy on this side of the ocean, and refers it

to the fact that this is a free country. Yes, this is a free country where intolerance and bigotry cannot be made to prevail by methods of persecution and oppression. Here all men are created free and equal, and are guaranteed civil and religious liberty. Here neither the "*odium theologicum*" nor the "*odium medicum*" have any terrors, for, much as Dr. Bartholow and his associates may regret it, they can call to their aid neither the lash of the law nor the fagot of persecution to enforce their doctrines or to destroy the inalienable right of personal liberty by every sovereign citizen of the American republic. No, homœopathy is not dead, but is alive and continually growing in power and influence. Even the old school are gradually adopting its truths, and Dr. Bartholow himself surreptitiously appropriates material from homœopathic sources for the purpose of compiling a creditable work on materia medica and therapeutics, and without which his labors would have been in vain. May God speed the day when the already well worn and tottering edifice of allopathic therapeutics shall have crumbled to the dust, and we, permitted to build upon its ruins a temple of increasing solidity and grandeur, whose foundation shall rest upon the eternal and immutable laws of nature, while the topmost stone shall reflect from the sun of science its beams of truth and mercy upon a grateful world.

MEDICAL EDUCATION.

The question of advancing the standard of medical education in this country has for several years attracted the attention of the profession, though but little has been accomplished farther than in inaugurating a healthy sentiment upon the subject. The great need of reform in this direction is too apparent to require argument. The low standard of requirements for the degree of Doctor of Medicine tolerated in this country is a disgrace to the people as well as to the profession. If the necessities of a new country ever demanded such a farcial system of medical education, such a condition of things certainly does not exist at the present time and never will again. The physician of to-day knows full well how impossible it is to acquire anything more than the merest smattering of a medical education in the short time required by most medical colleges. It is a duty, therefore, that we owe to ourselves as well as to the country, to use all our efforts to advance the standard of medical educa-

tion, and thus make the diplomas of an American college equal to those of any other country in the world.

This matter cannot be left altogether with the college faculties. While some of these are decidedly in favor of such a reform, and are already doing all in their power to bring it about, others are more interested in securing large classes, and it is through this influence, and in order that other and smaller colleges may compete from this standpoint, requirements are continually kept at the minimum. Already a great deal of time has been practically wasted in discussing this subject, the time has now come for prompt and decisive action. The American Medical Association has already acted, and the American Institute of Homœopathy cannot afford to be behind in the good work. I would therefore urgently recommend that at this session a resolution be adopted setting forth that for and after the year 1890, the American Institute of Homœopathy will not recognize the diplomas of any college requiring for graduation less than an attendance upon three courses of lectures of at least six months each. And I would further recommend that the Inter-Collegiate Committee of the institute be requested to hold a special meeting at such a time and place as they may agree upon, not in connection with the meetings of the institute, at which time they shall formulate and adopt some general and uniform system of medical education more comprehensive and rigid in its character than that now existing, including the following minimum requirements: (1) A good preliminary education, including some knowledge of the classics; (2) A four years course of study; (3) Attendance upon three full courses of lectures of at least six months each. The said committee to report their action to the institute at its annual meeting in 1889, and after such report has been adopted by the institute, any college that refuses to adopt the same, or, having agreed to adopt it, fail to uniformly adhere to its requirements, to be excluded from the institute, its diplomas not recognized, and no representation allowed in the Inter-Collegiate Committee.

PAPERS AND DISCUSSIONS.

While the general results of the plan of sectional meetings has proven in the main quite satisfactory, and is evidently the only plan that can be successfully carried out in a body of this size and character, nevertheless I feel confident that still farther

legislation is required to make the plan entirely satisfactory. I believe that the standing resolution adopted July 1, 1887, should be supplemented by a resolution to the effect that all papers whose authors are not present, shall be read by title and referred, unless their reading is requested by two-thirds of the members present at the sectional meeting at which such papers are presented. Also that a limited amount of time be allowed for the discussion of each paper immediately after it has been read. What we need is fewer papers and more discussions. I believe it would be better could we limit each bureau to one or, at most, two or three papers. The bureau could decide upon which of its members the duty of preparing papers should devolve, while the remainder of the members of the bureau could come prepared to lead in the discussions.

THE PRESS.

There is no subject upon which I shall take the liberty of making any recommendations in which I have a deeper interest and that I desire to present more earnestly than the subject of the relations of the American Institute of Homœopathy to the secular and medical press. I fear that we have in the past failed to appreciate the influence of the press and the mighty power that it is capable of exercising in behalf of this institute and the interests here represented.

In the first place I can see no valid argument as to why the publication of papers should be prohibited before they appear in the Transactions. I cannot see that such publication would in any manner whatever injure the institute or detract from the value of the Transactions. But I can see why these papers, while they are fresh, ought to be given to the public, who, with the profession, are especially and directly interested in the results of homœopathy. I consider it impossible for us to give the members of the press too wide a liberty in the publication of our proceedings, including the papers which are here presented and discussed. We encourage our members to prepare and present papers which are of great interest to the profession at large, but these papers if published, of which there is no certainty, do not appear until late in the year, by which time they have grown stale and lost much of their interest. I would therefore recommend that Section 9 of the By-laws be amended by striking out the words "which have been previously pub-

lished, or" as occurring immediately after the word "Transactions," and that the institute allow the publication of any part or all of the papers and discussions at any time after their presentation, provided that no papers are removed from the custody of the secretary for that purpose. This will permit authors to furnish extra copies of their respective papers for publication outside of the Transactions, and will, in my opinion, result in harm to no one, but much good to the institute and to the cause of homœopathy in general.

I consider that it is a short-sighted policy on the part of the institute to neglect making efforts to have its proceedings correctly and systematically reported by the daily press. Provision should be made for giving proper attention to the representatives of the secular press, and every courtesy and facility extended to them within the power of the institute. I would recommend that the provisional secretary have added to his present duties the responsibility of furnishing a correct report of the proceedings of the institute to the Associated Press, or, that a special officer be appointed or elected for that purpose. Such officer should not only be a member of the institute but also conversant with the duties of a press reporter, and be a practical stenographer. I consider this question one of extremely vital importance. Our present methods may have been sufficient in the early days of the institute before the press had attained its present position of power and influence and when weekly papers reaching their destination in three or four weeks were all that was expected, and when stage coaches constituted the sole means of rapid communication, but they are not sufficient in these days of telegraph and rapid transit. If we would keep up with the progress of the age and the spirit of the times we must call the power of the press into requisition to aid us in so doing.

PRESIDENT'S ADDRESS.

Article III, Section 1 of the By-laws makes it the duty of the president to "deliver an address at the opening of each session, embodying a resume of the progress of homœopathy during the year past and make such suggestions as he may deem necessary for the institute to take action on during the session." The language of this by-law does not positively preclude the introduction of other subjects into the president's address, but

simply requires that the subjects mentioned be included. Nevertheless it is well understood by the institute that the intention of the this by-law is to restrict the president's address to these subjects. On behalf of my successors in office I desire to enter a protest against this ruling. While it is eminently proper that the president should each year include in his address "a resume of the progress of homœopathy during the year past," it is nevertheless an injustice to him that he should be restricted to a subject which, however important and interesting, is necessarily limited, and which, when drawn out to a respectable length by quotations from statistics, and by other devices, it is, from a literary standpoint at least, no credit to the president, who is usually supposed to be a man competent to prepare an address that from any standpoint would be a credit to himself and to the institute. I would recommend that the above by-law be so changed as to make it the duty of the president to "deliver an address at the opening of each session upon some subject relating to the science and practice of medicine, and which address shall embody a resume of the progress of homœopathy during the past year," and such suggestions as he may deem necessary for the institute to take action upon during the session.

Fellow members of the American Institute of Homœopathy, permit me in closing to thank you for the honor you have conferred upon me in thus elevating me to the highest office within the gift of the profession. In filling this exalted position it has been and will continue to be my earnest endeavor to forget self and strive only to subserve the interests of the institute, and the noble cause which it represents. Let us one and all remember that however rapid and substantial may have been the growth of homeopathy in the past, that we are now only at the very dawn of its existence and prosperity. It is not for us, but for our children's children and future generations to fully realize the magnitude of the work which we are now carrying forward, and it is only for them to appreciate its full fruition. Our labors are therefore not ended, nor can we hope to lay our armors by so long as medical intolerance and bigotry prevail and prevent the full acceptance of those truths for the promulgation of which we are so earnestly striving. Let us continue to be encouraged in our efforts, since in the pure principles of

homœopathy—we see the elements of stability and triumph. Already we may descry the fulfillment of that glowing prophecy uttered by the immortal Hahnemann less than half a century ago, when he said, “Our art requires no political lever, no worldly badges of honor in order to become something. Amid all the rank and unsightly weeds that flourish round about it grows gradually from a small acorn to a slender tree, already its lofty summit overtops the rank vegetation around it. Only have patience—it strikes its roots deep under ground, gains strength imperceptibly but all the more certainly, and in due time it will grow up a lofty God’s oak, stretching its great arms, which no longer heed to the storm, far away into all regions of the earth, that mankind, who have hitherto been tormented shall be refreshed under its beneficent shadows.”

The full realization of this prophetic vision depends upon the zeal and wisdom with which we as followers of Hahnemann maintain and defend the principles and truths for which he labored and suffered, and which he has bequeathed to us as a rich inheritance.

Dr. Beckwith moved that the address be referred to a committee of three and Vice-president Schneider appointed Drs. D. H. Beckwith, Conrad Wesselhœft and Geo. F. Roberts.

Dr. E. M. Kellogg then presented the treasurer’s report, showing the institute to be on a sound financial basis and like the national treasury “struggling with a surplus.” After paying for the publication of the Transactions of 1887, and all other bills, there was a balance on hand of \$550.29. He then made a supplementary report concerning the condition of the Cyclopædia of Drug Pathogenesis, showing a deficit of \$222.68, as follows:

“The American Institute of Homœopathy, at its meeting at Saratoga in 1886, voted to guarantee 400 subscribers to the above work. Up to date I have received but 131 subscriptions, of which fourteen came from physicians outside of the institute. This does not include those who subscribed for the first volume only and then fell out.

“The work will be completed in sixteen parts, of which seven have been issued, and the eighth will soon be ready for delivery. The cost price is 70 cents per part, or \$11.00 for the whole

sixteen, which includes the postage from London, where the work is published.

“As less than one-third of the necessary number have thus far subscribed, it is evident that the institute will have to bear a heavy pecuniary burden, unless the list be speedily and largely increased.”

The decreasing subscription list of this much vaunted “short-cut” to the comprehension of the materia medica “as it should be,” is a sad commentary on the appreciation and intelligence of the average homœopathic physician, or the value of the work. We confess that we are unable to use it in practice and we have never seen any one who is.

After some discussion the report was referred to the auditing committee, Drs. Runnels, Orme and Kinne.

Dr. Dudley next presented the report of the executive committee which was accepted and referred.

The report of the publication committee was that the Transactions of 1887 had made a volume of 889 pages, and on motion to accept the report, Dr. C. W. Butler asked why certain provings of the bureau of pharmacy had been suppressed. It finally was found to have been done by the arbitrary action of the secretary. The further discussion was postponed until the report came up for adoption.

The report of the necrologist, Dr. H. D. Paine, showed the following losses during the year :

Seniors.—L. M. Kenyon, W. H. Ramsey, W. R. Gamble, Adolph Lippe, C. H. Walker, H. B. Clarke, and Walter Ward.

Juniors.—T. L. Brown, W. M. Zerns, A. P. Hollet, N. R. Seeley, E. W. South, S. H. Keep, E. C. Knight, A. A. Camp, and J. M. Drake.

The report was accepted and referred, and Dr. Paine re-appointed necrologist for the present year.

Bureau of organization, registration and statistics, Dr. T. F. Smith, made a very encouraging report of the progress of the past year. Homeœopathy is to be taught in the Minnesota State University; the New York College is erecting magnificent new buildings, and the auto-biographical sketches of members has been partly completed and will be furnished members at a cost of \$2.50. The report was accepted and Dr. Smith re-appointed chairman.

The local committee of arrangements by its chairman, Dr. Wright, made a report and the president appointed Mille J. Chapman to fill a vacancy on the board of censors, and the institute adjourned.

SECOND DAY.—MORNING SESSION.

The report of the committee on railroad fares, H. C. Allen, chairman, who explained that after much correspondence and a personal visit to Chicago, excursion rates had been secured from the trunk lines west of Chicago and St. Louis; and that the institute was under obligations to O. W. Ruggles, Esq., General Passenger agent of the Michigan Central railroad, for courtesies extended. The report was accepted.

The committee on pharmacy, Lewis Sherman, chairman, introduced the

Report of Provings on the Subject of Pharmacy.

C. WESSELHOEFT, M. D.

The work of this bureau the last three years proposed "to settle, as far as possible," the following questions:

1. Can the medicinal power of a *dissolved* drug be increased by succussion?
2. Can the medicinal power of a very finely-divided, insoluble drug be increased by trituration?

Under the successive direction of Drs. Sherman, Butler and Wesselhoeft, who have each labored faithfully in the work, provings were instituted, using milk sugar as a test and followed by the selected drugs; "that, on the whole, the symptoms were quite as voluminous as those of the next set of provings reported after trying the 30th centesimal trituration; nor were they very different in result, so that it is difficult to say that any effect followed the 30th, which could not also be found where no medicine was taken."

After giving the meagre and indecisive results obtained by the different provings the report concludes: "As has been said before, in and out of the institute, we have again demonstrated that the provings of drugs upon the human system is a more difficult and uncertain matter than is generally supposed. This we have learned from our attempts, and also that in order to arrive at definite conclusions regarding our questions, another method will have to be followed which has not received suf-

ficient attention so far, and the method will in future have to be conducted on other principles. To state it briefly: if, *in future provings there exists the same incongruity after medicine has been taken or apparent incongruity of effects when no medicine had been taken, the inevitable conclusion must be that the proving was valueless. In future, if provings are to be the basis of our progress, they can and must be judged by the rule that all discordant results are mercilessly to be eliminated, and only that retained which positively agrees in all or at least in a fair majority of provers.*

“This has never been done in precisely this way. The consequence is that a great deal of useless and unreliable matter has been printed among much that is useful. To separate the wheat from the chaff has always been loudly demanded but no one has ever pointed out the way to do it. It is perfectly simple, if the rule above suggested is fearlessly followed out, i. e., with due regard to the law of evidence.

“If this rule be properly adhered to, another method of working, the results of proving more congruous and pronounced will soon appear; but in order to obtain such congruous results more medicine should be given. From refined and attenuated drugs the average healthy prover experiences no change of feeling, as is very easily demonstrated by the Sac. lac. counter test. At the same time we can not and dare not give drug preparations to willing provers when we are ignorant of what we are giving. We cannot endanger the health of individuals for the sake of pronounced effects, and, on the other hand, we obtain unreliable results from highly attenuated doses, especially if the prover is ignorant of what he is taking and while his expectation and imagination are too active.

“In order to avoid these errors *we shall have to fall back upon tests upon animals, before or after the tests upon the human subject.* Do not believe that we mean the clumsy experiments usually recorded in physiological laboratories, nor that we mean the clumsy mechanical interpretation of such tests usually signifying increased or diminished blood pressure.

“We have in mind a much finer set of tests which we hope will in future be inaugurated. Allow me to embody the idea in a few words: Let us learn to observe healthy individuals; then let us learn how to produce in them various forms of disease.

None will doubt that this has been and can be done. *Then let us devise tests by which the artificially diseased animal can be restored to health*; with such a test an enormous gain will have been made. To illustrate: Supposing a certain set of individuals had been rendered sick by subjecting them to certain morbid agents, and one-half of the number were allowed to recover of its own accord, while the other half were treated upon homœopathic principles; and supposing, furthermore, that the individuals so treated recovered in much less time than those left to themselves, would not this prove much more than the uncertain clinical test upon sick human beings? It certainly would be much more advantageous to make use of the direct inductive experiment with animals whom we can absolutely control and sacrifice, if need be, in a great cause, than the cautious, uncertain, groping test upon suffering human beings entrusted to our care.

“Let us not be misunderstood as slighting the fundamental principles of homœopathy. Any one of you who thinks that investigation is slighting principles, is altogether in the wrong. *What we have desired to do for years, is to uphold those principles by improving the methods of their application.* And it is our earnest hope that those who follow us in this work will hold tenaciously to this idea; that investigation and improvement of methods is not a war upon principles.”

Dr. Sherman's paper followed and was a very interesting report, devoted almost exclusively to the subject of the discolorations of milk sugar by long continued trituration. Dr. Wesselhoeft, in his paper of 1887, contended that the dark color produced by prolonged trituration was due to the effects of the process on the milk sugar. This Dr. Sherman refuted at the time and by a series of experiments has demonstrated that the dark color was caused by the charring of the sugar by the sparks from the friction of the pestle and mortar. By using the sugar in larger quantities and keeping off undue pressure during the process, discoloration was prevented.

Dr. Burgher, by request, explained that he had excluded the provings of this committee from the Transactions of 1887 because he thought we had already sufficient provings of Merc. sol.

When informed that the object of the committee was not to

make a proving of Merc. sol., but to settle the two questions found at the commencement of this report, he seemed to see the matter in a new light. The report was on motion of H. C. Allen adopted and ordered printed, provided the report of the committee for 1887 be published in the Transactions for 1888.

The president announced the committee of pharmacy for 1889: C. L. Cleveland, chairman; T. F. Allen, W. Y. Cowl, E. M. Howard and A. R. Wright.

A letter of regret at his inability to attend the meeting was received from Dr. Lilienthal, and, on motion, a telegram was sent, congratulating him on having celebrated his fiftieth anniversary as a doctor of medicine.

Dr. B. F. Dake made the annual address for the bureau of pædology; and

Dr. Geo. B. Peck made the address for the bureau of obstetrics and the institute adjourned, the bureau of pædology holding its sectional meeting.

The following applicants were elected to membership: W. C. Powell, Bryn Mawr, Pa.; F. O. Hart, West Unity, O.; J. M. Reeves, Philadelphia; C. S. W. Thompson, Helena, Mont.; E. B. Finney, Philadelphia; J. H. Knox, Orono, Me.; G. R. Southwick, Boston; E. C. Parsons, Meadville, Pa.; W. R. King, Washington, D. C.; J. C. Nottingham, Bay City, Mich.; Z. T. Miller, Pittsburgh, Pa.; G. H. Talbot, Newtonville, Mass.; N. H. Houghton, Boston; Peter Cooper, Wilmington, Del.; E. Thayer, Minneapolis; J. M. Barden, Mansfield, Pa.; F. M. Bennett, Chicopee, Mass.; H. C. Aldrich, Minneapolis; C. A. Howell, Westerville, O.; L. R. Palmer, Minneapolis; H. B. Wilson, Detroit; O. D. Baldwin, Cleveland; J. R. Simson, Kalamazoo, Mich.; Margaret L. Crumpton, Allegheny City; G. O. Welsh, Westborough, Mass.; H. B. Minton, Brooklyn; A. E. Wheeler, Los Angeles; C. B. Gilbert, Washington; R. R. Trotter, Yonkers, N. Y.; Sarah I. Lee, John M. Læe, Rochester, N. Y.; W. C. J. Slough, Emans, Pa.; John Deetrick, Youngstown, O.; P. S. Boyd, Nashville, Tenn.; Genevieve Tucker, Northfield, Minn.; F. M. Humphrey, Danielsville, Conn.; J. R. Holcombe, Philadelphia; H. L. Clarke, New Bedford; T. M. Stewart, Cincinnati; J. J. Defendorff, Williamston, Mich.; W. W. Heberton, South Orange, N. J.; W. B. Whiting, Malden, Mass.; F. M. Clark, Salem, Mass.; B. F. Bailey, Lincoln, Neb.;

W. E. Milbank, Auburn, N. Y.; Thos. Reading, Pittsburgh; E. P. Strong, Brewster, N. Y.; W. B. Robinson, Southampton, Mass.; G. W. Weston, Newburyport, Mass.; Helen Krogstall, St. Paul; Alfred Pulford, Ansonia, Conn.; H. A. Whitmarsh, Providence, R. I.; D. C. Fowler, Aberdeen, Dak.; E. B. Smith, Union City, Pa.; S. D. Hinman, Sparta, Mich.; S. B. Simmons, Susquehanna, Pa.; O. M. Barber, Mystic Bridge, Conn.; M. D. Hough, Niagara Falls, N. Y.; J. M. Walker, Denver, Col.; J. M. Closson, Philadelphia; Lucy J. Pike, Lynn, Mass.; J. H. Keeney, Oswego, N. Y.; W. E. Keegan, Rochester, N. Y.; W. J. Minard, Burlington, Vt.; Oscar Leseure, Detroit, Mich.; J. W. Hodge, Niagara Falls, N. Y.; S. W. Hurd, Lockport, N. Y.

The president made the following appointments of chairmen of bureaus for 1889:

Drug Proving.—Chas. Mohr.
 Clinical Medicine.—D. A. McLachlan.
 Surgery.—S. B. Parsons.
 Materia Medica.—J. Heber Smith.
 Obstetrics.—Sheldon Leavitt.
 Pædology.—L. C. Grosvenor.
 Gynæcology.—Albert Claypool.
 Ophthalmology.—Chas. Deady.
 Sanitary Science.—J. W. Dowling.
 Psychological Medicine.—F. W. Boyer.
 Anatomy and Physiology.—W. C. Goodno.

OFFICERS FOR 1889.

President.—Seldon H. Talcott, Middletown, N. Y.
 Vice-President.—T. Y. Kinne, Paterson, N. J.
 Treasurer.—E. M. Kellogg, New York, N. Y.
 General Secretary.—Pemberton Dudley, Philadelphia, Pa.
 Provisional Secretary.—T. M. Strong, Ward's Island, N. Y.
 Board of Censors.—R. B. Rush, chairman, Salem, Ohio.
 Lake Minnetonka the next place of meeting.

THE HOMŒOPAEHIC MEDICAL SOCIETY OF KENTUCKY met at Frankfort on the 16th and 17th of May. The attendance was unusually large, the papers were creditable, the discussions thoughtful, and the spirit most admirable. Homœopathy was

the watchword from first to last. The following officers were elected: Dr. C. P. Meredith, president; Dr. H. C. Kehoe, vice-president; Dr. A. C. Jones, recording secretary; Dr. Howard Crutcher, corresponding secretary; Dr. J. A. Vansant, treasurer. The next meeting will be held at Louisville in May, 1889. Papers from patriotic Homœopaths in more favored sections are cordially desired. Address all communications to Howard Crutcher, M.D., Louisville, Ky.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OREGON.

The Twelfth session was held in the parlors of the Gilman House, Portland. The attendance at the meetings was proportionately large. We have a membership of thirty-five, fifteen of whom are residents of Portland and East Portland.

The society then proceeded to the election of officers for the coming year, which resulted as follows:

- President.—Geo. Wigg, East Portland.
- First Vice-president.—S. A. Brown.
- Second Vice-president.—C. E. Geiger.
- Recording secretary.—S. Lewis King.
- Corresponding secretary.—E. C. Brown.
- Treasurer.—B. E. Miller.

A cordial address of welcome was extended to the society by Dr. Geo. Wigg, and the annual address of the president, Dr. Z. B. Nichols, gave a history of the birth and development of the Homœopathic method of cure and its rapid progress over the entire civilized world, which now contains more than 15,000 regularly educated Homœopathic physicians.

At the forenoon session an able and interesting paper was read by Dr. Geo. Wigg, entitled *Spongia Tosta*. The paper told how to prepare the sponge for use, described its sphere of action, etc. The subject of the paper was discussed at length by Drs. Welty, Geiger, King, Miller and Nichols.

Dr. L. Henderson read a paper entitled *Our Pharmacæutists*, which was listened to with deep attention.

Dr. A. Pohl's paper on *Tarantula Cubensis* was very interesting.

The Insane and Their Treatment was the subject of a paper read by Dr. Osmand Royal. The key-note of the paper was that the insane were treated as though they were criminals instead of diseased people.

Aconitum Napellus was the subject of a paper by Dr. A. E. Brown. The paper gave the mental symptoms which indicate its use and the antidote for its abuse.

A paper by Dr. C. E. Geiger, on The Treatment of Bronchitis. A spirited discussion followed which was participated in by Drs. Miller, R. S. Nichols, King and C. L. Nichols.

Dr. C. L. Nichols' paper on Sanitary Science showed the fallacy of depending entirely upon a beneficent Providence to keep us from the misery of sickness and death, and not paying the attention we should to the laws of nature governing these matters.

Dr. King's paper entitled Bacteria as a Cause of Disease, and Dr. A. S. Nichols' on the subject of Disease of the Lachrymal Duct, were instructive and brought forth a lengthy discussion.

The president appointed as a committee on legislation Drs. Henderson, Miller and S. A. Brown. After closing remarks by Dr. Wigg and the usual vote of thanks to railroads, etc., the session adjourned till the second Tuesday of May, 1889.

In the report recently addressed by the dean of the medical faculty of Paris to Minister of Public Instruction, upon the actual situation of the *Ecole de Medicine*, occurs some interesting bits of information, which it were better not to leave buried among the administration documents.

"The 15th of October, 1886, 3,696 students were enrolled in this faculty, and 582 new pupils commenced their medical studies at this time (510 doctors, 72 health officers), of whom 479 were French and 103 foreigners. Among the foreigners, Americans 20, and Servians 20, predominated; there were also 11 Roumanians, and as many Turks. Eleven women who registered at this time were all foreigners—10 Russians and one Greek. Among the students who have left the school it is interesting to notice that 25 of them have renounced their medical studies to engage in other careers, or to live upon their incomes, and that 127 have disappeared from the student world by simply ceasing to make their appearance before the Faculty. Two students of medicine died in 1886."

The *Revue Scientifique* compares the number of students at Paris with those of Germany in 1887. It cites the following figures for the faculties of medicine: Vienna 2,177, Munich 1,211, Berlin 1,140, etc. We see from these that in point of numbers, Paris still takes the lead, having 3,696 plus 582, i. e., 4,278 medical students. But this great popularity is not an unmixed benefit, for the provincial schools are depleted by the general rush toward Paris.—*Le Progres Medicales*.

Clinical Medicine.

THE BORDERLAND OF INSANITY.

THOMAS SKINNER, M.D., LONDON, ENG.

[Continued from page 342, vol. xx.]

Mr. C., a master weaver, aged 50, consulted me on account of a general break-down in his health, necessitating him to pay off his workmen and close his establishment. He looked deathly pale, very low-spirited, was almost speechless, and very confused in his mind. Besides his pallid look, he had a wild, dazed appearance about him which to my mind denoted a suicidal tendency. He had a friend with him from whom I obtained the symptoms second-hand.

For about a year he had gradually been going from bad to worse, but latterly his appetite, digestion and sleep had all but gone from him—and although he begged of his wife that he might never be left alone, yet he could not do with company. None but old friends were allowed near him. He labored night and day under a fixed melancholy, and could not take the slightest interest in anything—his mind being turned entirely upon himself. He complained of nothing except his own miserable feelings, and a feeling of utter despair—a feeling of fearful confusion of mind. He was sure that if he was not already out of his mind that the least word said to him *out of joint* would quickly turn the scale against him, and he purposely avoided society from a fear that others might observe the confused and unhappy state of his mind. With the pallor of his countenance he had at times heat on vertex and throbbing there which always alarmed him. His feet were cold even in summer, and frequently a cold, clammy sweat would come out on his feet and legs, with the feeling as if his stockings had been wrung out of cold water.

Having got so much out of him and his friend, I asked him if he was addicted to drinking to excess? He replied, "Not now, but I have taken much more whisky than was good for me before this fearful state came upon me." I found this corroborated by all who knew him. I then asked him if he had any suicidal tendency. To which he replied, "Well, Doctor, if it were not that I have locked up my gun in my warehouse, there

is no saying what I might not do. There are wicked moments come upon me when I feel that if my gun were handy, that is, in my house or near me, I should certainly blow my brains out and feel thankful."

He who runs may read the *simillimum* in this case.

July 1, 1887, I placed upon his tongue *Calcarea cm.* (F. C.), a single dose, and gave him *Sac. lac.* to take night and morning. I further gave orders to his friend and his wife that he must be watched day and night, and never be left out of sight or touch of some one for one moment.

Two or three days after this, whether it was the working of the medicine or a natural exacerbation of the disease, he became even more low-spirited than ever. At early morning when his wife was asleep, he slipped from under the bedclothes, dressed himself lightly and sallied forth from the house without awakening any one. He made for a deep pool in the river about a quarter of a mile from his abode, with the full intent of drowning himself; at least, so he told me. In the meantime his wife finding that he had given her the slip, got up, dressed lightly, awoke the friend, and they sought her husband far and wide. The warehouse where he kept his gun was searched; the gun was all right and unloaded, but Mr. C. was not there. It was a Sunday morning, so "the better day, the better deed"—who should they meet but Mr. C. coming from the river, where he had been "taking a stroll because he could not sleep." There is "a method in madness," it is said, and my patient though pretty far off it, yet he was not entirely bereft of reason. When he reached the salmon pool where he had collared many a lordly fish, he had not taken into account the fact that there had been more than a three months drought. I could fancy him remarking to himself when he saw the lowness of the water, "Dang it! there b'aint enough water for my purpose." Neither was there, and so he returned home a wiser and a better man. He never "looked over his shoulder" after this, but grew better and better every day, and what is equally satisfactory—he never required another dose of medicine.

October 1, 1887, I received fifteen pounds of heather honey with Mr. and Mrs C's kind regards and grateful thanks.

N. B.—If he keeps off the whisky he will never have a return. There is an "if" in the matter. "When the devil was ill, the

devil a saint would be; when the devil grew well, the devil a saint was he."

AURUM.

The following case is so close on "the borderland" that I think it is deserving of a niche.

Mrs. —, an old lady belonging to Liverpool, but Scotch originally, who had seen something of the ups and downs of life and who had survived the best of her friends, was a gratuitous patient of mine for over a year before I left Liverpool for London. Although she was all but blind from age (72) and from hard cataract of both eyes, she was the very pink of politeness and good manners. "Awfully proper"! and very ready in speech and action. Doctors, lawyers and clergymen were in the habit of calling upon her—her general information and her charming manner of communicating it to others made her a great favorite even in her failing years.

Well as I knew this dear old lady, there was an expression of hers which greatly puzzled me. It was so difficult to reconcile the phrase with her usual happy manner and politeness. Almost invariably when I rose to bid her good-by, she would remark, "Well, Doctor, it is no use your calling again unless you mean to put me in my coffin"; or, it might be varied thus: "Unless you mean to give me something that will put me in my coffin." She never made this remark to any but myself; at least, so said her nurse or lady's companion who was almost always with her.

About the end of the year 1880, it occurred to me that this monomaniacal expression of hers corresponded to *weariness of life—tired of existence*.

I visited my patient on the 31st of December, 1880, and on rising to go I said to her: "To-morrow is New Year's day and I shall call to wish you a Happy New Year"; to which she replied, "It is no use your coming to do anything of the sort, unless you mean to put me in my coffin."

Before taking my leave I asked her to show me her tongue, when I adroitly placed upon it a small powder of Aurum 30 (F. C.). As a rule, my patient rose between one and two P. M. so that when I called next morning about eleven o'clock I fully expected to find her in bed. When I called to wish her a Happy New Year, she was up and sitting by the side of the fire

in an easy chair, with a small table beside her and a bottle of sherry and some cake, ready for her visitors. I expressed my surprise and said to her that this did not look like *my putting her into her coffin*. She sternly rebuked me for using such an expression, and from that day such an expression never crossed her lips.

Comment and Criticism.

HOW SHALL IT BE DONE?

EDITOR ADVANCE.—I was much interested in reading the article by E. B. Nash, M.D., in the April ADVANCE ('88), headed "Jahr's Forty Years' Practice." It calls to my mind the time I first read the preface of this old book. It greatly interested me, and coming from one of experience it seemed to be the truth.

I know the influence it had over me has been for good, and my experience confirms what Dr. Nash says regarding the "reliable old works." I never take up the book, always near at hand, but I feel I have been a gainer by reading it. I should feel lost without this book of experience to help me. It is a work I seldom hear spoken of, yet it is, I think, one of the best reference books we have.

The more one follows closely the teachings of Hahnemann, Jahr, or Boenninghausen, the fewer failures he will make in curing the sick. I am more convinced every day that any one who knows the materia medica as they did, of old, can perform the same good works, and I may say better, by the strict application of *the law* in the selection of the remedy and its administration. The single remedy, single dose, and careful observation for improvement, only repeating or changing whenever there is a stand-still in the curing process, or no responsive action, is, I find, the safest and most successful practice.

I am constantly disgusted with the many pretenders who, laying claim to Homeopathy, administer anything and everything without regard to reason or cause and effect. They do more harm to our cause than violent opposition can do. The public is made to believe that such methods constitute Homœ-

opathy. They feel that they have tried it and it has proved no better than any other method of practice.

The old works do not teach any such methods, and they are a surer guide to the truth than many later writings, or the instruction given in many of our medical schools. It should not be a fact that our later works are *less* reliable than the older. We should be able to leave behind us greater treasures than are left to us. This we shall not be capable of doing unless we master the old and carefully make sure of the good in the new by a strict test according to the same law and order, by which the faithful ones in the past, worked out the treasures they have given us. They have lighted many dark recesses and pointed the way out to us, and it is our duty to become acquainted with and investigate carefully in the direction they lead. We have in this a duty calling us and unless we do our duty we may expect to fall back into darkness.

How shall it be done?

Dr. Nash has given his idea of increasing our light, from experience with the new. This is good and must be done. We must also boldly speak against the instruction given in most of the *schools, called Homœopathic*, which gives little, if any, real *truth* concerning the *law* and its *application*. We must have the *truth taught*. The practical study of all of the old, reliable works with examples of cures as given in Dr. Nash's article is just the thing. It is more convincing and lasting in its results than can be almost any other method. Let us have more of it. More real study. We have enough work in this way for every one to do. I hope we shall hear from Dr. Nash again.

Quincy, Mass., May, 1888.

F. S. DAVIS, M.D.

WOULD LIKE TO TEST THE REMEDIES.

EDITOR ADVANCE.—In your May number, Diphtheria, by E. G. Cook, M.D., on page 338, it strikes me the Doctor has something too good to keep. If he can treat one thousand cases and no deaths, his record beats the world. Why not give the therapeutics of the six or seven remedies he uses and thus give his brethren the benefit of his knowledge?

We have had an epidemic of this dreadful disease here during

the last year and a great many deaths. My own first-born was among the number—my wife, four children and two servants all having it. We have had it in its malignant type and I for one would like to test the six remedies the Doctor mentions, if I could know the true indications. F. P. WARNER, M.D.

Canandaigua, N. Y., May 22.

THE EFFECT OF A POISON IS A PROVING.

EDITOR ADVANCE.—“The effect of a poison is a proving.” I accept the above assertion unqualifiedly, for Homœopathy or rather the methods of Homœopathy, have established this to be an incontrovertible truth—an axiom. On it is based the success of our school of medicine; by it, our materia medica has been built up; by virtue of its evidence, we have brought order out of disorder, in all that pertains to disease and its treatment. A fact is a fact whether it be recognized or not, and the effects of any noxious element upon an organized body (but to be more specific and to more thoroughly define the question under consideration, let us say, the human organism,) constitute a proving in the fullest sense of the term. Certainly, if the symptoms are not noted, or only partially observed, the proving is of no avail. The effect of a poison is one thing, and the detailed symptoms noted by a close observer, is another. This may be termed a “splitting of hairs,” for the Homœopathic profession does not recognize a proving except under certain conditions, but we may at least interpret the English language with a Homœopathic metre. While I accept Dr. Swan’s idea of what constitutes a proving, I will attempt to charitably criticize a few of his innovations; not that they agree or do not agree with my views, but for the purpose of hearing from others of the profession on a subject which is now attracting our attention. I shall make no attempt to deny any of the Doctor’s affirmations regarding his pet theories, for though I may eye them suspiciously to-day, I may be forced to accept them to-morrow. My prejudices have so often decided a question for me, only to speed me in the wrong direction, that I have determined that only the most searching analysis, coupled with the closest observation during an oft-repeated experience, shall resolve any

important question for me in the future. We must unbiasedly and conscientiously investigate every new physical proposition ere we deny, for every denial is only a *negative affirmation*, and if we do deny we ought to be ready and willing to practically prove our *affirmative denial* by facts and logic, and not by opinions and sophistry. This is the only proper course a scientific scholar may pursue in justice to himself and his confreres.

In examining Dr. Swan's postulate we must acknowledge that it can only be done with such tests as we may have at hand, not forgetting, by the way, that many of our triturations and liquid potencies, which were once denied any virtues because no medicinal ingredient could be detected therein, were admitted to possess such, after a close chemical examination, and the microscope had evidenced the existence of the medicinal matter originally introduced. "Thus far and no farther will I go with you," said the crudist, until the spectroscope carried the investigation still further. Now comes the neuroscope, and in utter astonishment we ask: "What next, and how much further?"

The object of this article is to set forth a few of Dr. Swan's convictions, and some objections to them. The whole is a subject worthy our direct attention and keenest and deepest thought; nor will ridicule masquerading as argument at the behest of bigotry or dogmatism, rebut any of Dr. Swan's predications, but only a fuller insight into his methods prove them wholly true or false, or partially so; and if after a most minute dissection we find even a partial truth therein contained that we can utilize to perfect a developing science, whose purpose is the amelioration of our kind, let us take advantage of it and give due credit to the author.

The Doctor declares that Rhus tox. "high" will cure a case of Rhus poisoning. If such be the case it will simplify many matters for me that are now aggravatingly complex. I cannot consistently deny the Doctor's positive statement, though much I doubt, for I have never attempted to cure my poisoning by his method. How many who *have* tried it can corroborate the statement? The Doctor further avers that Lac defloratum cured cessation of menses for him (in the case of a lady patient of course, and not in his own case, as my construction might be interpreted), before he was familiar with its provings.

Must we not, as Homœopaths, take the symptoms into consideration and base our prescription on their totality? Was not, perhaps, the Doctor's case a *Lac defloratum* one? An old-school physician of our city once asked me what we Homœopaths prescribed for menorrhagia. Said he: "I've given as much Ergot as I dare to, and Oil of Cinnamon also, but without effect." My friend, Dr. Hines, of Corsicana, Texas, had frequently and successsfully prescribed for the lady under similar conditions while she was a resident of his town, as my Allopathic friend soon learned, and he therefore came to me to learn our Homœopathic "specific" for the condition. "Please give me a detail of her symptoms, Doctor," said I, "and I'll look the case up for you," at the same time explaining to him our mode of getting at the properly-indicated drug. His reply was, "I don't want any d—n foolishness; if you don't care to impart the information I desire I can do without it." He undoubtedly thought we had some special drug that covered all such cases. My impressions, which may possibly be erroneous, prompt me to believe Dr. Swan's teachings tend to lead us in the same direction of thought as that which had possession of my Allopathic friend. The Doctor presents potentized scarlatinal saliva as the *simillimum* of scarlatina and *Morbilin* for measles. This is in my estimation advancing backward—getting our diagnosis first and then administering the regulation formula for the arbitrarily designated disease. Again: Will potentized *Scarlatinin* or *Morbilinum* cure every case of such diseases to which the Doctor says they are the *simillimum*? We are well aware of the fact that various cases of scarlatina frequently call for various drugs, and often we are compelled to utilize as many drugs (and the same holds good in measles or any other abnormal condition,) as there are cases of the same (?) disease whose totality of symptoms vary but slightly. We are also necessitated to change our prescription, and oftentimes daily, though we must admit that frequently a single dose of a high potency, undisturbed, will carry a case through every stage of a disease to convalescence; at least, such has been my personal experience. Now if it be necessary to utilize a variety of medicaments in a variety of cases of so-called scarlet fever, how is it that *Scarlatinin* will cover the totality of symptoms of all these cases, when in these totalities one may detect a wide difference, and every

true Homœopath would wisely differentiate and prescribe accordingly.

The competency of a Homœopathic physician has always depended upon his tact and talent to observe every objective symptom and elicit every subjective one, and then to be able, under the guidance of the law first recognized by Hahnemann, to make an accurate prescription. The catechistical line of thought as applied to scarlatina, may be employed of course in discoursing of all manner of disturbed function, no matter what picture it may present to the eye, and for which Dr. Swan may have a prophylactic or specific (?) simillimum.

I am aware that many who combat Dr. Swan's ideas have used and do use Syphilinum, Vaccinum, Psorinum, etc. Psorinum I, too, have ventured to prescribe, but with what effect I am not able to intelligently determine. In referring to Syphilinum or Morbilingum—and I merely use these products as examples of many *medicines* used similarly—another phase of the question arises. Dr. Swan takes the position that a potentized product of any disease is the simillimum of that disease. His opponents dispute the statement by asserting "Such is an *idem* instead of a *simillimum*." Personally I cannot decide for or against either side, and though I might be led to believe that a high potency of Syphilinum or Morbilingum (if efficient at all) if taken from one diseased person *might* prove a simillimum to a case of a similar kind developed in another individual, I cannot at present admit that the product of primary syphilis, though potentized in any manner and to any extent, will cure a case of primary syphilis, or the effects of the secondary or tertiary stage in the patient from whom the original product was obtained.

Single symptoms, says the Doctor, also can be utilized, and are curative in a great number of cases. 'Tis true we are often led to make an accurate prescription by the prominence of some peculiar symptom, but a little research will prove to us that the drug indicated covers all the other symptoms that may be observable, or may be elicited from the patient. It is possible that potentized peanut will cure indigestion, but will it, I ask, cure a Nux vomica or a Lycopodium indigestion also? If this is so I want to know it, for Homœopathy (?) will then be an open book to me and my success unbounded. While the very nature of my composition, and the force of my early edu-

cation, will not permit me to follow Dr. Swan into his, to me, imaginary realms of potentized electricity, magnetism, east winds and spectral rays, at instant bidding, I am more than willing to follow him slowly, carefully, step by step, "proving all things" as I go, and "holding fast to that which is good." Many uncompromising Homœopaths will naturally ask me (another uncompromising Homœopath), Is this Homœopathy? I cut the Gordian knot with a *big, Big, NO!* Treating variola by inoculation or vaccination, or by Vaccinum or Variolinum is *not* Homœopathy, which, by the way, is saying nothing as to its efficacy. M. Pasteur's plan is *not* Homœopathy, nor are the methods of antidoting the toxic effects of one drug by another. Similia cannot be interpreted so as to cover the treatment of an idiopathic or other disturbance by anything isopathic or anti-pathic. It does not include prophylactics or nosodes. Homœopathy may utilize these methods, but similia cannot so be expounded. Similia only means the treatment of a disease set up idiopathically, by a remedy whose provings more closely resembles the symptoms of this idiopathic disease, than any other. My opinion as to the similitude of potentized Syphilinum to syphilis, Morbilingum to measles, and "*id genus omne*" has already been expressed.

I have often thought that *our* law, the discoveries of Jenner, Pasteur, and the possible one of Dr. Freire, the cure by nosodism and isopathy, are but separate branches of one great *basic* law, each having its own peculiar *genius*, but being perhaps of one essence, appear (and act?) so much alike. We may act, without much strain to our accommodation find a family resemblance, or likeness if you will, and I believe if we could scientifically follow each of these (some partially and some wholly accepted) theories back to its initial birth, we would find them all springing from the same fountain head. The time will undoubtedly present itself when the profession will understand this much better.

Waco, Texas.

S. W. COHEN.

A NON-TRAUMATIC CRANIAL DEPRESSION.

EDITOR ADVANCE.—In the June number of THE ADVANCE, page 395, is given the record of a curious case in which there were two well-marked cranial depressions not due to injury. A somewhat parallel case recently came under the observation of

the writer, and a brief description is herewith given with the hope that students of the brain and its functions may be aided thereby.

Mrs. C., a slender-built, but muscular woman of the nervo-bilious type, is now fifty-five years old. Her history is good, being positively free from syphilitic, rachitic or scrofulous taints. Two years ago she had a sunstroke which was followed by a gradual loss of hearing in the left ear, accompanied at first by a very annoying buzzing, as of bees. A gradual sinking of a portion of the cranial arch also succeeded, until now the cavity is over two inches in length, one inch broad and one-half inch deep. Its upper extremity begins about one-half an inch left of the sagittal suture and three inches above the left ear, and extends downward and obliquely backward involving the parietal eminence.

The case is marked by a total loss of hearing in the left ear, and by a peculiar vertigo, probably aural in origin. This dizziness is greatly aggravated in the dark, and the woman cannot walk at night without a light. If she attempts to walk in the darkness she staggers as if drunk, and a constant heaviness in the occipital region causes her to fall backward. Her memory and other mental faculties have become greatly impaired, recollection not being lost, but well known things are recalled very slowly and only with an effort. The left auricle is numb, so lost to all sensation that she believes its amputation would cause her no pain. The depression is always marked by a burning sensation greatly increased in the sun. Pressure on the cavity causes pain in the mastoid cells and along the neck on the left side.

S. E. BURCHFIELD, M.D.

Houtzdale, Pa., July, 1888.

A FEW QUESTIONS.

EDITOR ADVANCE.—In the May number of the ADVANCE, page 331, Dr. Gilbert tells us not to give a vegetable remedy in a case of eczema, and I would like to ask a few questions in regard to it.

First.—Is there any Homœopathy in a prescription for eczema or any other disease?

Second.—Is a vegetable remedy any less homœopathic to a case of eczema than a mineral remedy, *if prescribed for the totality of the symptoms?*

Third.—If a vegetable remedy cannot cure a case of eczema—of any disease, in fact—*when prescribed for the totality of the symptoms*, is not the law of similars a farce?

Syracuse, N. Y.

FREDERICK HOOKER, M. D.

“NOTA BENE NUMBER TWO.”

EDITOR ADVANCE.—In the June number of the ADVANCE, under the above heading, Dr. Korndoerfer disputes my warning against vegetable remedies in eczema, and says that they should always be given when indicated, which indications were pointed out by Hahnemann. He also protests against calling psora a hereditary venereal state and against using anti-psorics against syphilis or sycosis when inherited.

To be called on thus in hot weather to give the reasons for the faith that is in me, comes a little hard, and I shall attempt only outlines.

I believe that—

- 1.—All chronic non-syphilitic or sycotic “skin diseases,” or diseases manifested on the skin, are hereditary and of venereal origin. (The *whole* truth is that I believe *all* hereditary diseases to be of venereal origin.) Syphilis or sycosis can be diagnosed in the person contracting them, but—
- 2.—They cannot be diagnosed as such in the second and subsequent generations when the parent was not suffering from the disease in active form at time of generation; but a diseased condition which Hahnemann designated as *psora* can be diagnosed; it is called by the laity and by many or perhaps all physicians—scrofula; it is not syphilis or sycosis and yet either may break out anew in the parent, later in life, under the influence of medicine or depression of sickness. The disease has become in the second generation an organic tissue disease which, in its modified form, does not indicate anti-syphilitic or anti-sycotic, but anti-psoric remedies; the fact that *psora* may be transmitted

indefinitely, even when skipping one or more generations, shows its specific origin. Hahnemann says that it is not self-generating.

- 3.—Vegetable remedies act as disturbers of function and not as alterers of tissue, and cannot therefore be used as tissue remedies.
- 4.—Metals, and salts of metals, modify tissues in a way similar to eczema, apparently, and therefore are homœopathically indicated in that diseased condition.
- 5.—As no remedy can produce *eczema* so there must be another element involved in the action of remedies; this is the *vital force* which is always exerted to protect the organism against the encroachments of diseased action; hence a remedy which enables the vital force to subdue its enemy to the point of control, may *conquer only* but not *slay*; “he who fights and runs away, may live to fight another day” in another field and in changed armor; “while he who fights and then is slain, will never live to fight again”; that’s the difference between the action of vegetable and mineral remedies, as I see it.

The symptoms of Anac., Clem., Dulc., Lyc., Mezer., Sars., Rhus t., Oleand., Viola t. and Thuja, referred to by Dr. K., are not such as indicate to me anything more than disturbance of function. Look at the skin and other symptoms of prover 43, Allen’s Encyclopædia, and say whether that child was healthy or not; if his father had not syphilis or sycosis or both, no man ever sinned.

The action of nosodes in eczema is, as yet, a matter undetermined. All animal poisons prominently affect the animal passions; whether they will also destroy venereal diseases I do not know; they will help concomitant symptoms: but *cure*?

“My cry is still for war” against function remedies (vegetable) in diseases on the skin; that a vegetable remedy will modify the severe symptoms is not denied, but it is only a truce, driving the enemy into cover where he can’t be seen and from which he can with difficulty be dislodged.

Washington, D. C.

CHAS. B. GILBERT, M.D.

THE MEDICAL ADVANCE

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"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."—LAHNEMANN.

A NEEDED AMENDMENT.—The original requirement for membership in the American Institute as found in the "Proceedings" for 1855, is as follows:

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and that he sustains a good moral character and general standing, addressed to the Board of Censors, and *by them satisfactorily found qualified in the theory and practice of Homœopathy* [Italics ours], and so reported to the Institute, may be elected a member thereof.

Without any apparent reason, at least without a sufficient reason, "liberal resolutions" have from time to time been introduced into the institute with more or less disastrous results. At the session at Indianapolis it was

Resolved, That it is the sense of the American Institute that no physician can properly sustain the responsibilities, or fulfill all the duties of his professional relations unless he enjoys absolute freedom of medical opinion and unrestricted liberty of professional action, as provided for in the code of ethics of this Institute.

The president's address at the session at which the "unrestricted liberty" resolution was passed, recommended the limitation of drug potency to the tenth centesimal. No such resolutions are in the interest of peace and harmony in the institute or in the profession. The first fruit of this recommendation and resolution was that the venerable Hering and Dr. P. P.

Wells walked out of the meeting never to return; and many others whose counsel and influence we highly prize have followed their example. Out of this or in connection with it, when the by-laws were revised the requirement of "being qualified in the theory and practice of Homœopathy" was dropped and the following introduced:

ART. V., Sec. 1.—Candidates for Membership shall present to the Board of Censors a Certificate of three members of the institute, that the applicant has pursued a regular course of medical studies, according to the requirements of the existing institutions of the country, and sustains a good moral character and professional standing. Such Certificate shall state when and where the applicant obtained a diploma. If found qualified, the applicant may be elected a member. No person shall be considered a member, however, before paying an admission fee of Two dollars and the annual dues (\$5.00), which shall entitle him to a Certificate of Membership.

To amend this we gave notice that at the next meeting of the Institute we should move to add, after the word applicant, "shall be a believer in and practitioner of Homœopathy." We do not believe that a majority of the members of the Institute or a majority of the homœopathic profession are in favor of "hauling down the flag" just yet. If a declaration of a belief in the principles of Homœopathy deters an applicant from becoming a member, he or she had better wait till they see a new light. This question will have to be settled in some way in the near future and it might as well be disposed of next year as any other.

"For how can man die better than by facing fearful odds,
For the ashes of his father and the temples of his Gods?"

* * *

At a meeting of the Inter-Collegiate committee, the following was unanimously passed:

Resolved, That after the college session of 1891 each and all of the Homœopathic schools of America will require of their candidates for graduation, three years of medical study, including three full courses of didactic and clinical instruction of at least six months each.

That the conclusion to increase both the length and number of sessions of all our colleges was harmoniously and unanimously reached is very gratifying, and we think there is an honest intention to live up to the requirement. The diplomas of colleges violating the agreement will not be recognized by the Institute.

A POST-GRADUATE COURSE OF LECTURES.—For some years there has been a growing demand for the teaching of the Philosophy of Homœopathy as expounded in the Organon of Hahnemann, brought about largely by the apparent neglect of our colleges, as at present organized, to give the necessary instruction in the Healing Art as taught by the Master. This is now proposed to be remedied by the establishment of a Post-Graduate Course of Lectures, the first attempt of the kind in our school.

A Post-Graduate Course of Lectures will be given under the auspices of the Executive Board of the Woman's Homœopathic Association of Pennsylvania, at the hospital, 20th street and Susquehanna avenue, Philadelphia.

Prof. J. T. Kent will deliver these lectures on Homœopathic Materia Medica and the Organon, on Tuesday, Wednesday, Thursday and Friday afternoons, from 5.30 to 6.30 o'clock, commencing October 16th, and continuing seven weeks. Course tickets, \$40.00. For special course on Organon \$20.00, and on materia medica, \$20.00. Tickets may be procured from Mrs. M. T. Keehmle, treasurer of the association, 1315 Arch street.

Organized in connection with a hospital in which abundant clinical material can be had to illustrate didactic instruction, this effort can in no way interfere with the work of any college. It will furnish an opportunity for our graduates to become proficient in the art of prescribing, instead of filling the lecture rooms of Post-Graduate Colleges of the other school and thus losing what knowledge of Homœopathy they had already obtained. These lectures are arranged for the evening so as to enable students to attend other lectures in the city at the same time. Already a class of twenty-seven is assured and the prospect is bright for a good attendance at the opening.

* * *

THE SECOND PRESCRIPTION, by J. T. Kent, M.D., will be found on another page of this issue. It must have cost the author some hard work, and will repay not only a careful reading but a careful study. The accurate prescriber, anxious to cure his patient, will find in this article something new in the application of the simillimum, something born of confidence in the successful treatment of the sick. It is in striking contrast with

* * *

DRUG PROVINGS, by Conrad Wesselhœft, M.D., as reported

to the American Institute and found in the report on another page. It is evidently written from a standpoint showing an utter want of confidence and want of success in the methods of Hahnemann, based on what he considers a defective Materia Medica. Seems strange that a Professor of Materia Medica should advocate drug provings on animals as the only correct method of obtaining a reliable pathogenesis. We can imagine the professor visiting his cage of animals three times a day and making a record of symptoms. There would be no mental symptoms to record and no need for the all-convincing Sac. lac. "counter-test"—simply straight work with "appreciable doses." This agnostic work in Materia Medica has already cost us dearly, and is not improving our means of healing the sick. Out of it naturally and necessarily grows such miserable eclecticism as the following

* * *

"SICK-HEADACHE PILL of Dr. E. M. Hale," for which he offers four pages of apology and explanation in the May number of the N. A. Journal of Homœopathy.

Irisin	1-10 gr.
Podophyllin	1-20 gr.
Sanguinarin	1-20 gr.
Powd. Ext. Nux Vomica	1-20 gr.
Euonymin	¼ gr.

This pill is a combination of several of the most useful and approved remedies for "*sick-headache*," when caused by *gastric* or *hepatic* disorder. It is often useful in cases apparently of nervous origin. It is often very difficult to make a correct diagnosis of this form of headache; and to ascertain its cause. This uncertainty led to the peculiar combination, which has, happily, been successful in a great majority of cases. They should be used as follows: In the *intervals*, one pill should be taken before meals and at night. *During* the attack, one pill, every hour till improvement sets in.

The chief excuse is the old-time, threadbare one of the lazy man—"We cannot always find the single remedy," and "the alternation of remedies, even two or three, is perfectly justified in a complicated case," and "I see no more impropriety in compounding two or three remedies than in alternating them." Neither does the Allopath; but he never calls it an "impropriety" nor a homœopathic prescription. This guess-work, this miserable polypharmacy, is the direct result of a pathological Materia Medica. And still the cry is heard "condense the Materia Medica," "weed it out," "give us more pathology and

less symptoms," and we presume scientific Homœopathy will now be satisfied with Dr. Wesselhœft's provings on animals and Dr. Hale's "sick-headache pill."

* * *

NOTES FROM I. H. A.

KREOSOTE.—In painful, difficult dentition: gums, bluish-red; inflamed; swollen over a tooth causes convulsions; teeth begin to decay as soon as they appear.—E. B. Nash.

ANTIMONIUM TART.—A grand remedy in cholera morbus, although not mentioned by Raue or Jahr's Forty Years' Practice.—E. B. Nash.

HELONIAS.—In albuminuria of pregnancy. The mental symptoms are guiding: Always better when doing something, when the mind is occupied. Restless, wants to be continually moving about. General "fidgety" sensation, which is not confined to the feet, as in Zinc.—E. B. Nash.

VASERIANA.—Sciatica: pain in hip and posterior muscles of thigh, *intolerable when standing*, as if the thigh would break.—E. B. Nash.

NUX MOSCHATA.—In the brain affections of infantile life—in the stupor, insensibility and unconquerable desire to sleep—whether in idiopathic affections of the brain or in those occurring during cholera infantum, this is one of the most precious remedies in the *Materia Medica*.—P. P. Wells.

LACHESIS.—Removes the mental conditions arising from leaving off stimulants in old drinkers. Patient is restless; undertakes many things and accomplishes nothing; wants to go home. Mania from alcoholic stimulants.—J. T. Kent.

CANNABIS INDICA.—Delirium tremens from the use of alcohol: when patient is restless, trembling; various hallucinations, especially with a tendency to become furious and uncontrollable; unquenchable thirst; in the majority of cases will remove the effects in a short time.—P. P. Wells.

LACHESIS.—Sensation of sinking of the bed, of the person, of all about her, is a genuine, verified symptom.—J. T. Kent.

MAGNESIA PHOS.—Gastralgia: soreness of epigastrium and extreme sensitiveness to touch; sour eructations; sour vomiting; coming on at 12 M., and relieved by eating. Cancer of

the stomach; intolerable burning pain; vomiting; singultus; after Arsenic and other well-selected remedies failed, patient was relieved of pain and made comfortable for six months by Magnesia phos. 30.—Frank Powell.

PULSATILLA antidotes the Coffee headache when patient is not irritable.—P. P. Wells.

ARNICA cured a case of quinsy in a young lady recurring at the menstrual period.

NUX VOMICA removes the bad effects of Ether.—E. Carleton.

WHEN patients say that tea, cocoa, coffee or tobacco does not materially affect them—"they can give it up just as well as not"—let them do so. If they say they can't give it up you may be positively certain it is injurious and should prohibit it at once.—W. S. Gee.

DIPHThERIA.—To the argument so often made in favor of "doing something," that "Nature will not tolerate delay in such a disease," Dr. Gregg once replied: "Nature will not tolerate any mistakes in such a disease."

MEDORRHINE.—With Medorrhine I relieved permanently a case of chronic rheumatism in which other medicines failed. The characteristics were: deformity of finger-joints, large, puffy knuckles, swelling, stiffness and pain of both ankles, great tenderness of heels and balls of feet. The swellings of all joints affected were *puffy, like wind-galls*. Patient's general condition aggravated inland and relieved near the sea-shore. It was an old, chronic case in a maiden lady where no suspicion of sycotic poisoning could exist. A long line of ancestors suffered from rheumatism and gout.—W. P. Wesselhœft.

* * *

WHAT THEY SAID AND DID.

ONE hundred and eighty-seven members present at the Niagara meeting.

DR. HEBER SMITH's verbal report of cases of poisoning by Zinc oxide from water supplied through galvanized-iron pipes, was one of the most instructive of the session.

THOMAS SKINNER, M.D., London, a corresponding member of the Institute, had a paper on "Glosso-Syphilis" of eleven

years' standing cured in five months, after the case had run the gauntlet of the great syphilographers of London.

ECZEMA.—In obstinate and troublesome cases of this affection, Zincum met. and Pix liquida should be compared. There are many similarities.—J. C. Morgan, M.D.

IN UTERINE PROLAPSUS and other displacements from a mechanical cause, Rhus tox is the remedy.—G. R. Southwick, M.D. [Unless the symptoms should call for Pod., Arn., Con., Hyper., Sulph. ac. or some other remedy.]—ED.

PERTUSSIS.—When you have an obstinate case, don't overlook Mephitis. It has cured many a bad case for me.—A. M. Cushing, M.D.

DR. J. P. DAKE moved that in future all elections of officers be held by informal ballot—no nominating speeches. Lost.

HORACE PACKARD, M.D., of Boston, is one of the operators in the Murdock Hospital for Women. In July, 1887, Dr. Marcy, one of the allopathic surgeons, told Mr. Murdock that unless he turned out the Homœopaths he would resign and his hospital would be boycotted. He was politely but firmly informed that the hospital was not maintained in the interest of any school and he could resign at his convenience. The hospital is as prosperous ever; we have not heard from Dr. Marcy.

ARCTIUM LAPPA.—Prolapsus, with sore, bruised sensation in uterus with great relaxation of vaginal tissues and entire pelvic contents; aggravated by standing, walking, a misstep or sudden jar. Follows Sulphur well.

THE BUREAU OF MATERIA MEDICA had but a few papers read, yet it had the largest attendance and most interesting discussion of the session. One of the signs of the times, showing that the interest of the Institute is not wanting in this branch when the bureau has anything to present.

THE NEW YORK MEDICAL TIMES was, on motion of Dr. J. P. Dake, restored to the list of journals recognized by the Institute. The motion was introduced when not more than a dozen members were present and there was no opposition.

INSTITUTE POLITICS "was worked" as usual. The friends of the various candidates were very active, and even friends not present were summoned by telegraph for the sole purpose of

making nominating speeches. This was unseemly, to say the least, as the eloquent member never again appeared at any other session of the Institute.

"THE GRAND EXCURSION" given the American Institute by the proprietor of the International Hotel received much criticism, and "cold collations," we trust, will be at a discount at future meetings of the Institute. Very early the following morning a member of the Michigan delegation, who had neglected to bring his wife, was found on the piazza, and when asked how he felt, replied: "Not very well, thank you; had some characteristic Sulphur symptoms about 4 A. M., due I presume to the sumptuous 'cold collation.' Not used to such 'high living' at home."

New Publications.

A REPERTORY OF GONORRHOEA, WITH THE CONCOMITANT SYMPTOMS OF THE GENITAL AND URINARY ORGANS.
By SAMUEL A. KIMBALL, M.D. Boston: Published for the I. H. A. by Otis Clapp & Son.

The want of a work of this kind has made the treatment of gonorrhœa the *bête noir* of the homœopathic physician, for who has not had trouble in promptly curing every case. One of the reasons why we occasionally fail is that we do not recognize the two varieties of the affection—differing from each other almost as widely as syphilis from chancroid—the simple and malignant. To cure the latter, especially when it occurs in patients of depraved habits of life, demands careful prescribing and it is here that Dr. Kimball's work will be invaluable. The author has given indications for 134 remedies that either have a proved urethral discharge or have proved especially useful in the treatment of the sequelæ of gonorrhœa. The author says: "It must not be supposed that these are all the remedies that will be applicable in the homœopathic cure of a gonorrhœa. Any remedy in the materia medica may be required if indicated by the concomitant or constitutional symptoms. In fact, the discharge should be the last thing upon which to base a prescription, as we should prescribe for the patient, not for a pathological lesion." But a monograph of this kind is especially useful when a patient presents with gonorrhœa and no constitutional symptoms can be obtained; then the discharge, its character and concomitants, is all there is upon which to base a prescription.

The contents are arranged alphabetically, with all the symptoms of one anatomical part arranged under that head; and all symptoms of remedies

having a gonorrhœal discharge or an intimate relation with the sequelæ of gonorrhœa, have been included. With a careful study and a conscientious use of this book *every case of gonorrhœa can be cured*, without the use of local suppressive injections; and strictures, enlarged prostate, and all other sequelæ and abominations will be unknown. It may take a little longer, but "the longest way round is often the surest way home." We cannot refrain from quoting the author's opinion of the suppressive treatment: "The plea made by some physicians, that the discharge must be suppressed in order to hold the patient, puts the practice of such men upon a purely mercenary basis, and leaves the unavoidable inference to be drawn, that anything will be done by them to hold the patient, provided there is money enough in it. Such principles suit admirably to the professions of highway robbery, burglary and other like fine arts, but hardly have a place in the noble work of *curing the sick, even if they are sick through sin.*"

The book is in Otis Clapp's best style, and could not well be improved in workmanship.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. HERING, M.D. Vol. vi. Hepar-Lachesis. Philadelphia: Published by the Estate of C. Hering, M.D. Pp. 650. 1888.

This volume is rich in polychrest remedies: Hepar, Hyd., Hyos., Hyper., Ign., Ipec., Iod., Iris, the Kalis occupying 168 pages, Kreos., Lac can. and Lachesis, that "pet child of Hering," has 100 pages.

The first trituration and first dilution in alcohol of Lachesis was made by Hering, July 28, 1828, and the Editor's Preface contains a circular letter issued by Hering in 1878 soliciting provings, contributions of clinical matter, etc., by which a complete monograph could be compiled to celebrate the fiftieth anniversary of the introduction of Lachesis. This circular met with a generous response by many members of the profession, and although the author did not live to complete his monograph, all that is characteristic or of value in Lachesis is here given, making one of the best and most reliable provings—both clinical and pathogenetic—to be found in our materia medica. Had Hering never done anything for our materia medica but introduce this one remedy, every true follower of Hahnemann would have abundant reason to gratefully remember his labors and revere his memory.

A MATERIA MEDICA: Containg. Provings and Clinical Verifications of Nosodes and Morbific Products. By SAMUEL SWAN, M.D.; collected, arranged and prepared for publication by E. W. BERRIDGE, M.D. Octavo, pp. 121. 1888. Price, \$1.50.

"This first fascicle of a materia medica is placed before the profession as a feeler—if the demand for it shows meets a 'long felt want,' the publication will be continued—if not, this will be the first and the last," is the brief yet "spicy" introduction with which the author prefaces these provings of Sac. lac., Trif. peat., and Lac can. Very few of our practitioners will stop to think that Sac. lac or Sac. off., like Carbo veg. and Silica are, in their crude state, practically inert; in fact, by the majority can be taken with impunity. Yet it will be difficult, if not impossible, for anyone to determine which will

and which will not develop medicinal symptoms without experimentation. If Carbo veg. under the process of potentization becomes an active remedy, who can say why Sac. lac. should not? The belief or disbelief of the individual affects himself only; science is no respecter of persons or things, and remedies act in spite of prejudices and "want of faith." The members of the American Institute were, once on a time, greatly amused with the "imaginary symptoms" of Sac. lac. in Wesselhoeft's proving of Carbo veg.; and some physicians who have made wonderful cures of "imaginary sickness" by administering Sac. lac. will be astonished to find in this proving, especially the mental group, many of the symptoms they cured. Lac. can. contains records from seventy-three provers, and has twelve pages of throat symptoms—probably the best known single remedy for diphtheria—and is alone worth many times the price of the volume. Yet many will not use Lac. can., for the same reason they would not use Lachesis; it has too many symptoms and they are not certain which is reliable.

GRIGG'S GERMAN PHILOSOPHICAL CLASSICS contains the following series of philosophical works:

Kant's Ethics. By Dr. Noah Porter.

Hegel's Aesthetics. By J. S. Kedney.

Fichte's Science of Knowledge. By Dr. C. C. Everett.

Schelling's Transcendental Idealism. By Dr. J. Watson.

Hegel's Philosophy of History. By Dr. G. S. Morris.

Kant's Pure Reason. By Dr. G. S. Morris.

We call the attention of our readers to the great work which is being done by this enterprising publishing house for the popularization of these classic works of German philosophy. It is the first time that these masterpieces of Kant and Hegel have been taken from the abstruse and difficult and presented in a really attractive English dress, and the achievements of these great intellectual emancipators given to the English speaking world in a clear and concise manner in volumes of less than 300 pages.

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF WOMEN.

By GRAILY HEWITT, M.D., London, F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; formerly President of the Obstetrical Society of London; Honorary Fellow of the Obstetrical Society of Berlin; Honorary Fellow of the Gynæcological Society of Boston. A new American from the fourth revised and enlarged London edition. Edited with Notes, Additions and Illustrations, by H. MARION SIMS, M.D., Attending Surgeon to St. Elizabeth's Hospital, N. Y., etc.

These three octavo volumes of over 1,000 pages, with 240 illustrations form the seventh, eighth and ninth volumes of Treat's Medical Classics.

Graily Hewitt's great work is a standard authority on the subject of which it treats and anything we might be able to add in commendation would almost seem superfluous. It has not only been accepted in both England and America as a standard authority, but has been adopted in many medical colleges as a text-book. The greatest part of this edition has been rewritten,

embracing the observations and experience of the author for the last ten years, and Dr. Sims has not only thoroughly revised it, but made many valuable additions in text and illustrations.

SIMILIA SIMILIBUS CURANTUR. By C. S. MACK, M.D. Boston: Otis Clapp & Son. 1888.

The motto of our author is that of Joubert, "It is better to debate a question without settling it, than to settle it without debate"; and in the first sentences is the gist of the book. The author says: "I can see nothing to accept or offer as positive, practical proof that similars cure; on the other hand I see nothing to accept or offer as positive, practical proof that they do not." This piece of agnostic wisdom is certainly startling under the title of the book, and we would respectfully suggest that he "tarry in Jericho until his beard grow," or at least until he has made a few experiments, as this is a question to be settled by *experiments*, not debate.

A SYSTEM OF OBSTETRICS, BY AMERICAN AUTHORS. Edited by BARTON COOKE HIRST, M.D., Associate Professor of Obstetrics in the University of Pennsylvania, etc., etc. Illustrated with a colored plate and 309 engravings on wood. Vol I. octavo; pp. 808. Philadelphia: Lea Brothers & Co. 1888.

Since the appearance of Ziemssen's, Pepper's and other composite systematic treatises on the practice of medicine, the general verdict of the profession is one of approval of such works. It was at first feared that the conflicting views held by leading authors and teachers would be difficult to harmonize, but under careful and judicious editorial management these fears proved to be largely imaginary. In the volume before us very few conflicting views are found; and where differences of opinion exist it is upon unsettled or debatable points where different views and opinions may as yet be honestly held. Perhaps in no way can we give a better idea of the scope of the work than by giving the contents of volume i.

The History of Obstetrics. By G. J. Engelmann, M.D.

The Physiology and Histology of Ovulation, Menstruation and Fertilization; The Development of the Embryo. By H. N. Martin, M.D.

The Fœtus: Its Development, Anomalies, Monstrosities, Diseases and Premature Expulsion. By B. C. Hirst, M.D.

Pregnancy: Its Physiology, Pathology, Signs and Differential Diagnosis. By W. W. Jaggard, M.D.

The Conduct of Labor and the Management of the Puerperal State. By S. C. Busey, M.D.

On the Mechanism of Labor and the Treatment of Labor based on the Mechanism. By R. A. F. Penrose, M.D.

The Use of Anæsthetics in Labor. By J. C. Reeve, M.D.

Anomalies in the Forces of Labor. By Theophilus Parvin, M.D.

Such an array of talented contributors, each of whom is no doubt qualified

to write a work on this subject, will give the reader some idea of the value of the work as a book of reference.

Although some of the illustrations are drawn from other sources, by far the larger part are from original sketches and photographs and are well executed. The publishers have evidently spared no pains to make this work a companion to the *System of Gynæcology*, by American Authors, and they have succeeded most admirably, as a more handsome volume will be difficult to find. We trust their enterprise will be appreciated by the profession and rewarded accordingly.

THE PHYSICIAN'S LEISURE LIBRARY. Detroit: Geo. S. Davis, Publisher. Subscription price, \$2.00 a year; single copy, 25 cents.

This consists of a series of monographs, issued monthly, on some practical subject, by a well-known specialist. Here is a list:

The Disorders of Menstruation. By E. W. JENKS, M.D. Pp. 120.

Diseases of the Heart. By DUJARDIN-BEAUMETZ, M.D. Translated from the French by E. P. HURD, M.D. Two vols., pp. 316.

The Modern Treatment of Pleurisy and Pneumonia. By G. M. GARLAND, M.D., Instructor in Clinical Medicine in Harvard Medical School. Pp. 108.

The Infectious Diseases. By KARL LIEBERMEISTER, Professor of Clinical Medicine in Tuebingen. Translated by E. P. HURD, M.D. Two vols., pp. 269.

Spinal Irritation. By WM. A. HAMMOND, M.D. Pp. 80.

These little brochures the busy practitioner will find very convenient. They are all standard works and convenient for the pocket or train, and a very pleasant hour can be spent in their perusal.

SEVENTEENTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE AT MIDDLETOWN, N. Y. S. H. Talcott, M.D., Medical Superintendent; Fletcher Harper, Esq., President.

This is not only a very interesting but a very instructive report, giving some of the "Habits which Tend to the Production of Insanity." Strange as it may seem to our readers, "the habit of too early rising is one of the saddest and surest means by which insanity may be acquired." Perhaps this is true. The statistics compiled by Dr. Williamson show the largest percentage of recoveries in the history of the asylum or the State, 51.33; and with the exception of .86 the lowest mortality, 3.42—about half the mortality and twice the recoveries of the allopathic asylums in the state. "Call up" Dr. Bartholow.

PUBLICATIONS OF THE MASSACHUSETTS' HOMŒOPATHIC MEDICAL SOCIETY, 1887. Vol. x. Boston, pp. 243.

The volume is a very creditable one and contains some valuable articles in each of its departments. In materia medica, the paper on the skin symptoms of Sanguinaria, by Dr. Tompkins, of Jamaica Plains, is a valuable contribution to our therapeutics and appears to confirm the hitherto successful use of

this remedy as an antidote in cases of Rhus poisoning. The book is well printed and taken altogether, one of the best issued by the society in some years.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK. Vol. xxii; 1887. Rochester. Pp. 336.

The Twenty-second volume of the transactions of this society contains many good articles in obstetrics, surgery, etc., but, we regret to say, not a single addition of an original character to our materia medica. With so many valuable remedies, now used empirically, waiting to be incorporated in our list of proven drugs, it seems strange that a society so large and containing so many earnest and able workers should so persistently neglect this field of labor. Let the bureau of materia medica give us a proving of one of Schuessler's remedies, for 1888, and the profession will bless them.

DOMESTIC COOK BOOK. A COMPANION TO PULTE'S DOMESTIC PHYSICIAN. By MRS. J. H. PULTE. Cincinnati: Geo. W. Smith. 1888.

The object and design of this book is sufficiently explained in the preface: "This work was originally a suggestion of the late Dr. Pulte, and was intended as a companion to Pulte's Domestic Physician, to be a practical guide in the preparation of food for the well and the sick." It appears to be very complete, especially in the diet for the sick. It is a well printed and attractive volume and deserves a large sale.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. New York: John B. Alden.

The sixth volume from Bravo to Colville, contains over six hundred pages and 120 illustrations. When the public can secure a work of the uniform excellence of this for fifty cents in cloth or sixty-five cents in half morocco, it would seem that the lowest limit of production had been reached.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By WILLIAM A. HAMMOND, M.D., Surgeon-General U. S. A., Professor of the Diseases of the Mind and Nervous System at the New York Post-Graduate School. Detroit: Geo. S. Davis. 1887. Octavo, pp. 300.

The first edition of this work, published nearly three years ago, discussed only the question of impotence in the male. This edition considers the affection in both sexes; and its publication is timely, for since the days of Hippocrates there have been, and are now, many misconceptions of the meaning of the terms "impotence" and "sterility." It is not necessary to state that the author's style is fascinating, for anyone who has read any of Dr. Hammond's works has never failed to be both interested and instructed. And this work is no exception, for since Acton on the Reproductive Organs, no more readable work on this subject has issued from the press.

I the etiology of these affections and the affections of the nervous system resulting from them, the work is clear and concise; fully up to date. But in the constitutional treatment, in the eradication of the psoric taint underlying these diseases, he lacks the remedial agents of our armamentarium. The

publisher has given us a handsome volume for which he deserves the thanks of the profession.

The *July Century* has for a frontispiece a portrait of Pasteur and his granddaughter by the celebrated French painter, Bonnat. This picture is printed in connection with a timely article on Disease Germs, and How to Combat Them, a foot-note to which article gives a brief sketch of Pasteur's interesting career. The two great illustrated serials of *The Century*, the *Life of Lincoln*, and *Kennan's Siberian Papers*, are continued in this number. Mr. Kennan describes the Steppes of the Irtysh. Those who suppose that Siberia is a land of ice and desolation will be surprised at his description of the flowery country through which the route of the expedition lay. The illustrations are very numerous and novel. In the installment of the *Lincoln History* the relations between Lincoln and McClellan are described, and an astonishing incident relating to a call by President Lincoln upon General McClellan is here authoritatively described for the first time. Under the heads of *European Neutrality* and *The Trent Affair*, Mr. Lincoln's part in these matters is fully set forth. There are portraits of Charles Francis Adams, Rear-Admiral Wilkes, John Slidell, and J. M. Mason.

The *Atlantic Monthly* as a literary magazine is well maintained in the July number. Miss Harriet Waters Preston, it would have been natural to suppose, in view of her uncommon success in other directions, would not challenge criticism by such an ambitious effort as her article on *A Changing Order*. Miss Preston goes far to prove, however, that a woman can write upon a large historical topic in a manner thoroughly to be admired.

An exquisite portrait of Helen Keller, the wonderful little deaf and dumb blind girl of Alabama, is the frontispiece of *July Wide Awake*, and Sallie Joy White, in an illustrated article, *The Story of Helen Keller*, gives details about this marvelous child that will interest old and young, school-children and metaphysicians. It is well worth reading.

Scribner's Magazine in the opening article of the July number, gives the second of the *Railway Series*, entitled *Feats of Railway Engineering*, by John Bogart, State Engineer of New York. It is a natural complement to Mr. Clarke's recent account of the *Building of a Railway*, and describes with force many of the great feats of engineering in this and other countries. This is perhaps the most elaborately illustrated number which has yet appeared.

Editor's Table.

"Going up Higher."—Our medical colleges. See a resolution on another page.

President Cowperthwaite made one of the best presiding officers that for years has graced the presidential chair of the American Institute.

The Announcement of the New York Ophthalmic Hospital for Eye and Ear offers unusual facilities for the study of this specialty. The standard for the degree is high and our profession can point with pride to its brilliant record.

Diet Tables.—Reed & Carnrick will furnish one of these convenient little books, free of charge, to every physician in the United States who cares to use them. They are neatly bound in morocco and are very useful for a busy man.

Newton Cottage Hospital.—E. P. Scales, M.D., writes, "Our cottage hospital is progressing finely just entering on its third year's work with a combined (allopathic and homœopath) medical board, and the daily attendance of one of each school—everything friendly."

A fire in the Century building, New York, in the upper story of which is the book bindery of Alexander & Co., consumed the entire edition of first fascicle of Swan's *Materia Medica*, save a few copies at Boericke & Tafel's, and a few at Pusey & Co., 1398 Broadway, New York.

J. F. Deck, M. D., of Sidney, New South Wales, writes as follows: "I am very thankful to see the great advance there has been made in exact Homœopathy lately throughout America, and to know that there are some men upon whom the mantle of Guernsey, Dunham, Hering and Lippe seems to have fallen."

The Canadian Institute of Homœopathy held its annual session at the Clifton House, Niagara Falls, June 21st and 22d. Although the attendance was not large, some very interesting papers were presented and discussed. A pleasant feature was the visit of Drs. Wells, Carleton, Campbell, Waddell, Gee, Sawyer, Meyer, Holmes, and other members of the I. H. A. and their participation in the discussion.

Kansas City College.—"Special attention will be given to the teaching of special therapeutics," whatever that may mean, is the only reason we have been able to find in the announcement why this college "presents its claims to the medical profession and asks its support." If the teaching of "special therapeutics" means the teaching of Homœopathy, there was no necessity of putting in Stille's Dispensatory as a text-book on *Materia Medica*, or Robert's, Flint's, Loomis' and Pepper's works as text-books on Practice. So far as we know, no member of the faculty is recognized as a teacher in any department of medical science, to say nothing of Homœopathy, and as the demand of the profession is not for *more colleges* but *better ones*, we fail to see any reason why this college should be launched, or an appeal made for support.

The Women's Homœopathic Association of Pennsylvania, situated at 20th street and Susquehanna avenue, Philadelphia, has accommodations for forty patients in the medical and surgical department, and eighteen patients in the maternity houses. The prices in private wards are from \$6.00 to \$10.00 a week, including the attention of staff physicians and nurses. The price in private rooms varying in accordance to size and location, from \$10.00 to \$35.00 a week. These prices also include the attention of staff physicians and nurses. A patient may employ any Homœopathic physician of her choice

if attached to the staff. *Consulting Physicians.*—Chas. G. Raue, Adolph Fellger, J. T. Kent, Malcolm Macfarland, Mahlon Preston, Walter M. James. *Special Staff.*—Wm. P. Wesselhœft, Franklin Powel, Samuel Long, Levi Hoopets, S. L. Guild Leggett. *Attending Board.*—C. Carleton Smith, W. D. Peirce, Chas. H. Conover, Jennie Medley, Duncan Macfarlane, Clayton S. Schwenk, Charles M. Brooks, Jesse W. Thatcher, Anna E. Dumont, Mary U. Sargent, Wm. Jefferson Guernsey, Wm. R. Powel, Howard Powel, C. Albert Reger.

IN MEMORIAM.

Frances A. Dowling, the beloved and saintly wife of Professor John W. Dowling, passed peacefully through the final shadows of earth and into eternal sunshine on the 11th of May, 1888. Her life was gentle, and the elements so mixed in her that the pure, the true, the beautiful and the immortal far overmatched that portion of her nature which bound her to earth in the form of material necessity.

Mrs. Dowling was not only known and beloved by parents, husband, children, and the usual circle of near friends, but she also enjoyed an enduring and pleasant acquaintance with many members of the medical profession. This arose from the fact that her husband occupied exalted positions in educational and society circles; and likewise from the no less important fact that she herself was an earnest, faithful, and intelligent worker in the fields of charity, and of medical progress. No cause demanding benevolence and enterprise could be brought to her notice without exciting in her mind a lively and abiding interest. We remember, with gratitude and admiration, her labors at the first great fair, held at the 22d Regiment Armory, about eighteen years ago, by which nearly \$40,000 were raised to establish a Homœopathic Hospital. She was the inaugurator of that movement, and for many years was active in raising money for the erection and support of a hospital christened with the name, and dedicated to the memory of Hahnemann. Even in her last illness, Mrs. Dowling was persistent in her efforts to aid in the fair for the New York Homœopathic Medical College, and through the assistance of friends she conducted one of the booths at this fair to successful issues; and her only tears were shed because she could not do more for the college she loved.

The members of the profession throughout the United States will recall Mrs. Dowling as the genial hostess of her husband's friends at Lake George in 1879, and again at Brighton Beach in 1881, when Dr. Dowling, as president of the American Institute of Homœopathy, entertained the physicians from many states in a manner that rivaled both oriental and southern hospitality. And for many years her pleasant face was seen at the institute meetings, where she had a winning smile and a kind word for all. During her husband's administration as Dean of the college, she was a true "helpmeet," and in everything that pertained to interests of the students she took a lively

and deep interest. She was always present at the college commencements, and at the closing exercises of the Hahnemannian Society, until final and fatal illness prevented.

Mrs. Dowling's devotion for her husband, her children, her friends, and the highest interests of humanity has passed into a proverb among those who knew her. Thus we may sum up and epitomize her life—unselfish activity in every good word and work, and unswerving fidelity to her many friends. Her kindnesses and her hospitalities were the results of no studied arts, but they were the natural expressions of a noble soul.

Mrs. Dowling was stately without ostentation; benevolent without display; charitable without guile; and friendly without hypocrisy. In manner she was regal as an Alexandrina Victoria; in public duty she was zealous as a Dorothea Dix; in patriotic love for the sick she was as enthusiastic as a Clara Barton, and in motherly pride and affection she was as grand and noble as Cornelia of old. Her day on earth is ended, but her influence lingers like the sweet smell of a rose, or as the perfumed memory of an inspiring song. Her face has vanished, but the light of her countenance still cheers the souls of her friends, even as the hill-tops remain redolent with the glows and tints and collected splendors of the setting sun. Her name may fall less frequently from human lips than during life, but her virtues will be embalmed in many hearts, and her deeds of goodness will linger long in many memories. Faith, fidelity, and love—these were her crowning qualities—but the greatest of these was her opulent love. As the mellow sun-rays penetrate and warm both the cabins of the poor and the towers of kings, so the love that was in this good woman's heart gave color and tone and richness of beauty to her every thought and act in behalf of friends of both high and low degree. Such a life is not only a sweet remembrance, and a glorious inspiration, but it is likewise an injunction and a fulfillment.

As we drop this prose wreath upon Mrs. Dowling's grave, we decorate it with a ribbon of poetry on which is inscribed the expectation of God, an injunction to effort, and a suggestion of ripe achievement:

“As each goes up from the field of earth,
 Bearing the treasures of life,
 God looks for some gathered grain of good,
 From the ripe harvest that shining stood,
 But waiting the reaper's knife.
 Then labor well, that in death you go
 Not only with blossoms sweet—
 Not bent with doubt, and burdened with fears,
 And dead, dry husks of the wasted years—
 But laden with golden wheat.”

Few women have passed on bearing a larger or more glorious burden of acquired usefulness than the dear friend whose name and memory we now seek to honor. To such a friend we can only say: “Well done,” and “Amen.”

S. H. TALCOTT.

The

Medical Advance

VOL. XXI.

CHICAGO, AUGUST, 1888.

NO. 2.

HAHNEMANN'S LIFE-FORCE.*

B. FINCKE, M.D., BROOKLYN, N. Y.

(1.) There is no mention of the "life-force" in the first edition of the Organon, 1810.

(2.) In the second edition likewise. In the preface to it he says "The true healing art is according to its nature a pure science of experience." 1819.

(3.) In the third edition likewise. 1824.

(4.) In the preface to the fourth edition, 1829, for the first time the "life-force" appears: "That nature the self-help of which has been pronounced as the unsurpassable and only kind of healing worthy to be imitated by the hitherto existing school of medicine is nothing but the individual nature of the organic human being, nothing but the instinctive irrational life-force not being capable of reflection and bound to the organic laws of the body, intended by the Creator in the healthy to keep the activity and the feelings of his organism in admirably perfect healthy course, but not created nor adapted for the best restoration of disturbed or lost health. For if thus our life-force by adverse influences from the outer world is changed in its integrity, this essence of force instinctively and automatically endeavors to save itself by revolutionary contrivances from the disturbance (disease); her endeavors, however, are themselves disease, are a second other evil in the place of the original one; she makes according to the laws of the construction of the organism upon which it depends, a disease of another kind, in order to drive

*Read at monthly meeting of New York Homoeopathic Union.

out the one excited in herself, which she accomplishes by pain, metastasis, etc., but mostly by evacuations and sacrificing many fluid and solid parts of the body with difficult, frequently ambiguous, adverse, often also sad issue.

“If men had not understood at all times this imperfectness and the not rare inappropriateness of those blind endeavors of the instinctive, irrational life-force for the self-help of diseases, they would not have longed so much, nor have been so zealous in assisting the suffering life-force which did little know how to help herself, to terminate the process of disease in a short and sure way, and thus to restore speedily the desired health, they, in one word, would not have endeavored to invent a healing art. Since, however, what hitherto was called healing art, consisted only in a mere (imperfect) imitation of that unhelpful, inappropriate, not seldom pernicious endeavors and contrivances of the instinctive, irrational life-force, in diseases left to herself (which they called by the misleading term: nature), they will concede to me, that the true healing art had not yet been found by me.

“That, however, Homœopathics is this so far in vain sought for healing art, is taught by her principles, by her performances.”

(5.) In § 24, fourth edition, (§ 29, fifth edition) for the first time the *modus operandi* in healing is described, which with the same meaning is given in less words in § 29 of the fifth edition.

(6.) In the preface to the fifth edition, 1833, disease is declared to be dynamical disturbance of the spirit-like life-force animating the body.

(7.) In § 7, fifth edition, Hahnemann calls the complex of the symptoms: “This picture reflecting outwardly the internal essence of the disease, i. e., the suffering of the life-force.” And in § 29 he says: “In the healthy state of man the spirit-like life-force (autocracy) which as Dynamic vivifies the material body of the organism rules absolutely and holds all its parts in admirably harmonic course of life, in sensations and activities so that our indwelling rational spirit can freely use this living, sound instrument for the higher end of our being.” And § 10: “The material organism thought without life-force is not capable of any sensation, of any activity, of any self-preservation, only the immaterial essence which vivifies the material organism in the

healthy and sick state (the life-force) imparts to it all sensations, actuates its vital functions."

(8.) In the note to § 12 (5th edition) he cautions against the speculations about the *modus operandi* of the life-force and says what was sufficient for the healing purpose, the Lord of life has placed before his senses.

(9.) In the essay, Spirit of the Homœopathic Healing Doctrine, in Vol ii, of *Materia Medica Pura*, 1813, 1833: "The material substances of which the human organism is composed do not in this living combination, follow the laws, which the material substances are subject to in lifeless condition, but only the laws solely subject to vitality. They themselves are now inspired and animated as also the whole is inspired and animated. Here rules a nameless, almighty fundamental force which cancels all the inclination of the body to follow the laws of gravity, of shock, the forces of inertia, of fermentation, of decay, etc., and leads and governs them only under those wonderful laws of life, i. e., preserves it in the condition of sensation and activity necessary for the preservation of the living whole in an almost spiritual dynamic state." This he calls later on repeatedly not life-force, but *life-character* of the organism.

(10.) *Chronic Diseases*, vol. iv, 1838, preface, concerning the Homœopathic *modus operandi* of healing: "It is undeniable that our life-force without assistance of true remedies of human art cannot even conquer the slight rapidly passing diseases (if it not even succumb to them) and restore a kind of health without sacrificing a part (often a large part) of the fluid and solid parts of the organism by so-called crises, as I have shown elsewhere. How she effects this, shall be eternally unknown to us but thus much is certain, that she can not conquer even these directly, even these not without such sacrifices. She can also not heal the chronic diseases originating from miasms and restore true health without such losses alone. . . . The organic life-force of our body heals natural diseases of all kinds directly and without such sacrifices as soon as by the correct (homœopathic) remedies, she is enabled, to prevail which indeed she could never accomplish without the auxiliary power, without this assistance; for, this our organic life-force taken by itself alone, is only sufficient, to keep the life in regular course

so long as the organism is not morbidly disturbed by the hostile influence of sickmaking potencies."

"For these last she is not a match by itself alone; to these she resists hardly with the same force which the hostile influence brings to bear upon her, and under several signs of self-suffering (which we call disease-symptoms); she would never by her own power overwhelm the chronic disease-enemy nor overcome even short-lasting diseases without considerable loss of parts of the organism if she would remain without help from outside by genuine healing assistance to which the physician's understanding was commanded by the preserver of human life.

"*Hardly with equal resistance*, I say, the life-force goes against the disease-enemy, and yet no enemy can be overwhelmed but by superior strength.

"Only the homœopathic medicine can lend this superiority to the sick life-principle.

"If we physicians can present and oppose to this instinctive life-force its disease-enemy by the influence of the homœopathic *remedies* as it were each time magnified by something, and if we magnify in this manner the image of the disease-enemy for the sensation of the life-principle by homœopathic remedies which imitate the original disease in striking resemblance, we cause and force gradually this instinctive life-force, to raise its energy by degrees continuously till it became finally stronger, than the original disease, that she can again become the self-governor in its organism that she can again hold and lead the reins of the health-conduct whilst the apparent aggravation of the disease produced by the homœopathic remedies, vanishes by itself, as soon as we, in view of the restored superior power of the life-force, i. e., of the restored health, cease, to apply these remedies.

"Incredibly large is the stock of the spirit-like life-principle which has been given to us by the infinitely kind Creator, if we physicians only understand how to keep it up in healthy days by proper hygiene and to turn it up and evoke it in diseases by purely homœopathic treatment."

(11.) These are Hahnemann's views of the life-force of the human organism, which have been contested mostly and vigorously by the physicists and chemists up to the present day. The following quotations will show their views.

Moleschott in the *Kreislauf des Lebens* says, page 358:



“Now force is a property of matter, a force which would not be bound to matter which would hover over the matter and could wed itself voluntarily to matter, is quite an empty notion. The properties of nitrogen, carbon, hydrogen, oxygen, phosphorus and sulphur adhere to them from eternity. Hence the properties of matter if it enters into the composition of plants and animals, cannot change. Hence the assumption of a special life-force proves itself as null and void.”

Page 364: “Herein consists the error which adheres to the current notions of the life-force in such a dangerous form, that the life-force should be a force without vehicle, an idea which forms the body, an autocratic *nihil* by which one can demonstrate everything, because it is not conditioned, nor limited by nor founded upon any reality. The affinity, on the contrary, is an eternal, an indestructible characteristic of matter which does never abandon it neither in life nor in death.”

Page 358: “The only fundamental difference between organic and inorganic matter consists in that organic matter is of a more composite mixture. As soon as matter has reached a certain degree of composite mixture, the function of life originates with the organized form. The preservation of that mixed state and the continuous change of matter conditions the life of the individuum.”

Page 367: “If the elements carbon, hydrogen, oxygen, nitrogen are once organized, then the distinct forms have a power of inertia which continues for centuries and milleniums. By means of the seeds, buds, eggs the same forms return in determinate change.”

Page 425: “Hence also the consciousness is a property of matter.”

(12.) Oken says: “Life is a repeated motion by mutual action of all the elements in an individual body.”

(13.) Verchow: “We have in the living body two forces, the molecular forces and the stimulated and stimulating life-force, by the working together of which the elemental or cell-forces are formed which in the general sense of the word are also called life-forces.”

(14.) Jaeger classifies the phenomena of life in three departments: 1, the doctrine of the organic change; 2, the doctrine of the impulse effect and instinct; 3, the doctrine of conscious-

ness, understanding and reason. Finally a discipline must be assumed which he calls the doctrine of the government of the body the business of which is to see to it, how the supreme authorities of the body are composed and work together. This is Hahnemann's life-force.

More views of physicists and physiologists might be produced if it were necessary. For they only reiterate what above is given and what the standard-bearer of the opponents of the life-force, Dubois Reymond, has maintained since 1848.

(15.) Dubois Reymond, in the preface of his great work on animal electricity, is one of the bitterest opponents to a life-force. But his reasoning though couched in beautiful phrases is so loose, that it does not count for much in deciding the question. The bitterness grew out no doubt from the antagonism of the old school to the new homœopathic heresy. "The division into so-called organic and inorganic nature is quite gratuitous," says he. There is no need to enter the lists against him. The whole philosophy of the now celebrated Rector magnificus of the Berlin University turns upon two negatives which designate also the limits of his thinking to which to have arrived he lays a most solemn claim. This is what, thirty-four years after the mentioned famous preface, he declared in his great oration at the Leibnitz festival in the Academy of Sciences: "Our knowledge of nature is included between the two limits which eternally bar it on one side by the inability to comprehend matter and force, and on the other side by the impotence in conceiving spiritual processes from material conditions."

We see these gentlemen adhering so doggedly to the materiality of force, have always eternity on hand, as if they had looked over the shoulders of the Almighty when he called a world out of chaos, and they deal just as glibly with eternity which is to come in order to prove the necessary combination of matter and force resulting into life. Millions and millions of years must bridge over the gap which can never be filled up by fallacious reasoning. It seems to me we may safely leave them to their "ignoramus" and "ignorabimus" which with a certain pride they cry out into the world.

The life-force with which we are concerned, does not need us to enter into the metaphysics. The opponents all around

agree in this, that they do not know how matter and force are combined. But they are combined as all experience shows. In our earthly existence everything spiritual and spirit-like as force is, must always use matter as a vehicle in order to make itself felt. This is one point. The other is, that force and matter are constantly in motion and interchanged, there is practically no rest even in the least atom, nor in the greatest sun. What we call rest is only an equilibrium gained in certain relations and under certain conditions. The third point is that no element changes its nature, and being used to ever so many combinations, it ultimately asserts its own identity as we see in our potentiation of certain elements into the million. The fourth point is, that even these natural endowments of the elements can not be changed by being applied to the ends of life in the plants, animals and men. If they are in multifarious combinations, used in the organisms for the formation of organic substances, tissues, organs, and systems; still, whenever they are free to act they will do so according to their incorruptible identity. As a fifth point it does not follow, because the properties of organic substances enter into organic life without giving up their identity, that they should by their affinities form or govern the organism and produce after ascending the ladder from the Bathybins to that crown of the creation, the natural philosopher who invented him. This is a monstrous assumption justified by no reasoning whatever but by the wildest arbitrariness possible, least of all by the many millions of years claimed for the evolution. If as a sixth point, we see in the lowest inorganic matter already the various forces combined with it which are carried along with them through space, why should we blind our eyes to the further development of forces in crystallization, and still more in the vegetable and animal kingdoms, where the combination of matter by its inherent forces show us a certain plan, according to which each individual originates, grows and lives fulfilling the aims of its existence as well as it can. It, indeed, was not a great feat of material philosophy when it threw out of its investigations the idea of teleology because it was leading to theology. It can be excused on the ground because theology held a tyrannical sway over the scientific mind by this teleology. The oppressed revolted and put reason upon the throne from which they

thought to have banished theology forever. We have seen where this revolution has landed them in the above-given quotations. They arrived at the by-no-mean new self-knowledge, that we know nothing which was already a saying of Socrates, but also to the humiliating confession that we never will know. Here, my friends, let us part company from those celebrated men who by induction have made this century one of the most brilliant ones in the life of mankind. Why did they not heed Lessing's call upon the scientific men: "Search, and you will find the eye!" And was it not promised us: "Ask and it shall be given you, seek and ye shall find, knock and it shall be opened unto you"?

Have we not asked and has it not been given us? Have we not sought, and did we not find? Have we not knocked, and has it not been opened unto us? At the very hand of induction Hahnemann found by asking nature that diseases were not things, not matter, but dynamic changes, that remedies, even matter possess dynamic properties of healing, forces which by similitude of their pathopœtic action to the pathogenetic one of the organism restore its normal condition of health, that when the substance is developed by distributing and imparting their medicinal forces to an inert vehicle it acquires greater healing power than it possessed in its crudity. It is now nearly one hundred years that this development from the germ in Hahnemann's brain has continued, undismayed by the adverse forces of fanaticism and egotism. We have, guided by the unerring light of induction, or as Hahnemann has it, by experience, experiments, and careful observations, found the tenets of the natural philosophers to be true, that the forces of the elements will never change, not even in their minutest quantities. We have found by the most approved methods, that the severest diseases can be cured by remedies in which all physical research fails to discover anything akin to matter, and thus proved the tenets of Hahnemann to be true. What else is needed to encourage us to go on the way which our master, Hahnemann, has pointed out and which after all proves to the natural philosophers more than their own methods that no force of an element is ever changed?

And so we may look upon this matter of life-force which has agitated the scientific world as friend and foe, with calm eyes,

for, if you please, it is not even absolutely necessary to bring it into our art of healing. The way Hahnemann put it was eminently practical. He only spoke of it in his text-book after he had taught all the great truths of his doctrine, more in order to give an explanation of the *modus operandi* of healing than as a metaphysical principle. Hahnemann was neither a theorist, nor a metphysician, all the sayings of his revilers to the contrary. He gathered experience and careful observations and made numerous experiments and drew from this store of facts, by induction, the laws governing them. So it was with the life-force to the existence of which no thinking man can close his eyes, and if he does it is often on account of a difference in words. The beautiful harmony in which the organism exists during his life, his origin, his resistance to decay, lead to adopt a term to signify this uniform and in its uniformity multiform action which, though inherent in the composites of the organism yet is so far independent as to unite the functions to one common purpose in one organic whole. For this reason Hahnemann calls it the irrational, instinctive life-force which has neither sense nor power to escape getting sick at times at the expense of the organism, of which she is the dynamical counterpart, and to recover from the inroads of such powerful external potencies as miasms. If there is any fault to find with this expression it is the contradiction, that one time it is the life-force ruling as an autocrat and then an irrational, instinctive essence liable to get sick and unable to recover by her own efforts. But if the conception of autocracy in the life-force does not harmonize with the conception Hahnemann had at first it does not interfere with Homœopathy at all. The psychological and spiritual relation of the organism does not belong to our present subject as I see it, and it will be better at present not to enter it, because the tendencies to spiritualism, theosophy, occult sciences, esoterism, Brahmanism, etc., might spoil our efforts which of necessity must be of an eminently practical nature.

This is all that we need in our philosophy, and it has been proved over and over, and there is not the least shadow of a doubt about it :

1. Disease is a state of the organism of dynamic origin.

2. Disease is healed through symptom similitude by remedies developed by potentiation to infinitesimally better minuteness.

3. This healing is owing to simple conversion.

There can be no disease which flesh is heir to which does not come under the range of these points, and which can not be healed under them if healing is possible, from the lowest part of the organism to the highest, even its spirit.

Surgery.

SURGICAL NOTES.

J. G. GILCHRIST, M.D., IOWA CITY, IA., EDITOR.

NON-UNION OF FRACTURED BONES.

It would seem as though the principles of practice in un-united fracture should be well comprehended by all who have to do with acute surgery, and yet every now and then a circumstance will occur that shows a sad want of information in these days of "many books." Recently a case has attracted attention, in certain quarters, about which a word or two might be said. A surgeon of repute, connected with a large medical school, and on the staff of a well-known hospital, some two or more years ago had a case presented at his clinic of un-united fracture of the leg, both bones, of some years' standing. A clumsy apparatus was worn, giving inadequate support to the member, so that there was some over-riding of the fragments, which had become eburnated. Excision was practiced, the parts put up in an immovable dressing, and the man ultimately died, as stated, from gangrene. Much comment was excited by the outcome of the case, fomented chiefly by an ignorant nurse, and later by a former "colleague" of the professor, who nursed his righteous indignation until he had a grievance of his own to revenge, and then opened his batteries. So far there was little of special surgical interest, but after a time, the self-constituted prosecutor called to his aid an obscure practitioner from a small village, who after studying up the literature in the morning, came into court in the afternoon as an *expert*, and claimed that

such a formidable operation as that which had been made in this case, was improper until other and milder means had been exhausted. Now here is the gist of the thing. Let us see if this position is well taken.

Non-union is of two kinds, from a therapeutic point of view—*recent* and *ancient*. In the former, interposition of soft tissues, faulty coaptation, or some mechanical obstruction, generally occurs; exceptionally there is a failure of repair. The treatment in such a case would properly be, in a rising scale (with reference to gravity), correction of mal-position, and prolonged fixation; friction of the fractured surfaces; subcutaneous drilling; incision and wiring the fragments, or pegging them together with steel nails. The incision *might* show the soft tissues in the way. These failing, from a non-homœopathic standard—and this case was not under such treatment—*then*, excision or resection would be proper as a last resort. Now, how would it be in an ancient case? Very different! Here the excision would come first, because none of the conditions of possible union exist. As well try to cause two contiguous and healthy bones to unite. So here is where our “expert” failed, and in classical language his employer should “write him down an ass.” He failed to distinguish between an ancient and recent non-union, the differences being formidable from therapeutic, pathological, and mechanical considerations.

Another “point” made, was the failure to secure absolute fixation for the first two or three days, during which some make-shift adjuvant to the plaster dressing was used; after this time there was no such difficulty. The fatal result was attributed to the slight motion that was *assumed* to have existed at the point of fracture. There are two facts that this *unique* expert seems to have lost sight of: One was that no active repair commences until some days have elapsed; and that the motion that was assumed to have existed was essential to, or at least would have facilitated, this process. It is not long since attention was directed to the practice of Mr. Thomas, of Liverpool, England, of “percussion” in un-united fracture. The case to which reference has been made presented many interesting features, as given in the court, but the present purpose is amply served in calling attention to the necessity for considering the class to which a given case may belong, ancient or recent, in determin-

ing methods of treatment, as well as calling to mind some of the fundamental principles of surgical pathology before posing as an "expert" in a court of justice where the professional honor of a reputable teacher and practitioner is at stake.

INTESTINAL OBSTRUCTION.

The subject of intestinal obstruction has at all times been one of interest to surgical practitioners, never more so than in the past few years when abdominal surgery has made such remarkable advances. Formerly even the fact of obstruction was not readily made out, to say nothing of the form. To-day it is very different indeed, and an expert can frequently determine the *kind* of obstruction as well as location. It is not intended to go into any detail at this time, but to call attention to one or two facts of diagnostic, as well as prognostic, value, that may possibly have escaped the notice of general readers. It may be premised that volvulus must be considered the most serious of the various forms, internal hernia and intussusception, standing next in order. There are many cases on record of spontaneous cure of intussusception, very few of hernia, and none of volvulus, I think. It must be important, therefore, to be able to determine which of the three exists in a given case of *acute* obstruction; in chronic cases there are other questions, not necessary to touch upon now. Volvulus is usually at the cœcum, or sigmoid flexure. When symptoms of obstruction come on, therefore, if the abdominal distention commences in the inguina and extends upwards, volvulus of the sigmoid flexure must be suspected. If in the right inguina, and extends over the abdomen generally, the same condition of the cœcum is indicated. In this case, however, there may be intussusception of the ileum into the colon, or hernia at the lower end of the ileum. The location of the obstruction being in the ileum, there will be distension commencing at that point, and increasing upwards, not involving the colon. This may be hernia, or intussusception. It is said early vomiting and collapse is indicative of hernia; certainly the progress is much more rapid. These few facts may prove of value, but there is one of a therapeutic character that must not be forgotten. The temptation to use cathartics or other harsh methods to "open" the bowels, must be resisted, as the violent peristaltic action thereby induced will aggravate an intussusception, or volvulus.

It *may* release an internal hernia, but the chances are not flattering, to say nothing of the obscurity in the diagnosis.

ANTISEPTIC SURGERY.

G. G. CLIFFORD M.D., SAN ANTONIO, TEXAS.

The progress in operative surgery since 1876 has been generally credited to the antiseptic treatment (cleanliness included) of all wounds and operations.

The question now arises, To what should this success be attributed—cleanliness, the antiseptic used, or both?

Antiseptics are used generally, so to speak. We do not select a special antiseptic in treating each case, for we do not know which species of bacteria are to be combatted, hence the using of a few antiseptics in general for all wounds. Since we are unable, as yet, to determine what specific bacteria are found in each wound, is it not a reasonable hypothesis that damage may be done by using indiscriminately those agents possessed of antiseptic power? And since these agents operate by destroying the germ, and as no two act alike, would it not be better to depend upon the motto: "Prevention is better than cure"?

Cannot this be done without the use of the antiseptic agent?

Antiseptics are, "Those agents only which have the power of preventing the putrefactive decomposition of organic material. Chemical substances possess the antiseptic power of preventing the development of bacteria of any kind in a medium suitable for their growth. The amount of a given antiseptic agent necessary to accomplish this result is not, however, the same for all species of bacteria, but varies considerably, and can only be ascertained for each species by carefully conducted experiments." (Shonberg.)

According to this authority, to properly apply the antiseptic the species of bacterium must be known.

Again, Bichloride of Mercury prevents development of anthrax spores when present in proportion of 1 to 300,000, whereas some micrococci and certain bacilli, commonly present in putrefying infusions, can multiply in the presence of 1 to 40,000.

“Any agent destroying putrefactive organisms is antiseptic. Germicides are antiseptic but antiseptics are not necessarily germicides, as alcohol, common salt, borax. They destroy the vitality of micro-organisms in concentrated solution. Certain chemical agents are antiseptic because of their power, in very small amounts, to precipitate albuminous matters from organic infusions, and thus render such infusions unsuitable as papulum for development of low organisms. This is true of Sulphate of Zinc, Chloride of Zinc, which are used as disinfectants. It is difficult to determine whether these exert any influence upon the development of germs.”

From the foregoing it appears to me that a certain degree of risk attends each case, in the use of any of the agents last spoken of, especially so as it is unknown whether or not they destroy the germ. Those which are to be used in concentrated solution can not on account of their irritating action.

Miquel gives the following classification :

- I. Substances eminently antiseptic, effective in proportion of 1 to 100,000 to 1 to 10,000, as :
 - Mercurius iodide, 1 to 40,000.
 - Silver iodide, 1 to 33,000.
 - Hydrogen peroxide, 1 to 22,000.
 - Mercurius chloride, 1 to 14,300.
 - Silver nitrate, 1 to 12,500.
- II. Substances very strongly antiseptic, effective in proportion to 1 to 10,000 to 1 to 1,000, as :
 - Chlorine, 1 to 4,000.
 - Hydrocyanic acid, 1 to 2,500.
 - Bromine, 1 to 1,666.
 - Osmic acid, 1 to 6,666.
 - Act. Aluminum, 1 to 6,000.
 - Cupric sulphate, 1 to 1,111.
 - Salicylic acid, 1 to 1000.
- III. Substances strongly antiseptic :
 - Carbolic acid, 1 to 333.
 - Permanganate Potas, 1 to 285.
 - Tannin, 1 to 207.
 - Potas bichrom., 1 to 909.
 - Chloride of Zinc, 1 to 500.

IV. Substances moderately antiseptic:

Boric acid, 1 to 145.

Caustic Soda, 1 to 56.

Salicylate of Soda, 1 to 100.

Alcohol is feebly antiseptic, 1 to 10.

Miquel further says, "In quantities greater than 300 grams (4650 gr.) to the litre (1.06 qt.), or 1 to $3\frac{1}{2}$, a substance can scarcely be called antiseptic."

The foregoing is quoted to show what surgeons are daily using in their practice and that each drug possesses different antiseptic powers and act only upon certain bacteria.

The mortality in surgical operations has decreased very largely within the last decade, but still there is a mortality, consequently room for investigation.

There is no valid reason for giving a healthy person medicine, and no good results will be obtained from it.

The human body is a magnet and is positive. Drugs are stable and their action is positive. Under the laws of magnetism likes repulse. In disease the body is negative, hence the drug has no bodily resistance to overcome in establishing its action, and as unlikes attract there is an affinity between the body and the drug. Now an antiseptic solution is applied to a healthy stump to prevent the entrance of bacteria: do we not get a drug action? Can any one demonstrate that vaccination protect the patient from small-pox? Can any one demonstrate that bacteria enters every wound? Did not many patients recover after surgical operations without untoward symptoms before the days of Listerism? It has been demonstrated, however, that drugs do damage when given to the healthy individual. An agent positive in action is applied to a healthy stump, also positive; the result is a repulsion, this is an irritation. Why apply this germ destroyer if no germs are there to be destroyed? Would it not be better by far to prevent by cleanliness the entrance of any parasitic animalculæ?

Park says, "Antiseptic methods should be followed because thereby we exclude bacteria from wounds and so avoid putrefaction." If no one of the bacteria type applies for admission, does the antiseptic exclude him and does it not do damage?

"Antiseptics should be used to supplement cleanliness as a preventive of septic poison." (Wylie.) Why supplement that

which is simple, less harmful and altogether much better, for something complicated, known to be hurtful, and little known of its benefits?

“Among the most important antiseptic measures is treatment by irrigation or by water bath following this. It is known that wounds of the face heal very rapidly and unite by first intention without the fermentation process in the layer of lymph or blood-clot between the cut surfaces. This implies one of two things: either lymph is a medium in which micro-organism can only develop with difficulty, or else the healthy living tissues have the power of preventing the development of micro-organisms in their substance and immediate vicinity. The latter has been amply demonstrated. At the same time, lymph is not by any means the best pabulum for isolated bacteria.” Since nature is so provident in this instance and the surgeon dutiful respecting cleanliness, the removal of all blood-clots, etc., why irritate the part with Carbolic acid or something else. “To wash out the wound with Carbolic acid is to irritate it very much, and in some cases interfere with the chance of primary union.” This great antiseptic is very largely used, yet the good thought to be derived from it as a preventive antiseptic measure may be more than counterbalanced—especially as bacteria do not enter every wound and as Carbolic acid irritates, more or less, every case. Further, “It (Carbolic acid) causes an increased amount of serous oozing, which of course tries the antiseptic dressing very much, washing out the antiseptic and increasing the risk of putrefaction during the after-treatment.

It is claimed by the different writers upon antiseptic surgery that the most essential part of the treatment is the thorough purification of everything which comes in contact with the wound. Pure water I think ranks as the greatest purifier. All drugs are poisonous; water is not, when pure. It thoroughly cleanses and without damage and is the least harmful of all known agents.

Runnels writes: “There are some distinguished operators, such as Tait, Bantock, Keith, and others, who only require thorough cleanliness, sunshine and ventilation, and boldly ransack the abdominal cavity, washing it out with sponges that are scrupulously clean, but not specially asepticised, undertaking

every variety of extirpation with as much confidence as ordinary surgeons amputate an arm or tie an artery."

Keith, of Scotland, dropped the spray and proved by 100 cases of ovariectomy, done without it, that his results were better.

Tait in 1000 cases lost 93, or 9.3 per cent.

Bantock claims lower temperatures after operations and more favorable recoveries. All the details of cleanliness attached to the antiseptic method these eminent men believe in.

Emmet remarks: "I have held, through my professional life, the view that the death-warrant of many a patient was carried under the finger-nails of the operator." Pure water, a piece of good castile soap, and a nail brush, if used, will prevent any more such unfortunate errors.

"If we could be perfect in cleanliness antiseptics would be useless." (Wylie.) We can come so near being perfect, that it is doubtful whether what imperfection there may be will do as much damage as the antiseptic used to get rid of this imperfection, even though it supplement the latter.

In the Iowa College hospital Dr. Gilchrist reports: "Cases of my own of all kinds have done just as well without any of this treatment as similar ones otherwise treated."

The question resolves itself into this: If there is any virtue in the antiseptic, used as a preventive, it is dependent upon cleanliness; while cleanliness is not dependent upon the antiseptic. If cleanliness alone does the work, it is not good treatment to use the antiseptic. Very few have been bold enough to attempt to demonstrate by experiment where the success lies. Those that have, expressed themselves as highly pleased with their results. "The best antiseptic is to be found in the simillimum according to homœopathic teachings."

Dr. Runnels, of Kansas City, says: "I believe that the medical profession, after a thorough trial of all disinfectants, has about come to the conclusion that plenty of sunlight, fresh air, and pure water will accomplish more than any disinfectant" against "those viewless beings whose mansion is the smallest particle of the impassive atmosphere."

"I am fully convinced that, when we repeat too often, we have to fight our own remedies and not the disease."—W. A. Hawley, M.D.

Materia Medica.*** THERAPEUTICS OF THE THROAT.—
MAGNESIA CARB.**

J. B. GREGG CUSTIS, M.D., WASHINGTON, D. C.

OBJECTIVE SYMPTOMS.

They appear most prominently on the right side, though both sides are affected.

Submaxillary glands.—The right is swollen.

Tonsils.—Both are swollen, but generally the right more prominently so. The opposite condition, viz., that of atrophy, is also found.

Marked appearance of follicular tonsilitis; many depressions in the tonsils, some filled with a cheesy deposit, others having the appearance of having been cleaned out.

Pharynx.—It is dry and shining in appearance, *excepting a streak on the right side* behind the tonsil, which is red and swollen. (This I have verified several times.) This condition, including the dryness, will be found more frequently associated with the enlarged tonsils.

In the case of atrophied tonsils we more frequently find the pharynx moist and rough, with small elevations of the mucous membrane.

Sometimes there will be seen a thin film of dry mucus on the posterior wall of the pharynx. Often there is a collection of mucus in the throat, sometimes bloody; and soft, fetid tubercles will be raised, varying in color from white to pea-green.

SUBJECTIVE SYMPTOMS.

Dryness of the throat in the morning, with soreness and burning which passes off after breakfast; or dryness which develops suddenly, may even feel as if the throat would split, but which soon passes off to return again at short intervals.

Dryness and burning which causes coughing, during which fetid tubercles are raised.

Sticking in the throat when swallowing, as if a grain of barley was lodged in it.

* Read before the I. H. A., June, 1888.

Great effort to clear the throat by hemming.

Wakes up choking, feeling as if there was a hard lump in the throat. This is noted in cases of atrophied tonsils.

Rawness and hoarseness which disappear after a few paroxysms of coughing.

Aggravations.—*During menstruation*; from cold air; from warmth of bed.

Amelioration.—By warm air.

CONDITIONS.

We have found it more frequently indicated in women than in men, though the greenish tubercles are as good an indication for this remedy in the one sex as in the other.

It is often indicated in "menstrual sore throat," and in such cases it is generally associated with a phthisical constitution; also in follicular tonsillitis and pharyngitis.

It will clear the throat for singers, especially during the period of menstruation.

It is often indicated for the dry sore throat, with sour "water-brash," occurring during pregnancy.

It is useful in cases of laryngeal phthisis, and for the sore throat occurring in the course of phthisis pulmonalis, though I would add the caution to not repeat the remedy under this last condition.

CONCOMITANTS AND CONFIRMING SYMPTOMS.

Sour taste and eructations.

Colic followed by leucorrhœa.

Loose, green stools, or constipation with small, broken stools.

Inordinate desire for meat.

Menses late, scanty, flowing more, or only at night.

COMPARISONS.

Stannum.—In laryngeal phthisis, coughs up tubercles, but they are harder and less fetid.

Its hoarseness amounts to aphonia, and the weakness is much greater, especially about the chest and knees.

Badiaga has the mucous tubercles which fly out of the mouth, but it has less dryness of the throat, and the cough is more spasmodic until the loosening of the lump ends it.

Wyethia has the dry, shining appearance of the posterior wall of the pharynx, with the film of dry mucus, but the patient complains more of the dryness extending upwards into the nostrils.

It has also constant hemming and swallowing; also a tendency to sweating, the sweat being cold, and coming and going at short intervals.

Phosphorus, at times, has a throat very similar to Magnesia carb., but while it is dry and glistening the tonsils and uvula are swollen and slightly œdematous, and the throat seems full of "cotton" which is cold when it reaches the mouth.

The burning sensation under this remedy extends more to the œsophagus, and the aphonia *follows* the use of the voice, while the Magnesia patient's voice becomes clearer by use.

Mercurius cyanatus has small ulcers on the tonsils, but the holes are not present and the history is that of a more rapid development and a shorter course.

It is more frequently useful in acute and epidemic follicular tonsilitis.

The dryness is subjective, while that of Magnesia carb. is both subjective and objective.

Cistus canadensis has a dry throat relieved by eating, but it is associated with a more marked scrofulous diathesis and glandular enlargement, or there are more marked symptoms of chronic nasal catarrh present.

Phytolacca is often indicated in cases of follicular tonsilitis, but they are more acute, and the prostration with aching soreness will distinguish them.

SULPHUR.

J. A. WAKEMAN, M.D., CENTRALIA, ILL.

This is one of our best anti-psoric remedies, and cannot be too carefully studied.

It is a negative electric, and in its action manifests a decided preference for the left side of the body.

The aggravation of Sulphur is at night, and the pains in the limbs are greatly aggravated by being covered by feather beds, although some of the pains are relieved by the application of warmth. Most of the symptoms of this remedy are aggravated by rest, and relieved by motion, while some are said to be better at rest. Many symptoms are much influenced by atmospheric changes.

A very important and characteristic indication is: a peculiar faint, *all gone* sensation in the epigastric region, occurring about eleven o'clock in the morning, and may continue to occur daily for a long time; and another peculiarity in some cases is, a return of the aggravations every eight days.

The diarrhœa of Sulphur is nearly always worse in the early morning, and may hurry the patient out of bed.

The mental symptoms are peculiarly characteristic: childish peevishness of adults; illusions of the mind, everything appearing most beautiful and highly-prized, although of no value; "everything looks pretty which the patient takes a fancy to"; happy dreams, and always busy.

Fifty years ago it was a popular prejudice among the common people, and physicians too, that it was a necessity, every spring, to purify the system; and this was usually done by a copious venesection, followed by a purge, often of Calomel and Jalap; this, in turn, to be followed by half-teaspoonful doses of Sulphur in molasses, to be taken before eating, every morning. The bad blood was thus drawn off, and what was left after the cathartic was purified by the Sulphur, and the deluded victim fancied himself doubly fortified against any attacks of disease, because the doctor told him so, and he paid the doctor fifty cents for his services.

Sulphur and hog's lard, as an ointment, was used for the cure of itch, and all other cutaneous diseases, supposing that if the skin was clean and healthy, that all of the internal organs must of necessity be so.

Indolent and ill-conditioned ulcers, devoid of granulations, and a healthy pus formation.

CASE.—Child, three years old, of a psoric constitution, dorsal inflammation, and an ill-conditioned ulcer, two inches in front of the spine, and one inch above the spine of the ileum, with hard, elevated edges, no granulations, deep and long enough to receive the half of a hen's egg divided longitudinally, and from the edges of which were growing twenty or thirty long, black and coarse hairs.

Sulphur 15, one dose per day, till four doses were taken; improvement from the first, and in twenty days without more

medicine the ulcer was entirely healed, the eyes were well, and the child vastly improved in general health.

This was a most singular case; such a "dug-out" I have never seen before nor since, and the strangest thing about it was, that those hairs should grow so luxuriantly from the lips of the sore and disappeared as the cavity was closed by granulation.

Useful in psora, sycosis and syphilis; in hæmorrhoidal diseases; also chronic cases in connection with constipation, and may be hereditary.

Abscesses when the pus is yellow, offensive, and full of air bubbles.

Headache, apt to commence on the left side and go around to the right, with vomiting of acid matter and usually little or no thirst. Neuralgic pains about the head, neck and face; and here, as briefly as possible, I will relate a very interesting case that had rendered the life of a man miserable, and in consequence, beggared his family.

CASE.—Man, aged thirty-six. Pain commences in left temple, then extends to the right, over the right eyeball to the occiput; also from the superior portion of the sternum through to the back, and crosswise between the shoulders, with tenderness on pressure at all these points; swelling and soreness of the left side of the cervical spine; sudden attacks of vertigo, nausea and vomiting; loss of memory, so that he would forget his own name, with deafness in the left ear.

I gave him three doses of Sulphur 9, one dose each night, and ordered him to bathe the head in cold water every morning and to report again in one week; but improvement followed the first dose, and in one week he was so much improved that he did not call, and in one month he was well. Venesection, epispastics, mercurials and counter-irritants had been faithfully tried for years, without avail.

Sulphur has pain on top and frontal portion of the head, with a feeling as if tightly bound; flushing of the face, nausea and vomiting of acid mucus; cold feet, little or no thirst.

Aphthæ of children, with a sense of dryness in the mouth and difficulty in swallowing in the morning; nausea and sourness of the stomach soon after meals; forgetfulness, cannot remember his own name, nor think of words to express his ideas.

Early morning diarrhoea of children, with yellow, watery stools, which may be nearly or quite involuntary, with redness of the anus.

Subacute lung diseases with loose cough and yellow expectoration, and in the secondary stages of pneumonia, when we find dulness on percussion over the involved portion of the lung; a few doses high, then wait, and watch its effect.

Diarrhoea of the alkalies, worse in the evening; Sulphur and the acids, worse in the morning.

Indispensable in the treatment of many diseases of the eye—ophthalmia, ulcers of the cornea, scrofulous inflammations, redness of the edges of the lids.

CASE.—A married lady, mother of several children, thirty-five years of age, scrofulous temperament: Is attacked, every *eighth* year of her life, in the month of January or February, with scrofulous ophthalmia, which soon produces ulcers on the cornea, with almost total blindness for six weeks or two months; always affects the *left eye*, on the cornea of which can now be seen a small ulcer of two days' duration. Her sufferings in these attacks are always very great and of long continuance.

Sulphur, 15 cent., was given at intervals of from six to eight hours, and in two days the eye was nearly well. No more medicine was given, and in one week she was entirely well.

This case presents several points of interest:

1st. That its return was strictly periodical, always coming on in January and February of the eighth year.

2d. That the *left eye* was always the one attacked.

3d. That old-school treatment, which she had always had, never arrested the disease, could only palliate, and let it continue for two months.

Will cure some of the most inveterate chronic diseases in persons who have been poisoned by abuse of Mercury, some of which diseases may continue through a long life. No change of circumstances, climate, surroundings, or habits of life may influence them at all; but in such cases we must not hesitate to give the high, or even the highest, potencies, one or two doses, and *wait and watch* the case, and *never interfere with its action unless absolutely necessary*.

CASE.—Coryza, of thirty years' duration; always returned the last of October and seldom remitted much till the following May, when it would gradually get better, and finally pass off. Man, aged forty, of bilious temperament, habits of life very good, active, and a hard worker. Excessive discharge of acrid, watery mucus from the nose, the nostrils so closed that for weeks no air can pass through either way; mouth always open, else he cannot breathe; eating, drinking and sleeping is greatly interfered with; closes his mouth sometimes in his sleep, and wakes strangling for breath with a distressing sense of suffocation; much difficulty in swallowing and great liability of choking; loss of *taste and smell*; sneezes in paroxysms of two or three to twenty times in succession; and the excoriating mucus and at times serous discharge, a drop every minute, sometimes for hours and days; but on lying down either stops or, what is more likely, passes down through the œsophagus. Nose and lips inflame, swell, and desquamate successively. As soon as he gets up in the morning, or in the night, the discharge commences, as bad in the house as out of doors. Eating is the hardest work he can do, and if necessary to close the mouth there is a distressing sense of oppression almost amounting to suffocation, across the upper portion of the chest. Appetite good, bowels regular, urinary secretion natural in quantity and quality.

All homœopathic remedies, apparently at all indicated, have been persistently used in the 3d, 30th and 200th, for years, and patient had traveled extensively throughout Wisconsin, Illinois, Michigan, Minnesota, California, Pacific ocean voyage, and finally Oregon was tried, all without avail; when one single dose of this remedy, *one millionth*, was given, with a fearful aggravation of all symptoms for two weeks; then improvement set in, and in two months, without another dose, the poor martyr was almost perfectly well, and has never had a bad return, only slight symptoms of it to which one dose usually puts a speedy end.

Where all the mucous surfaces of the body are inflamed Sulphur is usually the curative remedy.

Vesicles on the palate and ulcer on the uvula, making eating and talking painful; weak, faint feeling in the epigastric region, daily, about eleven o'clock, and may continue a long time, relieved promptly by it.

Sensation as of a pain in the throat; nausea unto fainting.

Cures some cases of lumbago promptly; painful sensation in the abdomen as if all the parts in it were raw and sore.

Sensation of motion, as of the fist of a child in the abdomen; frothy diarrhœa, even at night.

Suppression of urine has always been relieved in my cases by Sulphur, usually the 30th—generally comes on in the advanced stages of disease, and usually in advanced age—but never cures cases of retention.

Fetid perspiration on the genital organs of the male, with soreness and excoriation, destroying most of the hair, and painful in walking, with thickening and induration of the scrotum.

Burning and painful leucorrhœa, with soreness of the vulva; too late, too scanty and too short menses.

Cough, with pressure in the chest, with copious mucous expectoration; but must not be given continuously in persons predisposed to phthisis.

Hepaticization of the lung in neglected or half-cured cases of pneumonia; cough, pain, soreness, and shortness of breath, with dulness on percussion; stitching pains about the heart at night; painful stiffness of the lumbar region when rising from a seat; drawing pain in the small of the back day and night, worse when moving, so violent that the hand could not be raised, when lying on the back, without an aggravation; soreness and swelling of the lumbar muscles from the severity of the pain.

Rheumatic pain and lameness in the shoulder-joint, worse at night; trembling of the hands when writing or doing fine work; hands sweat freely.

Is both curative and prophylactic in cases of boils.

A new materia medica, the publication of which was commenced by Drs. Marcy, Peters and Fullgraff, of New York City, in 1855, in speaking of the cure of itch by Sulphur ointment, we find the following remarks upon Adeps (hog's lard.):

" Professor Bennett used lard in four cases of itch; in each a cure was speedily effected by thorough inunction. From these and other cases he infers that the use of Sulphur ointment mainly depends upon the unctuous matter which it contains. It is of importance that the parts should be kept moist, and for this purpose oil silk, so as completely to envelope the part, should be used. The same treatment has been found success-

ful by Mr. Bazin, who found that six frictions during three days were sufficient to effect a cure of itch."

Does it kill the *acarus scabiei*? How else does it cure? Raue tells us that one pregnant female Acarus, if it be transplanted to another person, is sufficient to infect this person with the itch. Her eggs ripen in about eight or ten days, the youngsters creep out, and do exactly as the old ones did, and the mischief is done. "As your Fathers did, so do ye."

It has a wide range of usefulness in skin diseases.

Voluptuous itching: and after scratching, the surface so scratched burns violently for a long time, and the itching is usually worse at night, in a warm bed, and there is a sensation of *soreness* in the itching and scratched parts which is painfully felt the day following. This I have noticed many times, but don't remember to have seen it so stated by any one. Hering says: "Burning or soreness," after scratching.

Guernsey, in his Key-Notes, says: "Creeping on the skin as of a *mouse* running over it," which is not the whole condition present in this connection; for Hering says: "Epilepsy, with stiffness; sensation as of a mouse running up the arms to the back, before the fit."

Sensation as if the vertebra were gliding one over the other; came on in a patient a few days after taking a dose of the two thousandth; never had it before.

Coarse-featured, tall, stoop-shouldered persons are good Sulphur subjects.

DR. G. T. HARDIN, of Marion, Ohio, says: "Lappa major is used very extensively here as a preventive of and as a remedy for fully developed cholera infantum. I have known a number of desperate cases cured by its use. The root is made into beads and strung around the neck and every three or four weeks are changed for new ones. It is an old woman's popular remedy and I was disposed to laugh at it until it earned its reputation by its cures." [Now let Dr. Hardin give us a thorough proving of it and then we will know just what cases of cholera infantum it will cure.]—ED.

If hæmorrhoids disappear after bleeding, it is a pathological symptom; if they bleed after disappearance, it is therapeutic.—Hering.

Don't visit the sick room of a sensitive patient, either child or lady, with your breath or clothes saturated with the odor of tobacco or alcohol.

SYPHILINUM.—(LEUSINUM.)

SAMUEL SWAN, M.D.

ARRANGED AND PREPARED FOR THE PRESS BY E. W. BERRIDGE, M.D.

Signs.—When * is prefixed to a symptom and *n* affixed, it signifies that the symptom is taken from some case of disease, and has been clinically verified in some other patient, suffering from the same or some other disease.

Where ° is prefixed and *o* with the name of the corresponding disease affixed, it signifies that those symptoms of the disease have been cured by the corresponding nosode.

The *n* signifies nosodes, or the symptoms taken from cases of disease.

Authorities.—

- | | |
|--|---|
| 1. Sam'l Swan, M.D. | 23. Mrs. W. Heitts (from Dr. Berridge). |
| 2. Miss Eva Spaulding (Dr. Swan's prover). | 24. R. N. Foster, M.D. |
| 3. I. C. Boardman, M.D. | 25. Mrs. Henry Hake. |
| 4. Miss Hays (from Dr. Swan). | 26. Mr. Brown (Dr. Swan's prover). |
| 5. Thomas Wildes, M.D. | 27. Mrs. Kelt. |
| 6. E. A. Ballard, M.D. | 28. A lady (from Dr. Swan). |
| 7. Wm. Eggert, M.D. | 29. E. B. Nash, M.D. |
| 8. Mrs. Mary B. Pitts (Dr. Swan's prover). | 30. Julius Schmidt, M.D. |
| 9. Laura Morgan, M.D. | 31. C. W. Boyce, M.D. |
| 10. H. I. Ostrom, M.D. | 32. W. A. Hawley, M.D. |
| 11. A woman (Dr. Swan's prover). | 33. D. B. Morrow, M.D. |
| 12. Wm. Bradshaw, M.D. | 34. J. R. Haynes, M.D. |
| 13. Thomas Skinner, M.D. | 35. G. H. Carr, M.D. |
| 14. R. M. Theobald, M.D. | 36. H. C. Allen, M.D. |
| 15. S. Morrison, M.D. | 37. Dr. — (patient of Dr. G. H. Carr). |
| 16. D. W. Clausen, M.D. | 38. Prover of Dr. Swan. |
| 17. E. W. Berridge, M.D. | 39. Prover of Dr. Swan. |
| 18. Francis Burrirt, M.D. | 40. Prover of Dr. Swan. |
| 19. C. F. Nichols, M.D. | 41. Prover of Dr. Swan. |
| 20. S. W. Jackson, M.D. | 42. Prover of Dr. Swan. |
| 21. Mrs. S. S. (from Dr. Swan). | 43. Copland's Dictionary. |
| 22. Mrs. — (from Dr. Morrison). | 44. J. T. Kent, M.D. |

Mind.—Loss of memory, partial or entire. *n.*

Loses remembrance of passing occurrences, names, dates, etc., while all occurrences previous to the inception of the disease are remembered as distinctly as ever. *n.*

Great difficulty, and sometimes impossibility, of concentrating the thoughts on particular subjects; yet at the same time can recollect consecutive events and details which occurred 25 or 30 years previously, in the order of occurrence, almost without effort. *n.*

Cannot remember names of persons, books or places.

Ever since proving Syphilinum, finds a difficulty in arithmetical calculations. *i.*

Very nervous, and weeping without cause. *2, (3).*

° Cross, irritable, peevish. *o* Periodic neuralgia in head, etc. *i.*

° Very despondent, does not think he will ever get better. *o* Syphilitic nursing sore mouth. *34.*

° Terrible dread of the night, not on account of the cough so much as on account of the mental and physical exhaustion when she awakes. It is intolerable, death is preferable; she fears to prepare for the night, and is positively in abject fear of the suffering in the form of exhaustion on waking; it is of course aggravated by the cough, but it is quite independent of the cough as she wakes in this awful state. This symptom begins to get worse always as night approaches. It leaves her about daylight, which she prays for. *o* Spring cough. *13,* [had had a dose of Syphilinum *cm.* twenty-four hours before; on third night her anxiety and cough returned, though very much less. Another dose of Syphilinum *cm.*, next morning, removed all symptoms, including aphoia, and exhaustion requiring brandy.

Head.—° Sick headache, pains intolerable, arteries of head full and pulsating violently; with high fever, frequent retching on trying to vomit; menses regular but very scanty. *3.*

Lancinating pains in occiput invariably * worse at night. *n.*

* Cephalalgia in nerves of scalp, invariably worse at night and better after day-break. *n.*

Cephalalgia much relieved by Silicea *3d, 6th, 30th. n.*

Lancinating pains in occiput, worse at * night, and causing * sleeplessness, but always * ceasing with the coming light of morning. *n.*

* Neuralgic cephalalgia causing sleeplessness at night, always commencing about 4 P. M., worse at from 10 to 11, and ceasing at daylight. *n.*

Great loss of hair. *n.*

° Nervous chills, preceded by aching pains in head, especially in occiput and integuments thereof, the head feeling heavy, sore, congested; also frontal headache about one-half or two-thirds inch wide across forehead under eyebrows; aching pains below waist, in pelvis, and extremities, especially on tibia which is sensitive to touch. Pains commence about 4 P. M., culminate about midnight in delirium, and cease entirely at daylight. 1.

Bursting sensation on vertex, as from severe cold. 22.

° Severe neuralgic headache, worse at night, when it caused sleeplessness and delirium, and better about daylight. Never contracted syphilis. Very much relieved. 17.

° Large sore, one and one-half inch in diameter, over middle of occipital bone, covered with a large yellowish-white scab one-fourth inch thick. 1.

Pain from eyes through to occiput, with sensation of weight in occiput drawing the head back or as if it was pulled back. Eyes ache and smart. 4 (20).

Vertigo when looking up, seems to be caused by heat. 38.

° Constant lineæ headache commencing at both angles of the forehead, and extending in parallel lines backward—a precursor of epileptic attack. 5.

° Syphilitic cephalalgia in occiput, intolerable, extending to nervous gangliæ of neck, causing hardening of the cords; attacks at irregular intervals, especially after excitement.

o Secondary syphilis. 1.

° Coronal headache. o Secondary syphilis. 15.

° Dirty eruption of scalp. 31.

Eyes.—° Red papulous eruption around l. inner canthus, with isolated pimples on side of nose, cheek and eyebrow; these pimples were red with depressed center, circumscribed areola, becoming confluent where they were most dense; pimples bleed when scab comes off; agglutination of lids. 1.

Myopia. *n.*

Sensation of heat with a little pain in outer half of l. lids. 39.

- Sharp pulsating pain, occasionally at outer end of superior border of r. orbit, apparently in periosteum. 1.
- * Upper lids swollen. *n.*
- * During sleep lids * adhere ; in infantile syphilis. *n.*—(one of the chief diagnostic signs.)
- * Ptosis paralytica. *n.*
Strabismus paralyticus, the rectus internus being involved, and the eye turning outward.
- Diplopia, one image seen lower than the other. *n.*
Strabismus paralyticus, eye turning inward, and the pupil can only be turned outward as far as the median line. *n.*
- Interstitial keratitis. *n.*
- Photophobia, black spots, shreds or veils before the sight. *n.*
- Itching of left inner canthus. 38.
- °Ptosis, eyes look sleepy from lowering of upper lid. 1.
- ° Left eyeball covered with a fungus-like growth, pain intense, worse at night. 6.
- * Eyes red and inflamed. 40.
- ° Eyes swollen and closed with syphilitic ophthalmia, pus running out of them (child of two or three). *o* Infantile syphilis. 1.
- ° Redness and swelling of outer half of both lower tarsal edges. 1.
- ° Acute l. conjunctivitis, with considerable pain in eyeball, photophobia and lachrymation, followed by iritis, with nocturnal aching in eyeball, the pain extremely violent from 2 to 5 A. M. Sight impaired. *o* After syphilis three or four years ago. 15.
- ° Syphilitic iritis, intense pain, steadily increasing night after night; aggravation between 2 and 5 A. M., coming almost to the minute, and ceasing rapidly almost to a minute. *o* Secondary syphilis. 24.
- Iritis with * photophobia. * Congestion of conjunctiva and sclerotica, with puffiness at conjunctivæ mucous membrane. Chemosis, pupil immovable, diminution of sight. Supra-orbital pain. *n.*
- ° Pain in r. inner canthus as if the blood went there and could go no further, also in r. temple. *o* Rheumatic iritis. 17.
- At 1 P. M. scalding lachrymation of r. eye with shooting therein, followed by shooting from around eye to eye; the

eye red and closed; this lasted about an hour, then decreased, ceasing about 3 P. M. This recurred for two successive days and again four days afterwards in a slighter degree, but at the same hour. *o* Rheumatic iritis. 17.

- ° On turning eye to left feels momentary coldness in inner half of r. eye. *o* Rheumatic iritis. 17.
- ° On waking, gum in r. canthi. *o* Rheumatic iritis. 17.
- ° On walking across the room, r. eye sensitive to air, and still aches on using it. *o* Rheumatic iritis. 17.
- ° Both eyes glued in morning; conjunctiva injected; photophobia, constantly wears a shade. *o* Ozena. 19.
- ° Eyes dull. *o* Infantile syphilis. 20.
- ° Ophthalmic pains, worse at night, and ameliorated by cold water. 1.
- ° Right eye alone affected, congestion of conjunctiva and sclerotics, with some chemosis; lids inflamed, especially at outer canthus; sensation of sand in the eyes; lids agglutinated in the morning; great photophobia. *o* Hereditary syphilis, girl at ten. 1.
- ° Left eye closed, upper lid swollen as large as half an English walnut; deep-red, not much pain, with oozing of purulent matter from between the lids. 1.
- ° Neuralgia in r. head, face and eye, every night for ten days, beginning between 8 and 9 P. M., gradually increasing in intensity till it reached its height about 3 or 4 A. M., and after continuing thus for two or three hours, gradually decreasing and finally ceasing about 10 A. M. (Sunrise at this time was 7.34 A. M.)

Attacks have been steadily increasing in severity, and the last was the longest. They are as follows:

First she feels cold all over, almost a shiver; then there is a soreness as if beaten in r. half of head, extending a little beyond middle line of vertex. In about thirty minutes more there is a scalding lachrymation from r. eye with shooting backward increasing to a boring—backward therein. The eye is very red and closes, with photophobia. The pains extend down r. side of face and the whole of the nose, and in these regions are gnawing. The head is worst when the eye is bad. During the

paroxysm the eye feels as if the lids were open widely, and cold air was blowing on exposed eye. Eye feels easier by placing handkerchief on head and letting it hang down over the eye; it is also relieved by gentle pressure, though she cannot bear much pressure. It is more painful when lying on the right (the affected) side, at which time also the r. side of head feels sore.

The attack originated in sitting at a window where there was a cold draught, the r. eye being nearest the window. She is of a rheumatic diathesis.

She perceived appearance of a horizontal band across r. pupil, hindering sight. Right eye red, and red vessels running all over it, converging toward iris; r. pupil horizontally oval; r. iris looks dull and there is a slight brown hue around r. pupil. *o* Rheumatic iritis. 17.

Ears.—*o* Gathering in l. ear, which discharges a great quantity of pus. *o* Hereditary syphilis in a child. 18.

o Deafness gradually increasing till she could hardly hear at all. 1.

o Complete deafness, nothing morbid to be seen. 1.

o Calcareous deposit on membranum tympanum. 1.

o Small, acrid, watery discharge occasionally from ears, no deafness. *o* Ozena. 19.

o Intense earache in right ear, incisive pains thrusting into ear; purulent watery discharge from ear with the pain (cured by *Otorrhœa syphilitica*).

Nose.—Left side of nose, inside *alæ*, itching. 38.

Nose stuffed up and burning. 38.

o Offensive, thick yellow-green nasal catarrh; during sleep dry scabs form in both nostrils: following an application of salve for sore eyes. 19.

Face.—Left submaxillary gland which had been swollen and indurated, softens and discharges, and after forty-five days begins to heal slowly. *n*.

o Left side of nose, inside and out, very sore; lips and chin also; sores itching and scabbing over; after 1m. much better in twelve hours, many drying up and scabs falling off leaving skin beneath of a dull-reddish copper color.

o Hereditary syphilis, two children. 18.

Face drawn to one side, difficulty of speaking, masticating, blowing, etc. *n.*

° Spasmodic twitching of many muscles, especially in the face (paralysis agitans), with great melancholy and depression of spirits. 5.

° Lips and teeth covered with bloody mucus. *o* Infantile syphilis. 20.

° Pale. *o* Curvature and caries of cervical spine. 29.

° Nose and cheeks covered with eruptions and scabs; scabs in layers rising to a point. 32.

Teeth.—Single, small lunæ cleft in central upper incisors, permanent set, which incisors are dwarfed in their general dimensions, and converge at their tips: an invariable characteristic of inherited syphilis. *n.*

First central upper incisors are serrated, the permanent teeth point toward each other, the inner side is concave, the edges serrated. *n.*

° Indicated when children's teeth are cupped; Medorrhinum, when serrated. 1.

Teeth decaying at edge of gum and breaking off. *n.*

Pain in r. upper jaw as if from teeth, with swelling of face. 41.

Painless fluttering occasionally in teeth, very peculiar, as if something alive—cannot detect which tooth it is. 38.

° Felt like a worm in the tooth—could not tell which tooth. 1.
Singular feeling as if the teeth had all got out of place, and on closing the jaws the teeth do not come well together.

41.

Occasional aching in l. upper teeth. 22.

Mouth.—° Fetid breath. *o* Secondary syphilis. 18.

Tongue coated * white, edges indented by the teeth. 42, (3).

Tongue turns to one side when protruded; difficulty in masticating, cannot turn the food with the tongue so readily from right to left, as in the opposite direction. *n.*

° Putrid taste in mouth before epileptic fit. 5.

° Tongue very red and thick. Covered with herpetic eruption, with two deep cracks running lengthwise, on each side of median line, making it impossible to swallow. *o* Secondary syphilis. 18.

Tongue thickly coated, dirty, edges indented or serrated by the teeth. *n.*

- ° Twenty ulcers in mouth, every part of which was involved, on top and under side of tongue, on tips, in buccal cavity, fauces, and in nose. Two large ones, one on each side near apex of tongue, were very much swollen, and the one on the right side had a gangrene center, the rest lardaceous bottoms with bright fiery-red edges, and were cut down as with a knife, and felt hard like an indurated chancre. They looked as if they would very soon cut away the septum of the nose, and both alæ nasi were very painful, smarting with such horrid burning as if they were on fire; could get no relief anyway; pains and burning prevented sleep. Hungry but could eat nothing but fluids, as mastication was utterly impossible, and swallowing painful; tongue heavily coated white, large quantities of stringy viscid saliva running from the mouth, of a sweetish taste—a putrid, sickening odor filling whole house and causing nausea when smelled; all symptoms worse toward night. This attack excited by exposure to rain. *o* Syphilitic nursing sore mouth. 34.
- ° Chancre on hard palate exposing the bones of roof of mouth. Secondary syphilis. 1.
- Throat.**—° Herpetic eruption in mouth, tonsils, hard palate and fauces, completely covering inside of mouth and throat, making it very difficult to swallow even liquids. *o* Secondary syphilis. 18.
- Chancrous ulcers in pharynx. 4, (20).
- Sore throat with granulations. 4, (20).
- Excoriation of throat when swallowing. 4, (20).
- De-glutition painful, especially with liquids. 4, (20).
- ° Chancre on velum palati, which was congested and thickened, interfering very much with his speech; voice husky. *o* Secondary syphilis. 1.
- ° Sore throat. *o* Secondary syphilis. 32.
- ° Chancrous ulcer extending across velum palati to left pillæ of pharynx. Secondary syphilis. 1.
- Stomach.**—* Loss of appetite. *n.* *o* Rheumatism. 30.
- Appetite good again; ravenous desire for food even after a meal. *n.*
- ° Aversion to meat. 1, 5.
- Nausea. 22.

Thirst. 22.

- ° Appetite indifferent and capricious. *o* Psoas abscess. 15.
- ° Total loss of appetite for months—little or nothing satisfies him; formerly was generally ravenous. *o* Caries of dorsal vertebra. 13.

Abdomen.—Pain, or a distress deep in abdomen as if in omentum. 26.

Feeling of heat internally in hypogastric region. 2, (3).

Pains in right groin are followed by swelling of glands. *n*.

- ° Large painless bubo in right groin, opened and discharged freely after 1m. *o* Secondary syphilis. 18.

Slight lancinating pains in one groin, worse at night. *n*.

- ° Inguinal bubo. 32. (See under Genitals.)

Anus, Rectum and Stools.—° Lower portion of rectum hanging out of anus like a ruffle, looking like a full blown rose; was fully three inches in diameter, and sensitive; constant weak, dragging sensation in rectum, extending up as far as sacrum. 18.

- ° Fissures in anus and rectum. 7.

- ° Bowels torpid for five weeks. *o* Periodical neuralgia in head. 1.

- ° Obstinate constipation for many years: the rectum seemed tied up with strictures; when injections were given the agony of the passage was like child-bearing. 3.

- ° Stools very dark and offensive. *o* Infantile syphilis. 20.

- ° Stools too light colored. *o* Rheumatism. 17.

- ° Bilious diarrhœa when at seashore, painless, driving her out of bed about 5 A. M. Stools during the day, later causing some excoriation; face red, suffers from heat; occasional painless, whitish diarrhœa when at home, always relieved by going to the mountains. 1.

- ° Two indurated ulcers at mouth of anus, somewhat sore; slight itching of moist anus. *o* Primary syphilis. 19.

Urine and Urinary Organs.—Slight itching in orifice of urethra. 41.

Scalding urine. 41.

- ° Urination difficult and very slow; no pain, but a want of power, so that he has to strain to pass it. *o* Secondary syphilis. 18.

- ° Urine infrequent, not oftener than once in twenty-four hours, scanty, of a golden-yellow color; after 1m. woke next morning with great distension of abdomen and pain in region of kidneys; rising she passed a large quantity of normal-colored urine, after which the distension and pain were relieved; next day regular urination, watery. 1.
- ° Profuse urination after the chill; passing during the night nearly a chamberful. 1.
- ° Rich lemon-yellow, scanty urine. 5.
- ° Frequent urging to urinate all night, at least from 5 or 7 P. M. till 5 A. M., or sunset to sunrise. ° Hydrometra. 13.
- Male Sexual Organs.**—° Chancre on prepuce. 1. (Several cases.)
- ° Bubo. 1. (Several cases.)
- ° Bubo, purple, pointing in left groin, size of pigeon's egg; accompanied with night-sweats, and constant pain in anterior portion of right thigh, worse at night. 1.
- ° After suppressed, the disease attacked testes and scrotum, which became painful and swollen; this was supposed to be cured, but ever since, every few weeks, if exposed at all to damp weather, would be seized with pains as if in kidneys, traversing seemingly the ureters, but instead of passing into the bladder, followed the spermatic cord down the groins and into the testes; the pain was agonizing. The chief pain was in the cord, and in the present attack was in the right. 3.
- Pricking sensation in chancre as though it was punctured by a number of pins. *n.*
- Burning sensation in chancre. *n.*
- Ulcer size of a split pea, on prepuce above corona glandis; edges were red and raised, while the bottom was covered with lardaceous deposit; no pains or sensation in it. Glans looked purple, and on left side was covered by an exudation. A skillful surgeon pronounced it chancre, and the exudation decidedly diphtheritic. 21.
- ° Chancre on penis, the third he has had in two years, all on the same spot, but he only contracted the first one. ° Secondary syphilis. 25.
- Aching of genitals so that he could not set still, for over a month. 37.

° After cm., chancre on penis in a gentleman over sixty who never had any sexual disease. 1.

Chancroid, phagedenic, spreading rapidly. Buboec commencing in each groin, cured in four days.—H. C. Morrow, M.D.

(The cases in which I had the most success with *Syphilinum* were those who had never had syphilis, gonorrhœa, or previous medication.—H. C. Morrow.)

Female Sexual Organs.—° Uterus and all surrounding parts loose, soft and flabby; profuse, thick, yellow leucorrhœa; constant pain across small of back. 1.

Slight whitish leucorrhœa. 4, (20).

° Profuse yellow leucorrhœa. 0 Infantile syphilis. 1.

° Profuse yellow leucorrhœa, worse at night. Inherited syphilis. 1.

° Soreness of genitals, and muco-purulent discharge, in a child. 13.

° Acrid discharge causing violent itching and inflammation of external organs; worse at night from warmth of bed, the parts very tender. Itching and inflammation better during menses. 17.

° Nocturnal aggravation of right ovarian pain, preventing sleep. 16.

° Sore on right labium majora, extending to left. 0 Secondary syphilis. 15.

Intense itching of vulva on rising in morning, continuing till ten o'clock. 8.

Menstruation painful, two weeks too soon. Pink-red, bright, profuse, running free for some days. Napkins wash easily. Menses returned in twenty-eight days, painless. 8, (8).

° The usually painful menstruation with all its concomitants, was very easy, and the best for years. 1.

Sensitiveness of os uteri, increasing to intolerable pain at menses, or on the introduction of fingers or penis. This is frequently the cause of abortion. *n*.

Sharp, zigzag shooting pains in region of uterus. 2, (1).

Fulness in ovaries as if congested. 2, (2).

Sore aching in left ovarian region, extending to right, with some darting pains. 2, (2).

Buboin—high potency—caused left ovary to swell, so that during coitus, at moment of orgasm, there was a sharp cutting pain in left ovary, like a knife, and twice there was smarting as of a sore ; the ovary swelled so much that its size and shape could easily be felt through abdominal walls. 28.

Mamma sensitive to touch, feeling sore. 8.

Mamma extremely sensitive to touch during menses and at other times. 8.

Larynx and Trachea.—° Hard constant cough, with thick, yellow, tasteless expectoration. 1.

° Dry racking cough, with slight purulent expectoration now and then, caused by a sensation of rasping or scraping in the throat ; always much worse at night. ° Secondary syphilis. 1.

° Hard cough, worse at night, when it is continuous, preventing sleep. Expectoration of white phlegm. 1.

° Muco-purulent expectoration, grayish, greenish, greenish-yellow, tasteless. 1.

Hoarse, almost complete aphonia, the day before menses ; no catarrh or sore throat. 8, (35).

° Whooping cough, accompanied with terrible vomiting. 9.

° Dry sharp hacking cough, without expectoration but with rawness, scraping, and burning, from fauces to stomach-pit ; with a whoop on inspiration, and a choking sensation from fauces to bifurcation of bronchia, with great mental distress. 5.

° Cough and dyspnoea come on after mid-day dinner, has to fight for breath, feels as if she would be suffocated ; these symptoms last all night, and at day-break they get better and she falls asleep. Greatly improved but not cured. 17.

° Expectoration without cough, quite clear white, feels like a round ball, and rushes into mouth. ° Nervous asthma. 17.

° Cannot lie on right side as it causes a dry cough. 1.

° Cough worse when lying on right side. 17.

Chest.—Pain and oppression at bifurcation of bronchia and in larynx, it hurts her to breathe. 4, (20).

Sensation of pressure under upper part of sternum. 4, (20).

Lancinating pains in heart at night from base to apex. Med-orrhinum has the reverse. 4, (20).

A very common cause of valvular disease of the heart. *n.*

° Rattling in chest and throat. *o* Infantile syphilis. 20.

Pain in center of chest as if skin were drawn up, on drawing head back. 23, (8 to 10).

° Chronic asthma; the attacks developed in summer, especially when weather was warm and damp. The diurnal aggravation was not regular but appeared most frequently in the evening, passing off at day-break. This period of amelioration was invariable and seemed not to depend upon the period of exacerbation. While the asthma continued there was soreness of the chest with great anguish and inability to maintain a recumbent posture. Within twenty-four hours after taking the *rm.* the character of the asthma changed, during the night it disappeared, and the hour which had been that of relief, now became that of aggravation. The attacks only lasted a few minutes, and gradually becoming less severe, did not return for several months. 10.

Seized with oppression of the chest to such an extent as almost to arrest breathing; the asthma was caused by a sensation as if the sternum were being gradually drawn toward the dorsal vertebræ; expansion of the chest was difficult because of the feeling of tightening; with this there was some confusion of mind, as if unconsciousness might follow if the dyspnoea continued. The attack lasted about ten minutes and was followed by a general weariness which passed off in a few hours.

The lack of sleep produces a sudden faintness and sinking sensation in chest; three of these spells succeed each other during a single night, and he was revived with great difficulty by Opium 6th potency. *n.*

° Attacks of spasmodic bronchial asthma for twenty-five years. They come on only at night, after lying down, or during a thunderstorm, producing the most intense nervous insomnia, entirely preventing sleep for days and nights together. 36.

Back.—Great pain in back in region of kidneys, worse after urinating. *o* Secondary syphilis. 18.

Pain in coccyx at its junction with sacrum, and sometimes in lower sacral vertebræ; worse on sitting, with a sensation as if swollen, though it is not. 11.

Rigidity in several muscles. 11.

- ° Caries of dorsal vertebræ with acute curvature, numerous cloacæ communicating with the diseased bone, one much larger than the rest exuding a sanious, offensive, at times sanguinolent pus, and surrounded with proud flesh; great thickening and induration of the surrounding parts from effusion of lymph; percussion or pressure not endurable. Two abscesses pointing in either groin, the left having been opened a year before, the right about a month ago. The least motion gave him great pain by day, and terrific pain by night. For five months every night, without fail, most intense neuralgic pains, commencing generally from 5 to 7 P. M., and never terminating till daylight, or about 5 A. M. The pains were in the muscles of the loins, generally in the left, sometimes in the right. They were sharp cutting spasms, terrible to bear, preventing sleep and forcing him to cry out; they were aggravated by the least motion, and limited to the above hours, only slightly relieved by warm poultices. 13.
- Psoas abscess, first left then right, the latter discharged more than a quart of offensive greenish pus when opened. Severe nocturnal pains affecting upper sacral, lower dorsal, and left cervico-facial regions, steadily increasing; they occurred twice, each time twenty-one days after either psoas abscess had been opened. 15.
- ° Syphilitic sores on back near spine and on hip. *o* Infantile syphilis. 20.
- ° Enlargement of cervical glands, also a number of pedunculated pin-head warts on neck. *o* Hereditary syphilis: girl of ten cured with Syco-Syphilinum. 1.
- Pains commencing in sacral region internally, and apparently coming round to uterus. 2, (3).
- ° Caries of cervical spine with very great curvature in the same region, directly forwards, the occiput sinking down to a level with it, and resting on protuberance of curvature; often nearly a teaspoonful of calcareous matter would be discharged at a time, and on evaporating it, a large quantity of dry powder, looking like phosphate of lime, would be left. Pain always in the curvature, worse at night. 29. (No positive proof of syphilis in this case.)

Indurated lumps between muscles of the neck. *n.*

Enlargement of glands in different parts of the body, leaving lumps size of an almond kernel, some larger, some smaller, particularly abundant between the neck muscles. They are indurated and slightly painful, causing a sensation of uncomfortable fulness and suffusion in face, throat and head. *n.*

Any preparation or potency of Mercurius up to the 30th aggravated the symptoms. *n.*

Aching pains in limbs, like growing pains. 4, (20).

Pains in bones and joints, relieved by Aurum 30. *n.*

° Nocturnal aggravation of pains in back, hips and thighs. 13.

° Hodgkin's disease—enormous swelling of glands of head and neck ; no relief from any remedy. Cured with Buboin syphilitica cm. 44.

Upper Extremities.—Can only raise arms to a right angle with axilla ; trying to force them higher causes the muscles suddenly to become paralyzed and they drop pendant. *n.*

Lameness and pain of arm on motion, particularly on raising the arm up in front as in reaching. The pain is located about the insertion of deltoid muscle in upper third of humerus, but is not painful to pressure. 38. (6 hours). See Gettysburg.

° Fingers and thumbs have runrounds. *o* Infantile syphilis. 20.

° Hands badly ulcerated at the back. *o* Secondary syphilis. 25.

° Right second finger swollen and stiffened. *o* Secondary syphilis. 15.

Lower Extremities.—Swelling of legs from knee to the ground, the soles being painful when standing on them ; the swelling goes down in the morning, comes back at night. 1.

Pains were in lower extremities, are excruciating and completely banish sleep. They became so unbearable that hot fomentations made them worse, but pouring cold water on the limbs relieves for an hour, after which the pains returned. *n.*

Cannot sit in a low chair, or squat down, owing to loss of control over knee and hip joints. *n.*

Pains in long bones of lower extremities, also in the joints. Relieved by Aurum 8. *n.*

- ° Redness and rawness with terrible itching between toes.
o Secondary syphilis. 18.
- ° Bone pains in knees and feet. o Secondary syphilis. 18.
- ° Bubo with pain in a spot on middle of right thigh in front, only when standing and on deep pressure, which seemed to touch the spot, which was apparently on the periosteum. 1.
- ° Two ulcers, larger than a crown piece, dirty, stinking, sloughing, with jagged, elevated edges, one on thigh above patella, the other in head of tibia; two large pieces of bone came away from head of tibia. o Secondary syphilis. 12.
- ° Severe attacks of achings in lower limbs. o Secondary syphilis. 15.
- Pain in three toes of right foot as if disjoined. 22.
- ° Slight contraction of tendons beneath right knee. o Psoas abscess. 15.
- ° Tearing pains in hips and thighs, worse at night, ameliorated about daybreak, better by walking, not affected by weather. Much improved. 17.
- ° Rheumatic pain, burning like fire and sharp, in left side of right instep and below inner malleolus, it prevents her from moving the foot, it is better when the toe is pointed inwards; it gets worse in evening, continuing during night, waking her up suddenly every two or three hours. Worst of all at 1:30 and 3:30 A. M., gets better toward daylight or day-break. Much improved. 17.
- Dull pain all over dorsum of feet to toes: it begins soon after getting into bed, lasting till about 4 or 5 A. M., (sunrise at 3.49 A. M.) then she slept and woke about 8 A. M. free from pain. Next night the same, but less severe and less long. 23, (2).
- ° For two or three winters intense cold pain in both legs, worse in left; came on every night on lying down, lasting all night; only relief was by getting up and walking; it ceased in warm weather. 35.
- Fever.**—° Great pain in head, the whole body extremely cold, looked blue; wanted to be covered with blankets yet could not get warm, no appetite; sleeping almost all the time, could scarcely be aroused. o Secondary syphilis. 18

After retiring, nervous chill commencing in anus and running down legs with spasmodic sensation: followed by distress in bowels and immediate desire for stool; passed a little urine, when the chill and desire for stool ceased; afterwards profuse urination, eructations relieved the chill. 42, (3).

Dry hot fever shortly after going to bed, with dry parched lips and great thirst; during the fever is intensely hot, wants to throw off the covering, puts feet outside of bed, and against the wall to cool them. High fever in the middle of the day, the heat being intense, with sensation as if burning up; thirst for large quantities often, the sensation of burning internal heat is very marked; fever preceded by slight chill and followed by sweat and great debility. 4, (20).

° Fever commencing from 11 to 1 P. M. daily. Fever hot, perspires when she begins to get over the fever. Pain in back, worse between the shoulders, no ambition or desire to move. 1.

Feverish. 22.

° Profuse night-sweats, sleepless and restless. 16. (In a woman who had two dead children.)

Excessive * general debility, and continued * night-sweats, the latter being most marked between scapulæ and down to waist. *n.*

Sleep.—Great restlessness at night, and impossibility to keep long in one position. *n.*

During the whole twenty-four hours can only rest from 8 to 10 A. M. *n.*

Total loss of sleep for twenty-two successive days and nights. *n.*

Absolute sleeplessness for fourteen days and nights. *n.*

Absolute sleeplessness for eleven days and nights. *n.*

Wakes soon after midnight and cannot sleep again till 6 A. M. 4, (20).

Skin.—Pustular eruption on different parts of the body: in patches on certain places, particularly on wrists and shins, where the bones are nearest the cuticle, and isolated other larger pustules on other parts, these break,

discharging an ichorous fluid for one or two days then heal, leaving the characteristic pock-marked cicatrice—the patches take longer to heal, discharging the same ichorous liquid, till the healing process commences. *n.*

After the healing of the chancre, a fresh pustular eruption appears on different parts of the body, which when the pustules have discharged an ichorous liquid and healed up, leaves fresh coppery pock-marks. Medorrhinum removed it permanently, causing it to turn yellow-brown, dry at edges, and scale off, leaving the skin permanently clear and free. *n.*

The laudaceous coppery hue of the skin pock-marks disappears after a dose of Lachesis 30, but returns after fifteen days. *n.*

- ° Biting sensation in various parts of the body as if bitten by bugs, at night only. 1.
- ° Syphilitic rash, very prominent on forehead, chin, arms, and front of thorax, an abundance of fine scales peeling off; large prominent spot on center of forehead, filled with fluid, as also are some smaller patches. ° Secondary syphilis. 15.
- ° Syphilitic bullæ discharging profusely on cheeks, under chin, on back of shoulders, on scalp, and other parts of the body. ° Infantile syphilis. 20.
- ° Syphilitic maculæ over back, chest, abdomen, arms and legs, but not on any uncovered part of body. ° Secondary syphilis. 30.

Several elevated spots on arm, stomach, leg and finger; has them habitually on face, chiefly on left cheek. 27, (3).

- ° Eruption over whole body, not elevated, but could be distinctly felt by passing hand over skin. After 1m. eruption came rapidly to surface: at the same time a disagreeable odor began to be developed; the eruption was reddish-brown, like small-pox pustules, without the central depression. The body was literally covered with it, except the scrotum and penis. Eruption increased, completely covering inside of mouth and throat, making it difficult to swallow even liquids. Eyes were also covered, making him completely blind. At same time

intolerable smell from the body. Tips of pimples became filled with pus, with great aggravation from warmth of bed. Extremely offensive odor from eruption, and fetid breath. The eruption developed still more, developing a great quantity of pus, with intolerable itching, yet he could not scratch as it was extremely sore. Then he began to mend slowly. The eruption left the skin of entire body covered with dull reddish copper-colored spots, which in the cold looked blue. *o* Secondary syphilis. 18.

o Copper-colored maculæ from crown of head to sole of foot.

o Secondary syphilis. 32.

o Pemphigus looks like a pock, often confluent, and persistently reappears. 33. (5 cases.)

Generalities.—Shifting pains of a rheumatic character obliging a repeated change of position and posture. *n.*

Lancinating rheumatic pains, slightly relieved by a change of position at times, and sometimes relieved by motion. *n.*

* Pains commence at 2 P. M., gradually increasing till they reach their acme at 9 P. M., continuing exceedingly acute till 3 or 4 A. M.—subsiding with day-break. *n.*

Pains more particularly aggravated in, or confined to, the muscles and joints of lower limbs, for four or five weeks, then they seemed to go to the periosteum and bone itself, consequently becoming deeper and more profound. *n.*

The pains produce two sensations, an external one which seems to lie in muscles and joints, and an internal one which is deeper and much more unbearable, so much so that it seems by its profound nature to control the external ones and to cause those pains to disappear, afterward reappearing intensified in the external sensation. *n.*

o Pains in all the limbs every night after midnight, weary, tired pains, making rest impossible, as he could lie nowhere without suffering in the part on which he rested. Pains worse in lower limbs, much perspiration which partly relieved. *o* Rheumatic fever. 14.

o Rheumatic neuralgic pains in all the muscles, even in cremaster, *not* in joints; darting pains in irregular attacks,

sometimes lasting a week or two. The pains gradually increase and decrease; they are worse in damp and especially in frosty weather; they get worse at 4 or 5 P. M., attain their height at 2 or 3 A. M., ceasing about 8 A. M. Never contracted syphilis—very much improved by dm. (F. C.) 17.

° Rheumatism with sweating of hands, wrists and legs below the knees, and feet, with great soreness of soles, all worse at night. 1.

Epileptic convulsions after menses. *n.*

° Extreme emaciation. *o* Psoas abscess. 15.

° Very great emaciation. *o* Infantile syphilis. 20.

° Hardly able to lift its hand. *o* Infantile syphilis. 20.

* Feels worse mornings: utter prostration and debility in morning. 4, (20).

° Weak, emaciated. *o* Caries and curvature of cervical vertebra. 29.

° Though 17 looked 12, was so reduced and dwarfed; great attenuation of soft parts throughout, spare and hollow; confined to couch for about three years, and for one year was scarcely ever off his back. 13.

After the disappearance of the pustular eruption, a gradual rigidity of all the joints ensues, and all the flexors seem to become contracted and shortened; this causes inability to close the fingers on a fork, knife or spoon, and a partial inability to lift the foot in order to step up-stairs, except with great difficulty by using a cane, and only a step up or down at a time. *n.* (NOTE.—This is not the case where the pustular eruption is a curative effect of the Syphilinum high.—Swan.)

Feeling of numbness in palms and soles, which have also at times a prickly sensation as if the numb parts were punctured by a great number of needles. *n.*

Slight rigidity of joints. *n.*

° Rheumatic swelling of left wrist and left great toe which is bluish-red, with pains like sawing off his bones with a dull saw; better from heat of stove, worse from sundown till sunrise; no appetite. 30.

**A PROVING OF TINCTURE OF CONIUM
MACULATUM.**

DR. LEMBKE.

Translated by S. LILIENTHAL, M.D., from *Allg. Hom. Zeit.*, 22, 88.

May 1st, 3 A. M., 20 drops. — Pressure behind sternum and desire to breathe deeply; pulse normal, sometimes losing a beat. Off and on, hot flashes in occiput, then in forehead, half an hour after taking it, frequently repeated when sitting and reading.

Eight P. M., 30 drops. Heaviness and pressure in forehead.

May 2d, 7 A. M., 30 drops. At noon when walking in the street, surring in ears, darkness before eyes, nearly unconsciousness, with some strong beats of the heart, passing off quickly.

May 3d, 7 A. M., 30 drops. No symptoms.

May 5th. For the last three days the tip of the nose thick, red, hot, painful, mostly on left side, painful swelling in left nostril, no coryza.

Seven A. M., 30 drops. Several alvine discharges, nose less red, hard and painful.

May 7th and 8th, 30 drops each time. No symptoms.

May 10th, 7 A. M. Immediately after taking the drug the head is always hot and heavy for half an hour; the tip of the nose is still red, hot, swollen and painful.

May 11th, 7 A. M., 30 drops; 2 P. M., 30 drops; 5 P. M., 30 drops. No Symptoms.

May 12th, 7 A. M., 30 drops; 9 A. M., 30 drops; 2 and 5 P. M. 30 drops. Total loss of appetite for several days; two soft stools daily. At the left tip of the nose a yellow blister, full of pus; gastralgia in the evening for a few hours.

May 13th. Nose improving, appetite somewhat improving, tendency to constipation.

One hundred and twenty drops a day is not a very large dose, as Stoerk gave his patients sometimes two drachms daily, once even six drachms, and benefited them, though his cases were all severe, though not always malignant or carcinomatous.

Nearly every symptom of Lembke's proving we find verified in Allen's Encyclopædia, thus:

55. Inability to sustain any mental effort.

65. Confusion and vertigo.

- 83. Very dizzy while walking.
- 97. Heaviness of head.
- 113. Headache, as if the brain was too full and would burst, in the morning on awaking.
- 135. Pressure in forehead, alternately severe and slight, afterward same sensation in occiput.
- 176. Pain in occiput with fulness and confusion.
- 235. Obscuration of vision momentarily.
- 280. Bubbling and humming in the ears.
- 309. Stinging soreness and itching at tip and inside of nose
- 440. Complete loss of appetite.
- 642. Pasty stool, twice daily, with burning in rectum.
- 650. Constipation.
- 795. Pressure in chest.
- 798. Dyspnœa.
- 864. Pulse soft and feeble, but not more frequent than usual.

In relation to this drug, Dunham (Lectures, ii., 365,) quotes Harley: "It exerts its power chiefly, if not exclusively, upon the motor centers within the cranium, and of these the corpora stricta are the parts chiefly affected. The sensory part of the nervous system is not affected." He regards it as a palliative in cancer, *in that it allays muscular spasm and thus mitigates pain.*

How different the symptoms of Lembke are from those provings made with the potentized drug, by which Hahnemann (Chron. Dis., iii., 155,) found out that Conium is a valuable antispasmodic, and of which he says: "This remedy, in order to act beneficially, has frequently to be preceded by some other drugs and *must then be used in the smallest doses.*"

Page 158, a quotation from Noack and Trinks says: "The chief tendency of Conium is to fluidify and liquify animal matter, both normal and abnormal. It is more suitable to females, to venous, lymphatic, scrofulous, torpid constitutions, to phlegmatic, melancholy temperaments, and especially useful in tuberculosis, scrofulosis, carcinomatous cachexia and paralysis. It is a panacea in sterility."

Bayes (Specific Restorative Medicine, 86,) saw in cancer of the breast, the pain greatly diminished by Conium 1st to 3d. In irritable tumor of the breast it is also most useful. He chiefly relied on the successive employment of the 30th, 18th, 12th, 6th, 3d, 3d dec. and 1st, in courses of three to six days of

each potency. Ulcerations of a malignant character or chronic ulcers with very fetid discharge are greatly relieved by the internal use of the 3d. Benefit will also be witnessed by Conium in induration of the os and cervix uteri; acrid leucorrhœa of a milky color, causing soreness or great irritation of the vagina and of the external organs, 3d to 12th.

Hoynes in his Clinical Therapeutics, i., 235, quotes relief from the pain of malignant tumors when given in the 3d and in the 100th potency. He remarks: cancer of breast due to a bruise; breast always very tender just before the menses; dull, aching, stinging pains worse at night and rousing her from sleep; better from warmth and motion. Useful only in the earlier stages of the disease. Hoynes prescribed it successfully in the 71m potency. Hoynes's works are too much neglected by the younger profession. They are a most valuable collection, supplementing the other writers of our school.

Farrington in his Clinical Materia Medica believes that the use of Conium in glandular diseases and in malignant forms of tumors comes from its power of producing enlargement of the glands, adenomata. The glands affected are of a stony hardness. These indurations are quite common in the mammæ, in the testicles and in the uterus. Usually *there is little or no pain*, although sometimes there may be darting pains. Conium is indicated, *perhaps*, in the beginning of scirrhus. It is also indicated after contusions or bruises when induration is the result.

Still Hering gives in his Guiding Symptoms, with the sign:

"Induration and enlargement of ovaries and womb with lancinating pains; induration of cervix, sharp pains in part, acrid leucorrhœa; burning, stinging, darting pains in neck of uterus, with indurations and scirrhosities.

"Stitches as with needles in left mamma; hard and painful lumps in mammæ; hard, *scirrhus-like* tumors in breast; *scirrhus in breast*, hard as cartilage and uneven, occasionally *twitching in affected part*, rarely pain, sense of great heaviness in breast, tumor not movable and skin covering it not discolored.

Allow me to give my own personal experience with Conium; and I must acknowledge that I never witnessed the least benefit from Conium in malignant and painful tumors. Perhaps when given in a very high potency, it may benefit the constitutional

dyscrasia, but I do not think that it is of the least use in genuine carcinoma. Whenever I prescribed it for this dyscrasia, my results were negative, in fact the period of involution is always a dangerous one and though Conium suits senility, we doubt whether it is equally suitable to the dyscrasic affections of that age.

[Our distinguished colleague should not prescribe Conium for the "carcinomatous dyscrasia," but for the symptoms of his patient and his results will not be negative. At least this is our experience.]—Ed.

Looking finally over old-school authorities, we find in Ringer a valuable hint given by Dr. Neligan that the only preparation of any value is the juice, and so true is this that the various statements made concerning the success and failure of Conium in various diseases must be accepted with caution, unless the conclusions have been deduced from observations founded on the employment of the juice. (Might not our failures be sometimes caused by using the tincture, and not the juice, for our potencies, for the Am. Hom. Dispensatory, p. 318, gives only the tincture, while O'Connor's Pharmacopœia, p. 187, recommends the expressed juice as worthy of most confidence, from which the potencies must be made.)

The old school discards this drug entirely as an antipsoric, and even throws it among old lumber in relation to nervous affections. Well, be it so for the present, there will be a time when it will be resuscitated from its oblivion.

We are pleased that in Dr. P. Jousset (*Materia Medica*, 540,) we find support in denying to Conium any power over carcinoma.* In the second period of scrofulosis Milcent and Bazin have demonstrated its usefulness, and Piedvache recommends it for tuberculosis pulmonum with dry, painful, frequent or continual cough, especially evening and night, coming on or increased by the horizontal position, with hoarseness and laryngeal pain, suffocation, scanty purulent expectoration, with or without vomiting.

Chlorosis, hysteria, hypochondriasis, epilepsy, spasms and paralysis, one and all, *life-power below par*, and thus we can easily explain the different opinions of authors; only the old

*[Jousset has made many statements as foreign to true Homeopathy as this. Perhaps he is off his base again; at least we must decline to accept his dictum in this case.]—Ed.

school does not individualize enough their patients nor the suitable dose of a drug. A drug may give us the simile, but it needs the suitable potency, be it high or low, to select the simillimum.

ODD SYMPTOMS.

BUSHROD W. JAMES, M.D., PHILADELPHIA.

Odd or peculiar symptoms occurring in the course of a disease, or in the pathogenesis of a drug, frequently serves as a guide to a suitable and successful prescription, pointing out a remedy having other symptoms exhibited by the patient which might have escaped the notice of the prescriber had his attention not been attracted by the occurrence of the phenomenal symptom. This has been the experience of the writer, and the following are a few instances given as an example of the aid of such symptoms in the selection of the simillimum. Accompanying each "odd symptom" will be observed remedies having symptoms which more or less closely resemble the one in question.

I. The joints crack; general headache, with cracking in one spot in the occiput. The case was relieved by Belladonna 6th.

The corresponding remedies and special shades of symptoms are:

Cracking in the joints of the arms.—Chin. sulph., Croc., Kali b., Merc., Tart., Thuja.

Cracking in the joints of the legs.—Benz. ac., Bry., Camph., Cocc., Con., Led., Nux, Petr., Puls., Ran. b., Selen., Tabac., Thuja.

Headache with noise like a clang, or as of snapping of a piano string.—Lyc.

Headache with buzzing in ears.—Acon., Ars., Dulc., Lach., Murex, Puls., Sulph.

Headache with hammering in ears.—Spig.

Cracking in head when walking.—Acon., Ars., Cham., Dig., Puls.

Cracking in head when sitting quietly.—Coff.

II. Exploding feeling in the head, starting from the center of head. This case was accompanied with a catarrhal cough. It was relieved by Stannum 5th.

The most corresponding remedies are :

Headache as if the brain would burst.—Alum., Con., Nux v.,
Verat.

Headache, lightning-like.—Sars.

III. The arms feel as if a band was tied around the lower third; the skin of the hands and forearm feels as if drawn tight and would burst with heat, but no swelling of the hands or arms was observable, nor was there any change of color of the skin and no eruption.

The analogues are :

Bursting sensation in the arms.—Vip.

Sensation as of tension.—Anac., Arg., Chin., Hyper., Kali c.,
Lach., Mang., Meny., Mez., Prun., Rhus, Sep.,
Tabac.

IV. Headache on right side and loss of smell produced by odor of flowers. Relieved by Coffea 6x.

The remedies approximating this symptom are :

Headache on the right side.—Agar., Apis, Bell., Bry., Bufo,
Cact., Con., Elaps, Gels., Hep., Jac. c., Kali b.,
Lach., Merc. iod., Nat., Nitr., Sabad., Sab., Sang.,
Sil., Spig., Spong.

Headache relieved by drinking coffee.—Coloc.

Loss of smell.—Alum., Amm. m., Anac., Aur., Bell., Calc.,
Camph., Caps., Caust., Hep., Hyos., Ipec., Kali
b., Kali iod., Lyc., Magn. m., Mang., Mez., Nat.
m., Op., Phell., Phos., Plumb., Psor., Puls., Rhod.,
Rhus, Sang., Sec., Sep., Sil., Sulph.

V. Fulness in head followed by sensation as of blood trickling down the back of the head, nose and eyes.

The remedies are :

Fulness in head.—Acon., Actea, Amm. m., Apis, Bell., Borax,
Bry., Calc., Calc. p., Chin., Con., Gels., Glon.,
Graph., Ign., Iris, Kreos., Merc., Mez., Petr.,
Phos., Phell., Psor., Rhus, Sulph., Tereb.

[Being unable to find this peculiar symptom, the totality of

symptoms point to Gelsemium, under which the "sensation of blood trickling down" disappears.]

Sensation as of warm water in the head.—Amm. c., Petr., Sant.

Sensation as if the whole head was wrapped up in warm water.—Cepa.

PULSATILLA.*

H. G. GLOVER, M.D., JACKSON, MICH.

The *Pulsatilla pratensis* is one of the best proved drugs in our materia medica. Its concordant remedies are numerous—because it *is* well proved. It belongs to the Anemone family. "It has been called the 'wind flower,' and its name is in keeping with its symptoms, as they are fickle as the wind," said one of our greatest teachers.

In the hands of a Homœopath, it is a God-send to the gentler sex.

It is especially adapted to persons of indecisive, slow, phlegmatic temperament; sandy hair, blue eyes, pale face, easily moved to laughter or tears; affectionate, mild, gentle, timid, yielding disposition.

Almost impossible to detail her ailments without weeping.

Symptoms ever changing, no two chills, no two stools, no two attacks alike. Well one hour, miserable the next.

It is indicated in young girls at the age of puberty when the menstrual flow has either not established itself normally, or even not at all. At this time you may find soreness of the apices of the lungs, calling for *Pulsatilla*, and unless this symptom is removed and the flow established, you may expect your patient to have some form of phthisis. When the menses are established they are apt to be too late and too scanty in the *Pulsatilla* patient. The flow is fitful in character, now coming on, and now stopping. Dark clotted blood, or colorless watery flow. It is preceded by menstrual colic; pains crampy, gripping, and so severe the patient can hardly bear them. She almost smothers if the room is closed. Amenorrhœa as the

* Michigan State Society.

result of getting the feet wet, and when nose-bleed relieves vicariously, calls for Pulsatilla.

Chilly, even in a warm room; chilly with the pains.

Faint and weak in a warm, close room. (Sulphur, Lil. tig.)

Feels generally worse toward evening.

Always better in the open air.

Dislike for fat meat.

These are characteristic indications for the use of the drug.

CASE.—April 10, 1888, at the solicitation of friends of Similia, E. S. came to my office for treatment. I gathered the following facts as to her condition, which were put on paper for future reference: Age 20; blue eyes, auburn hair, pale face, easily flushed. Menses have *always* been delayed. Last about a week. Can't tell when the menses is coming on. Complains of pain in her back, low down. Back always lame; aggravated from lying in bed and from stooping. Feet and hands cold. Stockings damp. Chilly, and has "goose-flesh," even if the room be warm. Worse in morning and evening.

Faint and weak in morning, must go to the door for air. Fresh air always relieves. *No thirst.*

Constipation; ineffectual efforts at stool. Has taken much physic, and allopathic drugs. After walking fast, there is a peculiar creeping jerking all over the body.

Muscles of the neck cold and lame at night.

Grates her teeth when asleep—"So the folks say."

Bad taste in the mouth in morning. (While giving her symptoms her eyes fill with tears, and her lip trembles—then suddenly she laughs.)

Faint, and bad feeling in head in a warm room.

Palpitation of the heart on going up-stairs, or on any exertion.

After walking: creeping, jerking all over the body.

Bearing-down feeling in uterine region. "Have to cross my limbs or sit down," said she.

Has had two or three severe headaches each week. Pain through eyes, temples and top of head. Comes immediately on waking. Veins in temples swell and throb. Aggravated by least motion, at noon, and after supper, from light, and in a warm room.

Amelioration by keeping eyes and body perfectly still; hot water feels grateful. No thirst, no appetite.

The remedy was so sharply indicated that I felt positive it *must* afford relief. Some of the symptoms pointed strongly to Nux, and the fact that the patient had always had "regular" treatment was a very strong inducement to give that remedy first, but Pulsatilla was well indicated for the kind of drugging the patient had in all probability been the victim of—namely, Quinine and Iron.

Three powders of Pulsatilla *rm.* (B. & T.), were given, with instructions to take one at bed-time, one before breakfast, and one before dinner, the next day; patient to report in a week. (Sac. lac. of course followed the Pulsatilla.)

April 18th she visited me the second time. To my inquiry as to how she felt, she replied, "Decidedly better in every way." I asked her if she had menstruated. (When I gave her the Pulsatilla she had then gone several days over her time, almost two weeks in fact.) She replied, "Yes, after taking the three powders." Continued Sac. lac.

What medical Moor could cry for the "ocular proof," in the face of such evidence? Could the efficacy of the single remedy and the minimum dose be more strongly vouched for?

It is not the question of *dose*, however, but the verification of the *law*, that interests us. Any potency of Pulsatilla would have done the work, from the 3x up, but for some unknowable reason we are more apt to keep repeating the low potency than the high. Why do so, when it is unnecessary? We can't give the patient a one- or two-drachm vial of pellets, saturated with the indicated remedy, and tell them to stop taking them when they get better. They never get better until they are all taken, or if they do, they want to get "more better," and so keep on with what is then doing them harm rather than good. I admit that it is not always so easy to get *the* indicated remedy as in this case, but we ought to be willing to do the right thing, in the light of the experience of our superiors, when we do get it.

The evidence results of this kind afford, ought to ground us in the faith, and serve as an incentive to work out the physical salvation of our patients in each and every case, if at all possible. If we fail it will then be with the consciousness that no other system of medical therapeutics could have done them better service.

April 27th she reported again. It was then that I learned of

the headaches she had been subject to. She said they had been less frequent, but that she had had a very severe one the Sunday previous. There had been indications of a return of some of the old symptoms. I gave Pulsatilla cm., one powder. Told her to come in if she had another headache the coming Sunday.

Saturday, May 5th, I saw her again. Of the original twenty symptoms complained of (not including those incident to the headache), this skeleton remained: Feet cold and damp; grates her teeth when asleep. Owing to *faith*—she had never taken Homœopathic remedies before—or the influence of some metaphysical friend somewhere—metaphysics annihilates distance, you know—the “solidity and compound mass” of the case had disappeared. There had been no headache for two weeks. I gave three powders of Calcarea 1m. The marked improvement in her general appearance is, she says, noticeable to all her friends.

It may be interesting to make some comparisons between Pulsatilla and the drugs closely allied to it.

First, as to the mental state: Sepia has a similar mental state but differs in the occasional presence of irritability and anger. Indifference to her household affairs, to which she was formerly attentive.

Natrum mur. has tearful disposition, but consolation aggravates, while the Pulsatilla patient seeks it.

Stannum has tearful disposition. The patient is worried about her chest symptoms, fears she will have consumption (which makes it pretty certain she won't).

The Ignatia patient is sad, but says nothing of her grief to others.

Of Cyclamen we will speak further on.

Pulsatilla is well indicated when chlorosis has been complicated by the use and abuse of Iron and Quinine. It stands in the same relation to these substances that Nux does to drastic purgatives, and Camphor to Cantharis. Arsenicum and Sepia are also to be thought of in this abused chlorotic condition.

Pulsatilla acts especially on the right heart, and upon the veins and capillaries. Whatever retards the return of blood to the heart must of course provoke the class of symptoms for

which *Pulsatilla* may be indicated. For instance, a warm, close room will provoke these symptoms.

Despite the chilliness resulting from anæmia, the open air acts as a stimulus to the venous circulation which improves the symptoms depending on the sluggish flow of blood. As we know, *Pulsatilla* is useful in varicose veins of the limbs, or about the testicles. Also in epistaxis of a passive character. An important analogue, *Hamamelis*, vies with it in these conditions. Another one is *Lilium* which, like *Pulsatilla*, affects the right heart, causing engorgement of the veins; relief in open air, and scanty menses.

Pulsatilla is invaluable in the various forms of ophthalmia. *Argentum nit.* is closely allied to it here.

In its relation to the diseases of women, *Pulsatilla* has many analogues.

First we may mention *Actea*. Both remedies favor normal labor. Both are indicated for very distressing labor pains. (It would be comparatively easy to differentiate between these drugs and *Chamomilla*.) The symptoms are rather continuous under *Actea*, than intermittent as under *Pulsatilla*.

Under *Actea* the mental condition is very different from that of *Pulsatilla*. There is a high degree of nervousness both during and out of labor. The woman has a horribly apprehensive mood. There is a fear of something about to happen, which haunts her from day to day. Then again, she dreads undertaking anything, even ordinary work. It is useful in abnormal positions of the uterus, when there are sharp cutting pains across the hypogastrium from side to side, and for neuralgias of the head, chest or limbs which are reflex from uterine irritation.

Another remedy to be compared is *Caulophyllum*. Like *Pulsatilla*, one of its main characteristics is intermittency of the pains. If they are neuralgic and reflex from uterine disorder, (*Actea*) they are intermittent in character. They are sharp and crampy, and involve the bladder, rectum, groins and lower extremities. During labor there is extreme uterine atony. The pains are severe, but there is no expulsive effort. In nervous women the pains seem intolerable (*Chamomilla*). They fly about from place to place, now in the groins, then in the abdomen, and even in the chest, but they do not go in the direction of normal pains. There is great exhaustion of the

whole system: the patient can scarcely speak, the voice is so weak.

Let us look over *Helonias dioica*, the false unicorn. This is one of the newer remedies, but it is an exception to the rule that "old things are best." It is useful in women who are "run down" as to their nervous system; who are easily fatigued by any work, and who have a tired backache, the tired feeling extending into the limbs. They feel better when working than they did when they commenced to work. Unlike *Rhus*, it is not due to the limbering up of stiff joints, but to the fact that some of the languor passes off as the patient continues to work. The backache is over the site of the kidneys, or it may affect the sacral region. In suppression of the menses the kidneys are congested. The monthly congestion seems to have extended to the kidneys, giving rise to albuminuria. The urine is scanty and turbid.

In mal-position of the uterus after confinement, particularly prolapsus, the patient complains of heaviness and dragging in the pelvic region, and a "consciousness of the existence of a womb." There is a tendency to inflammation of the vulva and vagina, with formation of pus. It is useful in ulceration of the uterine cervix, when there is a leucorrhœa with a bad odor, and every little exertion produces a flow of blood. With these symptoms there is apt to be persistent itching about the genitals, with or without the formation of blisters or sores.

Senecio aureus is a drug to be considered with the above remedies. It is useful when there is a tendency to catarrh of the throat, nose and lungs, particularly in women. It is especially suited to nervous, excitable women who suffer from sleeplessness due to uterine irritation. The patient suffers from scanty menstruation, and is very apt to be tearful (Puls.). There is dry, teasing cough, with stitching pain in the chest and blood-streaked sputum. The bladder sympathizes with the uterine trouble. There is much pain at the neck of the bladder causing pain, burning and dysuria. The chest and bladder symptoms are modified, or cease at the onset of the menstrual flow, showing how intimately they are related to the menstrual irregularity.

Senecio is closely allied to *Aletris farinosa*. This latter drug is a "tonic"—so our "regular" (?) friends say. It is useful in

women who, in addition to the uterine trouble and leucorrhœa, have extreme constipation, great effort being required to effect an evacuation. Great accumulation of frothy saliva, weakness of digestion; food lies heavily in the stomach.

Hydrastis canadensis is a remedy which acts even more powerfully on mucous membranes than *Pulsatilla*. It causes catarrh of all the mucous membranes, but the discharge is more acrid than under *Pulsatilla*, and is of a thick, yellow (Puls.) or bloody appearance. It is useful for prolapsus uteri, with ulceration of the cervix. The leucorrhœa is watery, or thick, yellow, and excoriating; associated with this condition there is a weak feeling at the pit of the stomach, and well-marked palpitation of the heart. The tongue is moist with a dirty-yellow coating which takes the imprint of the teeth (Merc.). Face sallow, eyes sunken and surrounded by dark rings. Bowels constipated, stools coated with mucus.

Lilium tigrinum helps in uterine complaints when, in addition to the indications already mentioned, there are sharp pains across the abdomen from one ileum to the other (*Actea*), but in addition there are marked bearing-down pains, making the patient cross her limbs (Nat. mur., *Sepia*). The patient is low-spirited, can hardly keep from crying (Puls.). Apprehensive of some disease or calamity (*Actœa*). Irritable, impatient; must do everything hurriedly. There is very apt to be present a sharp pain extending from the left nipple through to the back.

Lastly, *Cyclamen* claims our attention. This remedy is *very* similar to *Pulsatilla*. The *Cyclamen* patient suffers from a peculiar kind of debility or torpidity both of mind and body. They can't think. Are better when aroused and forced to exercise. They feel heavy and languid, but when once they get to work they go on pretty well. This is very like *Helonias*. The melancholia is like that of *Pulsatilla*. Both remedies are suited to chlorotic and anæmic women, both have some trouble with the digestion, and intolerance of fatty foods. The menstrual colic and irregularities are almost identical in the two drugs. *Cyclamen* differs from *Pulsatilla* as follows: Generally, but not always, there is more thirst with the *Cyclamen* patient. *There is no relief in the open air.* There is dulness of the senses with flickering before the eyes. (This is common to anæmic women.) The patient sees various colors before the eyes, very much as

Santonine. Sometimes there is half-sight. The indigestion is characterized in this way: there is formation of flatus which causes colic at night, forcing the patient to walk about for relief.

In the sleep symptoms Pulsatilla differs very much from Nux vomica. The Pulsatilla patient is wide awake and full of ideas in the evening, while the Nux patient is sleepy. The Pulsatilla patient is sound asleep when it is time to get up, and wakes unrefreshed. The Nux patient awakes at 3 or 4 A. M. feeling rested. Goes to sleep again, and awakes at the usual time feeling much worse.

Sulphuric acid and Lycopodium are complementary to Pulsatilla. Sulphuric acid follows Pulsatilla well in gastric troubles.

Knowledge of materia medica is only useful to us (and the patient) when we strive to fit the remedy to the case, not the case to the remedy. Comparison of remedies is only useful in helping us to differentiate carefully, and so affiliate *the* remedy to the case.

QUININE; AN INVOLUNTARY PROVING.

O. F. MACDONALD, M.D., TORONTO, ONT.

Mrs. Q., age thirty-four, married. Thirteen years ago took Quinine regularly, for three years, sixty grains in a bottle of sherry, two wineglasses a day. When a child, suffered from sick-headaches; these were absent for many years, but after ceasing to take Quinine for a year, they returned. This was eleven years ago; has been subject to them ever since.

Had been tolerably well for a year, after ceasing to take the Quinine, when while visiting friends was induced to take a tonic containing Quinine, took but one dose. Within an hour after taking, the following condition arose:

Severe chilliness, amounting to a rigor. During the chill a fit of *yawning* came on, which was very severe; she said she was afraid she would dislocate her jaw. The yawn seemed to extend over whole body, limbs and arms; said she could feel the yawn down to the tips of the fingers and toes, could feel the sensation passing through whole person. Constant and severe chattering of teeth in intervals between yawns. These symp-

toms lasted for twenty minutes. No marked thirst; no ringing in ears. Gradually a fever came on, about half as long as chill (ten minutes) and was severe. This was gradually succeeded by profuse perspiration which seemed to pour from whole body; great beads of perspiration stood on forehead. This stage lasted for ten minutes; then an interval, followed by the whole course again as above. Cannot say for certain whether yawning ceased when chill ceased, but remembers that it was only the yawning that kept the teeth from chattering. All the above symptoms passed off in from three to four hours. Could not sleep, either day or night, after attack, for from two to three days.

About a year and a half after last attack, while recovering from a severe cold, a doctor in Montreal gave her a bitter tonic, found afterwards to have contained Quinine. Took one dose, which was followed within half an hour by a return of the *exact* condition above noted.

Again, three years after, while recovering from inflammatory rheumatism, a Quinine tonic was again given her, and the physician being a stranger, no mention was made of Quinine poisoning. Within a short time after taking one dose, the old symptoms developed, only more severe than in second.

Has not touched Quinine since, except on one occasion when merely tasting a Quinine tonic, prescribed for a servant, when the old yawning, which had been present in each attack, returned almost at once, but further symptoms were not developed on this occasion.

After the severe symptoms of the attacks subsided, a twitching of the muscles in the neck, forehead and behind the ears occurred. Sleeplessness seemed to be largely due to this nervous state.

The symptoms of each attack were noticed to be more severe than the preceding.

The Night Medical Service of Paris comprises a force of 608 physicians and 356 midwives. They are on duty from 10 P. M. to 7 A. M. from October 1st to March 31st, and from 11 P. M. to 6 A. M. from the first of April to the 30th of September. Last year they made a total of 7,168 visits, or an average of slightly over 19 per night; about 1000 of these visits were upon confinement cases. The service was organized in 1876.

Clinical Medicine.

A CASE OF GLOSSO-SYPHILIS OF ELEVEN YEARS.—CURED IN FIVE MONTHS.*

THOMAS SKINNER, M.D., LONDON, ENG.

Having been asked for a paper by Dr. Strong for the American Institute of Homœopathy, as one of its corresponding members, on the 21st of March, 1888, I replied that I should do so, and I trust that this which I now send will prove acceptable. Dr. Strong at the same time seemed anxious that I should give my reasons for so long a silence (from 1876 till 1888, twelve years). My reasons for silence are, that hitherto I have never been asked for a paper, and I prefer to wait until asked, as it might not be welcome.

On the 17th of May, 1887, I was consulted by a gentleman aged 48, married, the father of two children, a boy and girl, nine and twelve years of age respectively, and so far as the children are concerned, as also the mother, there is no trace of acquired or of hereditary or constitutional syphilis observable in any of the three. My patient has fair hair and complexion, and has become considerably grey-haired. The duration of the disease of the tongue dates back eleven years, and during all that time he has suffered on and off, and has always been more or less under the medical and surgical care of his family medical adviser, assisted by the best of the faculty in Edinburgh and London.

On the 17th of May, 1887, before consulting me, he had just come from a most trying consultation with three of the first surgeons and syphilidographers in London. The opinion of the triumvirate was, that their patient was the subject of constitutional syphilis, and judging by the duration and obstinacy of the affection, the absence of permanent success in the treatment, the present appearance of the tongue and the patient's age—they were further of opinion that the case would sooner or later become malignant and excision of the entire organ would be absolutely necessary; and they led their patient and his friends to understand that that terrible alternative was near at

*A. I. H., June, 1888.

hand, and could not long be postponed. Two of the triumvirate are baronets, and the untitled consultant is a surgeon whose opinion, diagnosis and prognosis, I consider to be second to none. Before concluding the medical history of my patient, let me just add, that the usual allopathic anti-syphilitic treatment was adopted—Iodide of Potassium, etc., “galore”!—for years, not excepting a course of syphilisation which was carried out *secundem artem* by, I believe, a leading surgeon in Edinburgh, Scotland. I need scarcely add that there was any amount of local treatment, cauterizations, gargles, and inspections.

It will readily be believed that, when my patient received this triune unfavorable diagnosis, he was only too glad to listen to the advice of his brother who advised him to take the opinion of a homœopathic physician, namely, myself.

DESCRIPTION.

The tongue, although bearing marks of old cicatrices, was larger than natural, extremely irregular in shape and deeply fissured, both lengthwise and across. The general color of the organ was a mottled purple, the tip red, and the whole appeared vascular, tuberculated, and ulcerated, and covered in parts with a brown mucus. The uvula did not exist, and I was informed that it had sloughed away some years previously. The tuberculated or nodulated portions are indurated to touch, almost resembling cartilage or scirrhus.

Subjective.—The organ is very sensitive to fluids, effervescing ones in particular; to salt and salt things or food, also to hot drinks. As a rule, the sensitivity is worse when fasting. With the exception of obstinate constipation for years, which he attributes to leaving off smoking tobacco, there was no constitutional disturbance, no emaciation, and an absence of pain. The disease interfered with speech, mastication and deglutition, but it in no way interfered with nutrition and the functions of organic life. I need hardly add that his breath was not always the sweetest.

Diagnosis.—I gave it as my opinion that it was a case of constitutional syphilis pure and simple, and that I did not fear its passing into scirrhus or carcinoma, or any disease more malignant than syphilis itself. I further gave it as my opinion that the disease had been simply suppressed and never cured, although at times it had become better and worse, better and

worse, as obtains in most forms of chronic disease, cancer alone excepted, which, as a rule, goes from bad to worse to the bitter end. The differential diagnosis in this case lay in the absence of pain or constitutional disturbance, the painless nights, the otherwise robust health enjoyed by the patient, and *the duration of the complaint—eleven years*. It is, alas, too often the case that the physicians of the old school, *when they cannot cure a case of the kind*, throw out a hint to the easily frightened patient that it may pass into cancer or malignant disease, and require excision; or a man high in the world's rank—he may be an emperor—has contracted or inherited syphilis. Of course it would not, could not, be right to call the disease by its proper name, but they must get a histologist to give a negative diagnosis that it is *not cancer*. It is my candid opinion that many cases of excision of the tongue for carcinoma are cases of constitutional syphilis, yet "Brutus is an honorable man; so are they all, all honorable men."

Prognosis.—I gave it as my opinion that the case was possible of cure by Homœopathy *and without local treatment of any kind*, and that I should do my best if entrusted with the case.

Treatment.—Inasmuch as the mass of the symptoms are to found under Nitric acid (vide Hering's Condensed and Allen's Encyclopædia), and as it is one of our best antisycotics, anti-syphilitics and antipsorics, on the 17th of May, 1887, I gave him Nitric acid 50m. (F. C.), four powders, one night and morning, and then Sac. lac.

June 3d.—Constipation better if anything. Dryness of tongue much less, and the fissures seem contracting. As I was about to sojourn to my summer residence in Invernesshire, Scotland, and as the gentleman is the owner of a steam yacht, I advised him to "put to sea," and sail in my direction. He did so, and went in his yacht to the west coast of Scotland.

June 20th.—I received a most unsatisfactory letter from him, reporting that up to the 13th of June he had improved steadily, but since then he had been suffering perhaps more discomfort from the state of his tongue than he ever did, and to use his own words: "Whereas, a week ago there was a marked improvement. I cannot account for it in any way. My general health is good, and I feel strong and vigorous, sleep and eat well."

June 22d.—Feeling much puzzled to account for this “backwardation” coming on the head of such steady improvement, and thinking that the Nitric acid had become exhausted, I sent eight more powders of the 50m., one to be taken night and morning.

July 6th.—Continued aggravation of all the symptoms, and a new symptom turned up clearly due to the Nitric acid—*tongue sticking to the teeth*—determined me that the aggravation might be due to the medicine, so I sent him Nitric acid cm. (F. C.), one dose, and Sac. lac. every night.

July 14th.—I received the following report from my patient: “Tongue worse; it continues to give me trouble and anxiety. The large ulcer on the right edge continues to increase in size and depth. The white patches on the upper surface and on edges continue to increase in size and in number. The sores are principally on the *right* side of the tongue, but one or two small ones are now appearing on the *left* edge.

“The *left* half of the tongue is just about the natural size, but the whole of the *right* half is very much swollen, even to two or three times the natural size and I have much difficulty in speaking and eating. The whole of the swollen parts are *hard* to touch and I think increasingly so. The sharp pains in tongue are worse in the morning (about 3 A. M.) and are easier after breakfast. There is a great deal of saliva in the mouth, and the breath has a peculiar smell. My appetite and general health and spirits are very good, and I am doing my best to hope for improvement.”

Soon after this letter I received a telegram from my patient's brother, a homœopathic physician, begging me to meet him as soon as possible as he dreaded the very worst—namely, that the much dreaded prophecy of the triumvirate had come at last. We met, and certainly the present appearance of our patient's tongue was awful to behold and almost defies description. Add to the above description by the patient the fact that a large portion of the right border of the tongue was eaten away, and that there was a deep chancre in the middle of the tongue, one and a half inches long by half an inch deep, and lined with a thick coating of lymph, between an ash and a wash-leather color, the surface of the organ exuding mucus, pus, and blood, with a

most offensive odor—and we have a faithful photo of the then state of the tongue.

I comforted my patient and his friends by leading them to understand that I saw no reason to change my first opinion, namely, that it was constitutional syphilis combined with psora that we had to deal with, and that the present seeming aggravation of the disease was nothing more nor less than the Nitric acid setting free the suppressed virus, and eliminating it through nature's own selection of surface, the tissues of the tongue.

Inasmuch as *the swelling of the tongue was semilateral*, three medicines were indicated, namely, Calcarea, Silicea, and Thuja, but as Silicea corresponded best to the amount of suppuration and deep, almost perforating, ulceration present, and being a deeply-working antipsoric remedy, his brother and I agreed to give Silicea the preference.

July 16th.—Silicea 50m. (F. C.) was given him in water every four hours, as the symptoms were urgent.

July 21st.—Swelling of right half of tongue feels and looks less. The fearful looking chancroid ulcer of right border of tongue is healthier and less deep. The deep ulcer in mid-tongue is the same. Has slept well, bowels less constipated, and he feels altogether better than he has done for the last fortnight. Continue Silicea 50m.

July 28th.—Right border and side of tongue steadily granulating. The center and left side *in statu quo*. He has a general aggravation at night from sunset till sunrise, easier by daylight. Luesinum cm. (F. C.), five powders, one each night at bedtime while they last—stop the Silicea.

August 22d.—Better nights, and better on the whole, but the central deep ulcer remains unaffected by the remedies. Took a fresh photo:

Swelling of *right* side of tongue (C. Hg.). Ulcerated tongue, indurated and painful. Tip sore to touch and tender. Mid-tongue, an oblong painful blister, salivation, left side sore (T. F. Allen).—Thuja.

As reserve, I found: Ulcer mid-tongue. Chronic glossitis.—Cuprum sulph.

Tip sore, deeply penetrating ichorous ulcers, Psor. (C. Hg.).

On the above date, Aug. 22d, he was put upon Thuja cm. (F. C.), one each night at bedtime, and he continued the

Thuja up the 26th of October, 1887, when, along with greatly improved diet of liquid beef (Dr. Skinner's "home-made"), oat-meal porridge and cream, vegetable, fruit and farina—all swelling, ulceration and abrasion of his tongue ceased. In order to make assurance doubly sure, I gave him a dose of Luesinum cm., once a week from the 26th of October up to the end of last year.

Last Christmas I received a letter from my patient stating that there was now no swelling, ulceration, or feeling of the slightest discomfort in his tongue or in any part of his person. That his taste is perfect, his breath unobjectionable, his bowels regular, and that he can eat whatever comes before him. Need I add, that he and his friends are very grateful, whilst I feel myself a foot taller. He remains well, June 6th, 1888.

JAHR'S FORTY YEARS' PRACTICE.

E. B. NASH, M. D., CORTLAND, N. Y.

[Continued from page 260, vol. xx.]

After brain softening is accomplished there is very little hope. It is, on the other hand, often an easy task to relieve or entirely cure those symptoms and conditions which if let alone lead to it. In these times of rush and hurry, when the student wants to finish his college course at the age of twenty to twenty-five, and the business man is making haste to be rich—when hours that ought to be taken for rest and recuperation are devoted to late hours, late eating, wine drinking and excesses and excitements too numerous to mention; those premonitory symptoms make their appearance early. Excesses in labor (especially mental), in Baccho and Venere, are among the most common causes of those conditions which sooner or later end in brain softening, in both the young and middle-aged.

Jahr is right in putting Calcarea and Phosphorus in the van of the remedies for these early but suspicious symptoms. But there are many more. Aside from those he mentions we have seen beautiful results from Gelsemium, Natrum mur. and carb., Kali brom., Calcarea phos., Phosphoric acid, Picric acid, Lycopodium, Conium, Cuprum, Anacardium, Zincum, and others.

The *symptoms* in the individual case must decide which ONE of the remedies. For young and middle-aged people the appropriate remedy will often be found in Gelsemium, Natrum mur. and carb., Calcarea phos., Phosphoric acid, or Cuprum; while Graphites, Kali brom., Picric acid, Lycopodium, Conium and Anacardium, Phosphorus and Calcarea, will oftener fit those cases past middle age. However, Gelsemium is often useful in all ages.

While it is true, that after organic changes have taken place it is seldom our art can do anything toward a restoration; it is equally true that by carefully covering the symptomatic indications in the incipient stage, we can do much more to check the whole disease process and restore to health the patient, than can the system of stimulation resorted to by the old school.

●
HEADACHES.

Every word of what Jahr says in section first under this head I endorse, and would also add, *menstrual* headaches. We are taught in this painful affection (headache) how necessary it is for the homœopathic physician (who cannot rely upon the anodyne treatment of the old school, which is but a miserable system of palliation after all, and which often entails more suffering upon the patient than the original complaint,) to take into account the *whole case*, which is comprehended in the *totality* of the symptoms. The physician who would undertake to prescribe upon the symptom: "Headache, worse on motion; ameliorated by rest," would often be led astray, because many remedies have it; for while, as Jahr says, particular attention must be paid to the aggravating and ameliorating circumstances, he adds as equally important, the *accompanying* ailments or *complications*. Really the key-note to the whole case is often recognized in these *concomitants*. Not only is this true in headaches, but all other complaints. Even where there are organic or pathological changes that are absolutely certain we find true these words of Raue: "The symptoms which indicate the remedy may lie entirely outside those symptoms which go to make up the *pathology* of the case." But, exclaims some pathological hobby-rider, Isn't the diseased valve, in valvular heart disease the first thing to be taken into consideration in prescribing? Let Raue answer again: "The treatment of all these different valvular affections has to be adapted to each single case,

and it is *not* the diseased valve which points to any particular remedy, but the individual symptoms by which the whole morbid process manifests itself." The experience of all truly homœopathic prescribers corroborates this. But we must not take too much time in discussing principles in these articles, notwithstanding it is our belief that not half of our self-styled or so-called homœopathists understand them. How can they when not half have ever read our *bible* of Homœopathy (the Organon)? And they may not be to blame for this, it is so little taught in our colleges. In reviewing this subject of headaches we will (not knowing any better,) follow the classification of Jahr, adding thereto menstrual headaches before mentioned.

CATARRHAL HEADACHE.

In addition to the remedies mentioned by Jahr, we have found Camphor, Sticta, Kali bich. and Hepar, are valuable in the dry or suppressed catarrh variety of headache. But many catarrhal headaches are associated with *fluent coryza*, when another class of remedies must be consulted, as Arsenicum, Cepa, Mercurius, etc.

Cepa, Kali bich., and Sticta were not known by Jahr.

Cepa.—Headache is coupled with profuse, fluent coryza, with watery eyes, and is worse evenings, especially in a warm room. It is sometimes a little difficult to choose between it and Mercurius. The sneezing, coryza and lachrymation of the former, and the mouth and throat symptoms of the latter, will generally settle the dispute. These two with Arsenicum form a trio of remedies for headaches accompanied with fluent catarrhs that cannot be "sneezed at" very long if properly chosen.

Kali bich. 200 has often relieved a violent headache caused by a sudden suppression of chronic catarrh. It restores the habitual discharge. In the later stages of acute catarrhs accompanied with headache, or in suppression of chronic catarrh, a choice has to be made between this remedy and Pulsatilla.

Sticta.—Dull heavy pressure in forehead and root of nose. Catarrhal headache before the discharge sets in. Feeling of fullness and heavy pressure at root of nose; dry coryza; constant desire to blow the nose but no discharge results. These symptoms show the sphere of Sticta. It must be added to the

list for catarrhal headaches and the choice often lies between it and Aconite. The *concomitants* must decide.

These three remedies added to Jahr's list, furnish us with a goodly array for controlling this kind of headache. Occasionally we must go outside, and I will mention one remedy that did me good service during the past winter. Several cases were benefited by it.

A young married man was attacked with intense headache arising, as he supposed, from a cold. The pain was so severe at times as "to almost make him crazy." Pain located above the eyes in forehead, extending down into the bones of the face. Holds his head and face in his hands with his elbows resting upon his knees and groans with the pains. Considerable fever and all aggravated at night; little discharge from nose during the first two or three days; followed by first thin then thick bloody discharge. Still the pains continued. Finally, on account of the pain being so great in the bones of frontal region, turbinated bones, etc., I gave Mercurius biniod. 2, dissolved in water.

The next day as I stepped into his room he exclaimed, "Well, Doctor, you have hit it this time. This is the first thing that has done me a bit of good." It was a nice cure.

The next to be considered is what Jahr terms

CONGESTIVE HEADACHE.

In this variety of headache we have in addition to those mentioned by Jahr:

Ferrum phos.—Headache with congestion of blood to head, with pulsation or hammering in the head; heat and redness of the face; fullness of the veins of forehead; head feels so full that the patient fears apoplexy; vertigo. It is particularly useful in weakly, pale, debilitated subjects.

Gelsemium.—Passive congestion; head feels full; pains dull, stupefying; heavy, besotted, flushed face with drooping eyelids; wants to lie perfectly still (Bry.) with head raised (Bell. worse lying) on a high pillow. Feels weak and tremulous.

Veratrum vir.—Headache from nape of neck (Sil.) with vertigo, dim vision, dilated pupils; or severe frontal headache with nausea and vomiting, exceedingly quick pulse.

Cinchona off.—Intense throbbing headache; carotids throb;

fullness of veins, ringing in ears, scalp sensitive to touch, especially in subjects suffering from loss of vital fluids.

Actea rac.—When from rush of blood to the head the *brain feels too large*, pressing from within outward; pains extend into the eyes. Is especially useful in this condition when connected with menstrual irregularities.

Melilotus alba.—Severe headache; almost delirious with the pain. Face highly congested, *very bright red*, almost livid. Headache relieved by nose-bleed

Sulphur.—Is often the only remedy in persons subject to oft-recurring headaches, with rush of blood to head. Head hot on vertex while feet are cold, or alternately cold and burning, so that they have to stick them out of bed. Hot flashes all over, followed by weak faint spells, or when on account of some psoric taint, apparently indicated remedies do not cure. In regard to the *form* of these troubles which Jahr terms

GASTRIC HEADACHES,

there are many remedies not mentioned by him, even in the old list, that may be indicated. Indeed the gastric derangement or the weak stomach, is the *prime factor* in the case; the headache is only a symptom, not of course to be ignored for an instant any more than any other symptom. I have often found it difficult to decide in the case at hand which *did* lead—the gastric or cerebral symptoms. The patient would testify that one time the sickness would precede the pain in the head, and again the order would be reversed. The only way out, then, is, as it ever is, to *cover the symptoms* with the nearest remedy. In such cases I have often been helped out with

Iris ver.—Dyspeptic; the gastric symptoms predominate; with the headache, has a great deal of sour stomach and *sour vomiting*, and especially if with all this there is *burning in stomach, mouth, fauces, and tongue*; feel as though they had been scalded. The headache seems characteristically to be of gastric or hepatic origin, and often begins with a *BLUR before the eyes*. I have won quite a reputation for curing headaches of this kind with this remedy. I generally use it in the 3d potency. Higher has not worked so well with me.

Lac defloratum has succeeded when with the gastric sick-headache there is a *very profuse flow of urine*. I do not often find it present.

Eupatorium perf. is often a good remedy in the bilious sick-headaches that are habitual to some persons in the spring of the year. These people will always tell how much good bone-set tea used to do them; the homœopathic form acts just as well, even better. It is particularly efficacious if they are subject to ague, as they often are, and the vomiting instead of being sour, like Iris, is very *bitter*. They often complain of great soreness of the eyeballs. For the

RHEUMATIC AND ARTHRITIC HEADACHES

I have only two remedies to add to those mentioned by Jahr. They are Cimicifuga and Rhus tox. For indications see materia medica.

True megrim or migræna is dependent on so many causes which develop or excite the paroxysms, and is attended by so many concomitants that to mention all the remedies that may cure it would be to name a large share of the whole materia medica. These cases are generally "old settlers," and it takes all the patience and perseverance on the part of both physician and patient, to get a permanent cure.

Close study of the case may trace the first cause to a suppressed eruption, rheumatism, menstruation, or many other causes too numerous to mention. I remember one case that I cured with Causticum, in which the whole trouble originated in a suppressed eczema in the nape. After the exhibit of Causticum 200, the headache left, but the eczema returned.

Causticum is one of the first remedies to think of in all affections caused by or following after the disappearance of eruptions on the skin.

Argentum nit. has made some fine cures in these headaches in very debilitated subjects.

I have found Veratrum vir. an excellent remedy to give during the paroxysm. In one old inveterate who had tried many remedies and different kinds of treatment without relief, until he had become discouraged, and only sent for me because I was a new physician in hopes I might do something for him, Veratrum vir. 1, in water, relieved him quickly, and he kept a vial of it on hand, and took it whenever he felt the paroxysm coming on, saying that it was the only remedy that ever did him any real good. I have for a number of years at different times and in different complaints, found this remedy of great benefit

when there were *severe pains in the head followed by nausea which seemed to be in sympathy with the head trouble, or secondary to it.*

I do not think that Jahr has given due prominence to Sanguinaria and Stannum, and I mention the fact so that they may be noticed.

If, as is sometimes the case, these headaches depend upon astigmatism, myopia or hyperopia, of course the proper glasses are the only proper remedy, while those nervous headaches which come from over-use of the eyes must find their remedy in rest, Ruta, Natrum mur., etc.

In one case of a young lady in school who complained that she felt as though she must rest the eyes, I found in Lippe's Text-Book, symptom 11, "when looking at a thing steadily (reading) he sees it as through a gauze, which is relieved by wiping the eyes." Guided by this symptom I prescribed Cina 30, which relieved and cured headaches, eye symptoms and all, and permitted her to go on with her school work which she feared she would have to give up.

LOCOMOTOR ATAXY.

A Clinical Case presented to the American Institute of Homœopathy.

CLARENCE WILLARD BUTLER, M.D., MONTCLAIR, N. J.

Mr. A. C. B., the patient, is fifty-seven years of age, dark complexion, medium height, and of rather full habit but without excessive adipose. He retired from an active and successful business life fourteen or fifteen years ago. For the last few years he has had a good deal of care and anxiety over financial matters, from all of which he has recently been entirely relieved however. His father suffered from gout, but aside from this the meagre family history which he is enabled to furnish is exceptionally good. Two of his sons have developed epileptiform convulsions—reflex from peripheral irritation. (Hæmorrhoids in one; jealousy, and possibly masturbation, in the other.) Both are well now, however, cured by the homœopathic remedy.

Mr. B. has always been a very healthy man. His habits are and always have been correct. Has never had venereal disease,

is abstemious as to the use of alcoholics and moderate in the use of tobacco (smoking).

In 1868 a railway car in which he sat was precipitated with a faulty bridge into a ravine, and he suffered some severe cuts about the head and face and was much bruised, but broke no bones and was not conscious of any spinal injury—nor do I think he sustained any.

He has had no severe illnesses. Twice during the last two years I have treated him through attacks of gout, but neither were severe and both yielded promptly to medication. For the last four years he has been troubled with frequent calls to urinate. This condition is worse at night, is wholly painless and examinations of his urine have given no signs of kidney disease. Medication has relieved but not cured him. The beginning of his present trouble he refers to September of 1887. At that time, on attempting to rise one morning, he found himself very dizzy. He succeeded in dressing, however, and ate a good breakfast. Shortly after eating it he vomited suddenly, without nausea and without effort. His vertigo pursued him throughout the day but under Conium it disappeared. Once or twice afterward within the next two months he had similar attacks, but less severe. About this time he noticed that he became tired very easily while taking his usual exercise (walking), and in his frequent visits to the bath room at night he was uncertain in his movements in the darkness, and was obliged to make a light in order to go safely. In spite of these symptoms, however, he did not consult a physician until the middle of December. When called to see him at that time the evidences of spinal disease were pronounced, and in spite of my best care he grew very rapidly worse until Feb. 5, 1888, the following grave conditions presented themselves:

Inability to walk from loss of co-ordinating power over his legs, the ataxic gait which was plainly noticeable in December having increased to this extent. The patellar and ankle tendon reflexes are entirely lost. On attempting to stand with his eyes closed he sways and falls at once unless supported. When his legs are placed in different positions he is unable to tell where they are unless he can see them, and any endeavor to place the other leg in a required position is awkwardly and imperfectly made and is usual unsuccessful, while all involuntary movements

of the legs presents the exaggerated impulse and imperfect control characteristic of his malady. My notes of the case mention areas of cutaneous æsthesia, but unfortunately do not locate them. The upper extremities are unaffected. At no time has he suffered from any visual complication and to me an interesting and unusual feature of the case is the entire absence of paræsthesiac manifestations referable to the soles of the feet, sensation in these having been normal throughout. No soreness or tenderness of any portion of the spine. Enquiry respecting his sexual appetite shows that he has had but little passion for a number of years, and has considered himself "out by age."

He presents a perfect history of the "lightning-like pains" which have pursued him from time to time irregularly for two or three years. He has supposed them to be rheumatic in their character and dosed himself domestically for them. His pulse is 100, regular, full, and quick. Temperature normal. His bowels are obstinately constipated, though the stool when evacuated does not present any unnatural appearance. The urinary trouble which I have already mentioned, frequency of micturition, has largely but not entirely disappeared. Those symptoms which trouble him most are great weakness and debility, and this weakness is especially severe in the legs, particularly in the calves of the legs, where it is associated with a sensation of *stiffness* and soreness. The sensations in the calves of the legs are the most frequently complained of and seem the most annoying to the patient of all his uncomfortablenesses. He is much annoyed by a sensation as of a belt tightly drawn around the abdomen just above the umbilicus. The same sensation is felt at times about the chest below the nipple line. This latter, is not constant however, and never severe, while the former is always present and often painfully severe.

Insomnia. On retiring at 9:00 or 9:30 P. M., he goes to sleep and sleeps until 11:30 or 12 o'clock when he awakens usually with a heavy, dull, hard pain, low in the abdomen. This continues until toward daylight when it gradually wears away. It is accompanied with much flatulence, with noisy eructations and dejections of tasteless and odorless gas, the escape of which affords temporary relief to his pains. These pains do not appear in the day time. During the day he is sleepy and succeeds in

getting some rest (sleep), but the whole amount of his sleep will not average more than five hours out of the twenty-four. He presents in addition to these especially troublesome symptoms many others. Mentally he evidences no loss of strength. He is tactiturn, almost apathetic, and at the same time in spite of himself, his thoughts run upon committing suicide, as "the easiest way out" of his troubles. His appetite is lost, and he has no taste; is not especially thirsty. His tongue is red, *dry* and divided by numerous little cracks into small irregular squares. He has little or no headache, but suffers at times with a sense of confusion. During his sleep his face is puffed and red, and his breathing deep and noisy. All his symptoms are worse at night.

Many sensations of fornication, numbness, etc., are experienced in his legs, principally in the calves and thighs. During the past six weeks he has taken at various times Anacardium, Sulphur, Gelsemium, and Hyoscyamus, all without benefit though they were seemingly indicated. On this day, satisfied that Anacardium, his last medicament, was doing him no good, I made my examination for a new prescription and elicited the symptoms already enumerated. The mental condition, the noisy evacuations of gas with relief of his symptoms therefrom, the extreme weakness, and *sensation* of great debility, called my attention to Argentum nit. A further study of this drug reveals the following similar symptoms:

Tacturnity; apathy; suicidal tendency.

Staggering gait in the dark.

Dull hearing with ringing in the ears.

Great debility of the legs.

Dry tongue.

Anorexia; taste lost.

Noisy ejections of tasteless and odorless gasses, with relief of his symptoms thereof.

Frequent urination.

Sensation of constriction of chest and abdomen as if tightly bound.

Impotence (?).

Stiffness (rigidity) of calves.

Great weakness and debility of calves.

Great general weakness and debility.

Sleeplessness; drowsy during the day.

Many dreams, with restless sleep.

Sensation of heaviness in the abdomen.

Many symptoms of weakness of the legs.

Regarding Argentum nit., as the most similar remedy from this study of it in relation to the case, I gave one dose of it in a high potency (cm., H. S. Johnstone), dry on my patient's tongue, and Sac. lac. *ad. lib.*

February 6th, no change. Feb. 7th, possibly a little more sleep and less abdominal pain, otherwise no change. Feb. 8th, undoubted improvement in respect of all his sufferings. He slept until 1:30 A. M., a gain of about two hours and his abdominal pains were less. Has slept nearly all morning. Bowels moved without aid. He feels encouraged; is sure the medicine is helping him. A detail of the quotidian history of this case for the next three months would be tedious and profitless. From the 8th of February, his improvement was steady and uninterrupted until March 16th. On that date he presented the following condition: Mentally cheerful and hopeful. Suicidal thoughts all gone. He walks all over the house, going down stairs twice daily to his meals. The gait is much better, though still presenting the peculiar ataxic character in some degree. Tendon reflexes unchanged. His sense of debility has largely disappeared. He tires easily, but sleeps well, all the nightly pains having disappeared. The sensation of constriction about the abdomen is still present but less troublesome.

The old symptom of frequent urination has returned and is very annoying; also, he has had some of the rheumatic pains, (the "fulgurant pains") in his legs on one or two occasions. It is noticeable that the sleeplessness, the severe abdominal pain, and the noisy evacuation of gas, which were among the last symptoms to appear before the February prescription, were those which disappeared first and most completely after that prescription.

Improvement not having ceased, and especially as most gratifying indications of the favorable action of the remedy were present, viz: *the disappearance of symptoms in inverse order of their appearance, and the return of symptoms which had once been present in the case and which had disappeared as the patient grew worse*, I did not change the remedy, nor did I repeat the dose. On the 7th day of April, a careful examination of my patient's

symptoms in detail showed that improvement had ceased and certain of his symptoms had grown worse, notably the sense of constriction about the abdomen. I deemed it therefore wise to repeat the remedy, no other being indicated, and I gave it in the same potency in water, a spoonful hourly until twelve doses were taken, and then stopped it. Improvement manifested itself again within twenty-four hours of this time and continued uninterruptedly until May 12th, when an examination revealed the fact that Mr. B. could now stand and walk with his eyes closed, that the patellar reflexes had returned (ankle not examined), that no sensations of pain, no symptoms of his former disease were left except some muscular weakness. He considered himself well and I discharged him from my further care.

This case I have presented because I regard it as interesting and instructive for several reasons:

Etiologically because it adds another to the not too many instances where the gouty diathesis may be considered as a factor. Again the appearance of the neuropathic tendency not otherwise traceable in the family history, in the patient's children.

Semiologically. I have already spoken of the absence of perverted sensibility of the soles of the feet. My experience with the disease is not large but I have never met with another case where normal sensation was retained in this locality.

The rapid course of the disease was also worthy of comment. In six weeks, from a condition of difficulty of locomotion but still of ability to walk unaidedly about the house and upon the side-walk for distances of an eighth or a quarter of a mile, so markedly had the disease progressed that he was scarcely able to stand even while watching himself closely, and was wholly unable to take a step without the aid of an attendant.

And lastly, because it presents a case of serious and usually incurable disease promptly, rapidly, and favorably affected by the Homœopathic remedy.

It may be urged that sufficient time has not yet elapsed to make his permanent recovery a certainty. I can only say that within three weeks I met him on the street more than a mile from his residence, walking briskly with no trace of his former ataxic awkwardness, and received his assurance that he felt perfectly well. The disappearance of the more marked diag-

nostic signs of the disease has been already mentioned. Whether well or not there can be no doubt that the *Argentum* was the cause of his improved condition because

(1) His improvement commenced shortly after its administration, and because when it had subsequently ceased, it was renewed at once by the repetition of this drug;

(2) Because the symptoms disappeared in inverse order of their appearance;

(3) Because of the reappearance, as improvement was established, of symptoms which had once been present, but which had disappeared during the graver aspects of the case.

The last two methods of proof of favorable drug action have been confirmed by many physicians since Hahnemann first called attention to them; are most convincing to the observing Homœopath, and will need no elaboration in a gathering of Homœopathic physicians.

ASEPTIC OBSTETRICS.

E. B. GROSVENOR, M.D., RICHMOND, IND.

Was called to attend Mrs. H., July 3d, in her second confinement. Active labor pains came on and she was soon delivered of a fine boy. I dressed her according to the latest [allopathic] ideas of the day. Washed my own hands in an antiseptic solution and was scrupulously clean during my entire attention upon her. At the conclusion of the labor I had her well bathed, then bathed the genitals myself with a 1 to 2000-solution prepared as follows: one tablet containing 7.3 grains Hydrarg. chlor. corros., 7.7 grains Ammonium chloride, dissolved it in two pints of pure water. To the parts I placed an oakum pad washed from the same solution, pinning the ends both before and behind, while I placed a clean cloth wrung from the solution beneath the pad and the parts. I left, directing the cloth to be renewed every two hours by a clean one wrung from the solution. Called the next day, and found everything progressing finely. But the second night I was sent for in haste, saying my patient had a sinking spell. Found she had a violent frontal headache, tongue coated white, pink line on the margin of the gums, and she said her teeth felt long; strained at stool

that afternoon; skin cold and wet with profuse cold perspiration. What had I but a proving of Corrosive sublimate? I stopped the cloth pads, gave Hepar, and in a few days my patient was all right. I use aseptic precautions in all cases and cite this only to warn others not to use the corrosive solution as strong as I did in this case—1 to 5,000 is better and answers all purposes.

[We publish this case as an illustration of the folly of a professed homœopathic physician endangering the health, or even the life of his patient, by resorting to allopathic measures. Better follow Guernsey's advice; give one dose of Arnica after labor unless some other remedy is clearly indicated, and be on the safe side.]—ED.

Comment and Criticism.

BENNINGHAUSEN AND LIPPE.

Much has already been said and many pages have been written—and with justice too—in praise of Dr. Lippe as a master in the art of prescribing. But in some particulars his methods differed so widely from those of Bœnninghausen that a comparison can scarcely do justice to either. The former was slower, more cautious and, as they say, “dug out the remedy” by hard work, and like all workers of that kind, made fewer mistakes. Each man was great, was remarkable, in his own way, but their ways differed widely, as the ways of all great men often do. Dr. P. P. Wells says: No doubt he was as near being a master of the healing art as any one we have had with us. But the eulogist who compared him to Bœnninghausen could not have rightly appreciated either. There was but one element of character common to both, and that was loyalty to truth. In this neither knew the least of wavering—neither, I think, was susceptible to a temptation to a departure from it. But in their processes of its practical administration they were very unlike. The one was often found exhibiting flashes of true genius in his searches for and seizing upon the true remedy for his case, the other, with utmost coolness and

deliberation, sought for the secret of relationship between sicknesses and their causations, which when once struck was pursued with the pertinacity and unwearied persistency of the sleuth hound, till he found the true remedy for his case, and this he did with a certainty which came near to uniform success.

The following example of Dr. Lippe's prescription of Lac can., by Dr. W. P. Wesselhœft, in *The Homœopathic Physician*, is very instructive :

I had treated the patient more than eighteen months without improvement, except that his great liability to take cold had become less.

I copy from my record, taken December, 1881: G. R., aged 45, light brunette, married ten years, general appearance healthy.

For six years has had no discharge of semen during coitus.

Occasionally, nocturnal emissions.

Erections usually weak, give out during coitus.

Burning in perineum, worse after going to bed, and when thinking of it.

Drawing pains in testicles, with sensation of weakness of genitals.

Occasional itching, dry eruptions in crotch and inner upper surface of thighs and anus.

With the sensation of weakness of genitals, his eyes feel weak.

Very sensitive to cold and changes of atmosphere.

Takes cold easily, usually affecting nose and throat first with dryness, then with watery catarrh and sneezing, or he has aching pains in different parts of body and limbs, changing location frequently.

Twenty years ago had African fever. Never had gonorrhœa, syphilis, or other eruptions than those above mentioned.

All other functions normal.

While on a visit to Philadelphia, at my advice, he applied to Dr. Lippe, from whom I received the following letter: "I find that your patient had diphtheria about ten years ago and was treated with inappropriate Mercurials and gargles by Dr. ——. The character of the attack was that it went from one side to the other and finally back again to the original side. Great weakness, almost paralytic, followed the attack, and he thinks he has never regained his full vigor and usual strength since this illness. His acute colds have always the character of shifting pains and change of location. I have given him a dose of Lac can. cm., which may be required to be followed by a dose of Pulsatilla."

Suffice it to say that my patient never needed the suggested dose of Pulsatilla. In three months after his visit to Philadelphia his wife was pregnant. She has since borne two remarkably healthy children.

As far as we know Lac can. has no sexual weakness. But that fact disturbed Dr. Lippe very little in his selection. He looked deeper and found the cause and the remedy. *This is true homœopathic pathology.* All the knowledge in the world of the special pathology of this case could have revealed the remedy to no one. To the homœopathic artist, however, it was

revealed, and the man regained his manhood and became the father of two children, after ten years of impotence.

Why did I not discover that my patient had had diphtheria ten years before? All I can answer is that he did not tell me, and that I had not the sagacity to ask. And if I had discovered it, I doubt very much if I would have thought of Lac can. for this case. I was far too much impressed with the importance and necessity of eliminating a remedy *for the special weakness for which he had appealed for help*. This is one of the great mistakes many of us are constantly making, and I hope this case may be as instructive to others as it has been to me. Dr. Lippe knew the value of our art so well that the commonplaces of every disease were almost instinctively avoided by him, and he never lost time in noting worthless signs, always looking and finding with unusual rapidity the salient points in the case before him. He lived up to the greatest thought of the master: "The physician's business is only with patients, not with diseases."

It is only the master who prescribes like that. Our college graduates never do it now. They have not been taught how, for the very sufficient reason, it would seem, that their teachers did not know how. Some of them at least know enough when mentioning aught characteristic of homœopathic philosophy, to hold it up to ridicule and make it an object for their classes to laugh at. But such teachers and such pupils are never the successful administrators of homœopathic law that were Bœnninghausen and Lippe."

THE DIVIDING LINE.

EDITOR ADVANCE.—I must protest against the tenor of your remarks in the editorial in May issue. Any one reading it would infer that Homœopathists are divided into two parties, that those using low potencies, instructed by the false teachings of Hempel, Henderson, Dudgeon, Hughes and Hale, in treating the sick, administer many drugs at once, choosing them according to the diagnosed disease on general principles and in accordancé with pathological conditions supposed to be induced by the use of the remedies.

On the other hand, those using high potencies are the only ones who follow Hahnemann, Hering, Guernsey, Dunham, Farrington, who use one, selecting it with reference to the individuality of the patient, the choice being made solely with reference to symptoms produced by the drug.

You know that such a statement would be full of untruth. There is no reason for Homœopaths being divided in two camps. Those are traitors to the cause who strive to promote such division. In the writings of the condemned authors you may find pure Homœopathy. The users of low potencies, many of them at least, strive as earnestly as any other practitioners to cure with one remedy and that adapted to the symptomatology of each case.

On the other hand, the users of high potencies cannot keep within the lines laid down above. Many of the choicest indications for selecting the remedies have attained their pre-eminence *ex usu in morbis* rather than from frequent recurrence in the provings—e. g., the downward motion of Borax. On page 376 (same issue) our good friend Lilienthal opportunely draws attention to the necessity, in some cases, of prescribing on objective symptoms. No educated physician can, in justice to his profession, his patient or himself, neglect the pathology of his cases.

The following case is an illustration of the folly of neglecting entirely the pathology and depending solely on subjective symptoms as given to the physician by his patient :

Recently an old lady, until then an entire stranger to me, sent for me. I found the lids of both eyes swollen and red with little alteration of the conjunctivæ. The right eye had been first affected. She complained most of stinging and pricking pains, not only about the eyes, but down the face to the chin, and also on tip of tongue. She denied having any other complaint or symptom. In four days the character of the pain had changed. The sensation was tingling. An aggravation had developed with deeper color and an appearance as though vesication threatened. I gave Rhus. As no permanent improvement resulted I again questioned my patient, eliciting the fact that many years ago she had had salt rheum once on her fingers. The discomfort and swelling now seemed worse during the night and relieved after rising in the morning. I gave Mercurius cor. Result unsatisfactory. I gave Sulphur and then returned to Mercurius cor. with some benefit. On the tenth day the swelling was worse, her forehead felt full and ached and was hot, and the skin was swollen and red streaks shone through and there was burning as well as tingling in the face. I gave Belladonna, assured I had the remedy.

Two days later the skin of the forehead showed, in place of the streaks, blotches, size of lentils, with slightly scaly surface. I again questioned my patient about having any other complaint. I found on the front of the throat below neck-band of dress a beautiful eczema extending down on to the chest.

It had resulted from applying (under a doctor's orders) for a sore throat, a liniment, and was spreading day by day. I prescribed Graphites and relief was clearly shown in twenty-four hours.

One view of that neck would have led me to a better prescription from the first I think. I learned later that the salt rheum on her fingers was cured by Graphites.

CHAS. A. BACON, M.D.

Washington, D. C.

We do not see that the objection of Dr. Bacon materially affects the question at issue. That the homœopathic school is already divided into two camps, the so-called "high" and "low dilutionists," is practically admitted by Dr. Bacon; and it is to this division on the *potency* line that we take exception, for it assumes that all Homœopaths select the remedy in the same way, which is not the case. Hahnemann distinctly says: Organon, § 84: "The physician observes by means of *sight*, *hearing* and *touch* what is changed and abnormal about the patient." We are to prescribe for the totality of the symptoms—both *objective* and *subjective*—presented by the patient, but not for the pathology—the eczema. In the case presented, the finding of the eruption simply proves that the doctor did not at first obtain *all the symptoms* as he might have done, and thus have saved several unsuccessful efforts to cure—efforts based upon partial and imperfect data.

ANOTHER VIEW OF THE DIVIDING LINE.

We offer no apology for the publication of the following criticism. Although written as a personal letter it is a valuable contribution to a subject in which every follower of Hahnemann is, or should be, deeply interested, *viz.*, the *truth*. If we do not answer it, it is because in the main we consider it unanswerable.

EDITOR ADVANCE.—After perusing your last (May) number of THE MEDICAL ADVANCE, I dare say, since you discard the Hahnemannian principle of potentiation—the greatest invention of this century—making Homœopathy merely to consist of symptomatology, individualization (treatment of the patient) and the single remedy, you will have to strike Hahnemann from the head of the list of your homœopathic saints, and change the

name of the journal to that of "The Medical Retreat" in the homœopathic sense, because in fact it advocates the much discussed and rejected "freedom of medical opinion and action," and retreats behind the Hahnemann of the Organon to a time when he commenced his homœopathic career.

As there is no profession on the title-page of the journal with regard to Homœopathy, nobody indeed can find fault with its conduct, because it at least does not go against its own conviction.

I do not for a moment doubt your honesty, but you may honestly embrace an error, and I may just as honestly see it, and strive to take you out of the fatal embrace, always, however, not from personal mytives, but from a sense of duty we owe to the cause of the science of Homœopathics which we cultivate.

If you have no idea of discarding the principle of potentiation, why don't you add it to your essentials of Homœopathy? There is your error. You make people believe in the face of the historical facts and those of the present day, that the division in the homœopathic ranks is not owing to posology, but to pathology, an issue brought out by Dr. Lippe, which appeared to me the strangest phenomenon of inconsistency in a man who was the most avowed and truest champion of high potencies.

Now it is a fact, that all those discarding potentiation and consequently high potencies, stand on the left side of your list, on the pathological side. Will you make people believe in the face of this that there is no such thing as high and low potencies (high and low dilutions is a misnomer) which divides the homœopathic ranks, and that the real division is nothing but the old-school conception of medicine?

That we are divided from the old school is a fact patent enough, and that does not require a new issue. That the main issue of this division into the old and new school is potentiation, is not to be gainsaid, because history shows it to be true, ever since Hahnemann commenced to potentiate medicine. Dr. Lippe himself has here fallen into a "fatal error" when he called the potency question a false issue, and you follow him in a track which leads more and more away from the science of Homœopathics. You resemble Sir John Franklin when he traveled southward on the ice and could not make it out why

he did not make any progress, because he did not know that the ground he traveled on was an immense ice-flow which drifted northward. What became of him? He perished. Instead of advancing, in your idea, you are drifting backward to the old school which you detest. If you take every fact in consideration you will find, that the potency alone is the pivot which supports Homœopathy. Why do you excell in practicing accordingly, and find the high potencies most useful in your practice, and bear one of the best names in the art of healing homœopathically, and then turn round to rend the principle which has given you so much advantage, and sacrifice it for the sake of a thousand dullards who never may be able to comprehend it in spite of all your honest efforts of making it easy for them? I know very well that you find it diplomatic to act as you do, and alas! you have more than one illustrious diplomatist before you to whom you may refer for authority in doing so. But I say, *truth* is the best diplomacy; sticking to the text as Hahnemann gave it to us, and we have no better one. Look at § 16, and see how he proclaimed the law of posology so clearly and distinctly that a child can understand it. But our learned heads, it seems, have forgotten the child's simplicity which speaks out of that paragraph. "*The dynamical disturbances of the organism can only be successfully restored by remedies which are able to act upon the organism likewise dynamically.*" Here you have already the *similia similibus curantur* in regard to the dose, before it is applied to the symptom-similarity to which Hahnemann arrives only after an elaborate reasoning till in § 50 he exclaims: "*to cure by means of symptoms-similarity*"! You can see for yourself how it is; why should you hesitate to proclaim that fundamental law of posology, laid down in § 16, and instead lead people off upon an issue which in comparison to that one of posology, is insignificant? As little as you persuade the adherents of the old school to adopt the totality of the symptoms for the diagnosis of disease, as little impression you will make upon the pathological side of your list. They in fact do not belong to Homœopathics at all; are no homœopatheicians (Homœopathiker of Hahnemann), but mere pseudo-homœopathists. You, unknowingly, express the same idea that that Hughes did, and Skinner, and H. M. Paine to boot, that Hahnemann was as good a Homœopath when he gave the

tincture, as when he gave the thirtieth cent. Don't you see the trap they have fallen into, to proclaim: the crude material as a dose if only similar, is just as good homœopathy, as the use of an infinitesimal? How can you reconcile it with the teachings of Hahnemann whom you elevate to such a high standard, as he deserves? Will you join the hue and cry of Hughes, Dudgeon & Co. that Hahnemann was a wise man when he found how the remedy was to be selected, and a fool when he came to the correct administration of the dose? Nay, when you talk about not being able "to get up, at once, to my level, at one step," you are egregiously mistaken, because my level is no whit higher than that of our beloved master. Does it make it higher because capable homœopaths have found the 5th, 6th, 8th, 9th and 10th m. (million), which I have prepared, dynamically active? Not a bit, because Hahnemann's enunciation of the law of posology covers it all. So I cannot accept your compliment if it was meant for that.

I close with thanks for your kind invitation [to enlighten our readers, if our teaching was erroneous], but I cannot write for a journal which outside has no good word for Homœopathy, and inside avows only half the principle of it, as yours does, and I do not pretend to teach you and your readers how to do better, better than the old master himself did. Tell your readers to study him thoroughly, and bring their minds up to his level, not only in the selection of the simile but also in that of the infinitesimal dose. I can tell you, it was not such an easy matter with me to find fault, as you imagine. No offence is meant personally, please remember that, and believe me.

Brooklyn, N. Y., June, 1888.

B. FINCKE.

In our attempt, feeble as it may have been, to correct the erroneous yet prevalent opinion that there are "high" and "low dilutionists" in the school, and that the question of potency alone is the dividing line, we have at least been actuated by honest purposes. Of course, like many others, we may be honestly mistaken. But when our able and esteemed friend Dr. Fincke says: "I know very well, that you find it diplomatic to act as you do," he is simply mistaken, as diplomacy on this question never entered our head. Nor do we think that either Dunham or Lippe, especially the latter, in whose com-

pany we find we are classed, ever entertained a diplomatic thought on this question. Let Dr. Fincke, or any other Homœopath, throw aside the careful individualization of Hahnemann and select the simillimum from the pathological basis of Hempel, Hughes & Co., he will not meet with the success which now attends his practice. The dynamized drug, even in the rom, will not save him from humiliating failure, for he cannot do any better guessing than any one else with equal experience. Our understanding of the application of the law is, that the simillimum must first be selected, before the question of the dose be determined.

TIMELY AND VALUABLE.

EDITOR ADVANCE.—I regard the “Second Prescription” (in July issue) by Dr. J. T. Kent, as a timely and valuable paper, but I think it rather dogmatic. He mentions a case in which the improvement did not take place for many months, but he does not tell how he knows it was due to the remedy. It might have been the natural turn of the disease, as happens in all chronic disease—which gets better and worse, better and worse—with periods of amelioration and exacerbation with or without treatment by medicinal means. Besides, Dr. Kent does not appear to see that by keeping off his hands for so long a time before venturing upon his “second prescription,” he may, and in this case most certainly did, cause the patient unnecessary suffering during all the time he was waiting for the action of his remedy; whereas if he had repeated the remedy or even applied “the sledge-hammer action,” the amelioration might have set in months before. If there is one curse worse than another it is this dogmatic teaching by professors. The whole art of teaching, is not to teach others to think and practice as I do, but to think and practice for themselves. Lippe’s and Guernsey’s chief, and only faults, lay in this direction. * *

“After he has found all the existing and appreciable symptoms of the disease, the physician has found the disease itself—he has a complete idea of it, and knows all he need know to cure it.”—Hahnemann’s *Medicine of Experience*.

THE MEDICAL ADVANCE

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

OUR DRUG PROVINGS.—For the last ten years nothing has been more observable in the transactions of the American Institute—in both papers and discussions—than the unanimity with which the younger members voice the complaints of their teachers on "the weak spot" in our *Materia Medica*, the redundancy and unreliability of symptoms. It is an easy matter to find fault, but what practical steps have these fault-finders taken to strengthen the weak spot. Made a *Cyclopædia of Drug Pathogenesis*? Very doubtful if this removes the objections. If the provings are doubted, if the symptoms are considered unreliable, why not like the Austrian Prover's Union when the symptoms of *Natrum mur.* as recorded in Hahnemann's proving were considered unreliable, reprove the remedy?

The brave Dr. Watzke was honest in his belief that *Natrum mur.* which is in daily use on our tables, was incapable, when potentized, of producing derangements in health. But he put it to the test, and after extended experiments on the healthy with both *crude* and *potentized* *Natrum*, he was equally brave and honest in acknowledging the complete verification of Hahnemann's provings and in asserting, against all his preconceived prejudices and convictions, that the most effective potency used in the proving was the 30th. He was willing to prove or disprove his doubts in the reliability of symptoms in the honest and practical way, a reproving of the drug.

If the symptoms of a remedy as recorded in our *Materia Medica* are considered unreliable, because made with a potency

which *we* do not use, instead of following the custom of our allopathic friends and discarding it from the *Materia Medica* as was done with Bryonia, why not reprove it with the same and different potencies and publish the failures to the world. It was with the symptoms as recorded, that Hahnemann, Boenninghausen, Gross, Jahr, Hartman, Quin, Hering, Guernsey, Dunham, Lippe, Pearson, Gregg, Wells, Wesselhoeft, Pulte, Ehrmann and hundreds of others have planted the standard of truth so firmly that it can never be up-rooted. Is it really the "*unreliability* of the symptoms," or the *inability* of the Homœopath to use them, that is at fault? From the grand work that has been done in the past, and the even grander work being done at present, we are inclined to attribute it to the latter. It does not require a very large amount of gray matter in the brain to become a doubter, a disbeliever, an agnostic in *Materia Medica* or anything else, but it does require a large amount of gray matter of the kind used by Watzke to become an honest worker in *Materia Medica* and a reprover.

* * *

BUT IF a reproving is to be made, shall it be done with the crude or potentized drug? Can we have a better guide than Nature? Can we do better than follow her hints? In sanitary science she has given us a few examples. The most noxious disease-producing cause is the most immaterial. When so crude as to come under the cognizance of the senses, when we can manipulate it, can place it under legal surveillance, it becomes practically harmless as a sick-making agent, a disturber of health. By far the most dangerous and effective agencies in the production of disease are the immaterial, the unknown; and the farther the agent is removed from the crude, the material form, the more potent and deadly it becomes. This is eminently true of the death-dealing sewer gas; and the disease-producing causes of cholera, yellow fever, scarlatina, diphtheria, etc., have as yet baffled the scientist, although aided by both microscope and spectroscope. These poisons may be attenuated with millions of volumes of atmospheric air, attenuations entirely beyond the comprehension, or beyond detection by the most accurate instruments which science has yet produced, and yet remain effective as factors in the production of disease.

Like our allopathic brethren, are we not very prone to begin at the wrong end of the question? Are we not prone to order a vigorous attack on the effect and entirely overlook the cause? In the effect of disease-producing agencies as well as in drug provings we overlook the idiosyncrasies of the individual. It is the constitutional predisposition necessary for contagious reception or drug impression that we forget or decline to see. Why are not all hay-fever patients susceptible to the same producing cause? Why does a simple injury produce hip-joint disease in one patient, while a similar accident to another results in prompt recovery? What is that constitutional condition which precedes and predisposes to tissue change, which marks the line of demarkation between the benign and the malignant? It is these individual idiosyncrasies which give us the valuable symptoms in a proving—the peculiar, the uncommon, the characteristic. It is these too which are most valuable in practice. As soon as those who advocate crude doses in drug-provings and localized tissue lesion as a result, will furnish us better indications for the selection of a remedy than are to be found in Lachesis or Pulsatilla, for one we will be willing to put that plan to the test. Argument has but a slight effect on fact. It is the facts, the truth, we are after.

* * *

MANY members of the profession, both in an out of the American Institute, insist upon provings being made with "appreciable doses"—crude drugs—that tissue change in local organs, "appreciable diseases," may be the result. Especially is this true of our gynæcologists, our surgeons, our ophthalmologists. A drug is expected to produce leucorrhœa, prolapsus, uterine polypus or fibroid for the first; caries, necrosis or carcinoma for the second, and iritis, keratitis or granular conjunctivitis for the third. This is their idea of the *modus operandi* of the law of the similars. This is the will-o'-the-wisp which so many honest men are honestly pursuing. To these men Dunham says:

"The fact cannot be too often called to mind, nor too strongly insisted upon, that our most characteristic indication for the use of a drug which presents well-defined general symptoms, as Arsenic does, and indeed as every well-proved drug does, are derived not from its local action upon any organ or system, not from a knowledge of the particular tissues it may affect, and how it affects them, but upon the general constitutional symptoms and their

conditions and concomitants. If this were not so, in the presence of how many maladies, of the intimate nature of which we are wholly ignorant and which nevertheless we cure, should we be utterly powerless for good."

But Homœopathy can never be successfully practiced in that way; and although this view is held by the majority it is nevertheless a fatal error. Hering says: "In sciences and arts the majority have no right to rule. Since the beginning of history truth has always been received by the few." And so in our provings Hahnemann was right, and the vain attempt to utilize the pathological discoveries of Allopathy and apply them in our *Materia Medica*, must end in signal failure. The law was not "built that way"; it can not act that way.

* * *

THERE are also many members of the profession, both in and out of the Institute, who look upon the use of the dynamized remedy either in proving or in practice, in much the same way as our allopathic brethren look upon Homœopathy. They do not believe in it; hence they will not try it; and they will not try it because they do not believe in it. What hope for any true improvement is there for them? How can their *belief* affect a fact? We assure our allopathic brother that his success would be greater and his satisfaction in practice infinitely increased if he would use Aconite 3 in febricula, according to the indicated symptoms. But he will not put it to the test because he does not believe it, and he will not believe it because he will not test it. We ask our homœopathic brother, who from years of successful work on many a hard fought field, has gained unbounded confidence in the third potency to put the 200 or 1000 to a similar test and publish the failures to the world, and we receive the same reply. If we assure him that dynamization, the potentized drug, is a corollary of the law and that, like the law itself, it has gained the confidence of every one who has properly applied it and has come to stay, the same agnostic reply is received. Both Allopath and Homœopath appear to forget that their boasted confidence in present methods has been gained by *experiment* not *belief*; and that it is only by experiment that any true advance can be made or that we can ever learn a better way.

A PRACTICAL TRUTH.—On the title page of Dr. Burnett's "Fifty Reasons for being a Homœopath" is the following quotation from Lord Bolingbroke. Let those homœopathic physicians who recommend their students to first take a degree in an allopathic college so as to be "well grounded in pathology," ponder over it:

It may sound oddly, but it is true, in many cases, that if men had learned less, their way to knowledge would be shorter and easier. It is indeed shorter and easier to proceed from ignorance to knowledge, than from error. They who are in the last must unlearn before they can learn to any good purpose: and the first part of this double task is not, in many respects, the least difficult; for which reason it is seldom undertaken.—Bolingbroke.

Every man who has honestly undertaken to unload a mass of therapeutic error, to free himself from the toils of empiricism and palliative practice, will verify this observation. It is not so easy a matter to unlearn erroneous teaching as is generally supposed, and the best advice a preceptor can give his student is to keep him from such colleges. It is very true that "if men had learned less (pathology) their way to a knowledge (of the truth of similia) would be shorter and easier."

New Publications.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in the University of New York. Second edition. New York: William Wood & Co., 1888.

This differs somewhat from the first edition, inasmuch as Toxicology has been added and the advances in chemical science and the introductions of much new matter have necessitated a practical rewriting of the book. The work is intended to furnish both teachers and students of chemistry a practical aid in systematic quizzing, and in this we think the author has succeeded. We think it largely free from the objection offered to so many pocket manuals, viz: that it is an aid to "cramming"; but here the questions, as a rule, are so framed as to make it of little value as a "cram compend."

The Atlantic Monthly for August contains two exceedingly practical contributions, which will be given close attention just now, Horace E. Scudder's article on "Literature in the Public Schools," and an unsigned but caustic review of the new book of "Political Essays" by James Russell Lowell—

book, as well as a critique, which appears opportunely, in the heat of a Presidential campaign.

Scribner's Monthly for August contains a crisp and readable article on "American Locomotives and Cars," by Mr. Forney, giving a brief historical account of their development since 1829, into which he crowds an immense amount of information and for which he should receive the thanks of the general reader.

The Mgaazine of American History for August opens with a frontispiece of Roscoe Conkling, a description and illustration of his home in Utica and a biographical sketch of the late Senator by the Rev. I. S. Hartley, D.D. This is followed by "About Philadelphia in 1750," by the editor, from which we learn that were "tricks in politics" then as now.

Editor's Table.

Dr. W. E. Rounds, 28 West 26th street, New York, is secretary of the Ophthalmic College and Hospital, of whom complete information can be had.

University of Michigan is likely to have increased hospital facilities, by the erection of lying-in-hospitals for both schools.

Harold B. Wilson, M.D., oculist, removes to 100 Miami avenue, Detroit. Popular both as a man and a physician, he deserves and we think will command success.

E. E. Reininger, M.D., and Miss Nettie Traver, both of Chicago, were married June 12th. Dr. Reininger has located at 1093 West Taylor street, Chicago.

Boston University School of Medicine. The faculty, the alumni and students have decided to issue a college journal similar in character to *The Chironian*, of New York, and *The Medical Institute*, of Philadelphia. While at it give us a size that can be bound and preserved; don't make it a "blanket sheet."

The Homœopathic Medical Society of New York will hold its semi-annual session in Syracuse, September 11 and 12. The president, Wm. Tod Helmuth, will preside and a large attendance and profitable meeting is confidently expected. Let every member consider himself or herself a committee of one and whether on a Bureau or not go prepared to read a paper or present an interesting case.

The Homœopathic Recorder says: In June we sent out postal card notices to all our subscribers who so far have failed to pay up for Vol. III. The response has been very generous, but there are still many in arrears and we hope this hint will be sufficient. These postal cards unearthed several testy gentlemen who seemed possessed with the idea that the way to discontinue a

subscription is to keep silent; but publishers regard the continued receipt of a journal after the time for which it is paid expires, as evidence that the subscriber wishes to continue the subscription; and furthermore, it would be rather discourteous to peremptorily stop because the money for the new volume was not forthcoming between the issue of the last number of the old volume and the first number of the new. [Would it not be a better way to require payment of subscriptions in advance and stop the journal when subscription expires? We hope to be able soon to adopt that plan.]—ED.

Dr. W. P. Wesselhoeft in his Presidential Address at Niagara Falls, June 19, 1888, said: "The most important book Dr. Lippe has left us is, in my judgment, the key to the *Materia Medica*, published in 1854, and which contained a study of a dozen polychrests, with concordant symptoms of over 300 other drugs. This little book of 144 pages contains a mine of wealth, and as a guide to the *Materia Medica* is unsurpassed by any other repertory, although arranged on an entirely different plan from those mostly in use. Its scope is so large that it should have a place on the desk of every Halmemannian, and as it is out of print, our association should see to it that every member has a copy. It vies in usefulness with Boenninghausen's Therapeutic Pocket Book, and will be found of priceless value to him who prefers to prescribe for the complex of symptoms rather than for a pathological lesion alone." We do not think we can confer a greater boon on our readers, than by republishing this work as an appendix to the present volume of *THE ADVANCE*.

IN MEMORIAM.

ADOLPHUS FELLGER, M.D., was born in Gmuend, Wurtemberg, June 14, 1821, his parents removing soon after his birth to Stuttgart, where after receiving elementary instruction from a private teacher, at the early age of five he entered the Latin school. After completing the course he began the study of medicine under the celebrated Dr. von Hahn. Here, during a three years course of lectures, he not only had the advantages of private lectures, extensive library and a large anatomical and pathological collection, but assisted him in his operations both in private practice and in surgical clinic. After passing his examinations, he attended the philosophical and philological lectures at Paulus College, for one year; and then, although the youngest in a class of 39, of whom only six were accepted, he passed the military surgical examination, standing first in his class, and a few weeks later entered the army as a surgeon. He remained in active service as army surgeon for three years, during which time had held the position of Prosector of Anatomy. He had thus attended lectures for six years, witnessed the treatment of nearly every variety of disease by the most eminent men of the time; but instead of gaining confidence in, he lost his previous high estimate of medical science, and had he not at this time had occasion to read Hahnemann's *Organon* and witnessed a few successful cures under the law of the similars, would probably have abandoned his profession.

Then followed the rejection of the old, an earnest study and an honest

adoption of the new system. Two years more were spent at the Universities of Tuebingen, Zuerich and Strasburg; he then received his discharge from the army and came to America in 1847, settling in Philadelphia, where he married and has since enjoyed a large and lucrative practice. He was a graduate of the Homœopathic Medical College of Pennsylvania, and in practice was a strict Hahnmannian. A contemporary of Lippe, Guernsey, Hering and Raue. But like many other very busy men, he found little time to write and the chief work we have from his pen is a monograph dedicated to the American Provers Union entitled: "What acts in potentized medicine, and what shall guide us in the selection of the dose." He had been for some time in feeble health, a sufferer, we believe from bronchial asthma.

A special meeting of the Hahnemannian Association of Pennsylvania was held at the Continental Hotel, Philadelphia, June 21, 1888, to take action on the death of Dr. Adolphus Fellger.

The president, Dr. C. Carleton Smith, in the chair, made the following eulogistic address:

Gentlemen:—The sad occurrence which brings us together on this occasion forcibly reminds us that death is again busy within our ranks. The announcement of the demise of our friend and colleague, Dr. Adolphus Fellger, did not come to us as a surprise—and yet in this instance, as in all instances of a similar kind, death brings sorrow to the heart and casts about us its deep, overhanging shadow.

The man we mourn to-day, was one of the few staunch defenders of the Homœopathic faith. One of the few who was true and faithful to the trust imposed upon him, even unto the end.

Loyal to his convictions, which were deep and abiding; loving the truth for truth's sake, he has passed from our midst, dropping dead at the post of duty and at the front of the battle, leaving behind him a name and a memory which will never die.

The committee appointed to draw up suitable resolutions presented the following:

WHEREAS, This Association has learned, with sincere regret, that their late colleague, Dr. Adolph Fellger, has been called to his rest; therefore be it.

Resolved, That this Association has lost an esteemed co-laborator, an able counselor, and a valued friend; the profession has been deprived of one of the most learned of its number, and the public at large of a skillful and untiring servant.

Resolved, That a copy of these resolutions be transmitted to his family, and that they be published in the Public Ledger of this city, and in the medical journals.

Signed,

C. CARLETON SMITH, M.D., President.

WALTER R. JAMES, M.D.

JOHN V. ALLEN, M.D.

E. J. LEE, M.D.

MAHLON PRESTON, M.D.

WM. JEFFERSON GUERNSEY, M.D.

Committee.

After an expression of regret from all present that so able a defender of our cause should have been taken away, the meeting adjourned.

WM. JEFFERSON GUERNSEY, *Secretary.*



Medical Advance

VOL. XXI.

CHICAGO, SEPTEMBER, 1888.

NO. 3.

Materia Medica.

MAGNESIA PHOSPHORICA.

H. C. ALLEN, M.D., ANN ARBOR, MICH.

Authorities.—W. P. Wesselhœft, M.D.; J. C. Fahnstock, M.D.; Mrs. —, Dr. Fahnstock's prover; Mr. L. L. Helt; Rev. C. L. Reinke; H. C. Allen, M.D.; S. A. Jones, M.D.; A. P. Davis, M.D.; D. C. McLaren, M.D.

Many of the symptoms here given are from Hering's collection of clinical results from the observation of himself and several German physicians as recorded in Schuessler. The new symptoms added are from recent provings, but we have only published those which have been confirmed by other provers or verified in practice. Many energetic provers, both men and women, are now engaged in the work, and the fragmentary indications here given will enable our readers to prescribe it with some degree of accuracy. If clinical confirmations are sent us—the symptoms of the cases being carefully written—we will soon have sufficient evidence to warrant us in adding Magnesia phosphorica to our list of polychrest remedies.

Among the so-called tissue remedies, introduced by Schuessler, are a few which had previously been well proven and had done heroic service in many a hard-fought contest—for instance, *Calcarea phosphorica*, *Natrum muriaticum*, *Natrum sulphuricum* and *Silicea*. But there are others which have been used from

the empirical standpoint or tissue basis of Schuessler; or from a supposed knowledge of their action based upon what we know of their individual pathogenesis and which have many splendid cures to their credit. This method of selecting the remedy, however, takes much for granted, and at best is very crude, uncertain and empirical.

Magnesia phos. deserves and, I think, will well repay a careful proving. It has a few clinical symptoms of great value which I have repeatedly verified in some cases of severe neuralgia, and to which I wish to call the attention of the society.

It is a maxim that in mathematics three points of rest are sufficient to support a body; and in therapeutics three well verified symptoms are often sufficient on which to base a prescription and warrant the prescriber in predicting a cure. In Magnesia phos. these clinical symptoms appear to be the "red strand" of the remedy—the modalities of the drug—and hence are all the more valuable and reliable from a therapeutic standpoint.

Characteristic.—It appears to act best in lean, thin, emaciated persons of a highly nervous organization.

Affections of the right side of the body; of head; face; chest; abdomen; ovary; sciatic nerve (Bell., Bry., Chel., Pod., Lyc.).

Pains: sharp, cutting, piercing, knife-like; shooting, stitching; lightning-like in coming and going (Bell.); intermittent in character, becoming almost intolerable in paroxysms, and like Kali bich., Lac. can. and Puls., often rapidly changing place; a squeezing, constricting sensation (like Calc., Sulph.).

Cramping pains in neuralgic affections of abdomen and pelvis. Great dread of cold air; of uncovering; of moving.

Attacks are often attended with great prostration and sometimes with profuse sweat.

Complaints from standing or working in cold water (Cal.).

Abdominal pains radiate from the umbilical region, are attended by flatulent colic, relieved by heat, by pressure, and by bending double, like Colocynth, Plumbum, Podophyllum.

Aggravation: motion; lying on the back, stretched out; cold air; a draught of air or cold wind; cold washing; touch.

Amelioration: heat; warmth; pressure.

Mind.—Illusions of the senses; sobbing.

Laments all the time, about pain, with hic-coughing.

Has to scream out, with cramps in abdomen.

What I could previously "study," memorize easily in ten minutes would take me three hours, and I would then not more than half know it.

Drowsiness, on every attempt to study. (10th day.)

Depression and anxiety.

Very forgetful. (10th day.)

Head.—Headache: pains shooting, darting, stabbing, shifting; intermittent and paroxysmal.

Headache: excruciating; spasmodic; neuralgic or rheumatic; always relieved by external application of warmth.

Nervous headaches, with sparks before the eyes; diplopia.

During the night, severe throbbing pressure on the vertex, left side, deep into the brain. (2d day.)

Dull headache, as if the brain were too heavy—after protracted mental effort. (5th day.)

Headache better towards evening but changing into a pressure above the eyebrows, especially right. (5th day.)

Headache: a dull drawing pain about the middle of the head, felt early on awaking; seems to be connected with dyspeptic symptoms.

Headache; a dull weight in the head after mental labor. (8th day.)

Pressive pain in the head, down through the middle of the brain. (9th day.)

Eyes.—Double vision, horizontal (Gels.); sparks (Cal. f.); rainbow colors; photophobia; diplopia.

Eyes sensitive to light.

Pupils contracted.

Dulness of vision from weakness of the optic nerve.

Nystagmus; strabismus, spasmodic; ptosis; drooping of the lids, worse right side.

Spasms or twitching of the lids.

Neuralgia: supra-orbital or orbital; intermittent, darting, lightning-like pains, worse on right side or entirely on right side, relieved by warmth, exquisitely sensitive to touch.

Increased lachrymation, with the neuralgic pain.

Itching and heat in the lower left eyelid. (5th day.)

Ears.—Nervous otalgia, intermittent and spasmodic; ameliorated by heat.

Face.—Neuralgia: supra- and infra-orbital; of right side; intermittent, spasmodic, darting, cutting, lightning-like pains, aggravated by touch and pressure and relieved by warmth.

Boring, pinching, “nipping” pains, driving out of bed and soon spreading over entire right side of face.

Neuralgic pains of right side, from infra-orbital foramen to incisor tooth, gradually radiating over the entire right side of face, aggravated by touch, opening the mouth to eat or drink, cold air, walking or riding in a cold wind.

Faceache, worse when body gets cold.

Face distorted from pains and weakness; crampy colic.

Lockjaw.

Hydroa on the upper lip. (7th day.)

Convulsive twitchings of the angles of the mouth.

Neuralgia; from washing or standing in cold water (Cal.).

CASE I.—Mr. J. M., a gentleman aged 72, spare and thin, of medium height, by occupation an architect, was attacked in September, 1885, by violent neuralgia of the infra-orbital nerve of right side. He is a plain liver, using neither coffee, tobacco, nor stimulants of any kind, very regular and methodical in all his habits and had for years enjoyed most excellent health, hence was at a loss to account for this attack. He felt as well as usual, no inconvenience or pain whatever until on opening his mouth to take the first mouthful of breakfast, he was suddenly attacked by severe lightning-like pain extending from the right infra-orbital foramen to the bi-cuspid tooth. On closing the mouth and applying hot water, the severity of the pain was mitigated and he was soon comparatively free unless he attempted to eat or speak. Under Belladonna 200 the pains gradually decreased in severity and he could partake of liquid food, but for several weeks was unable to chew solid food. His teeth (at 72) are sound and have never troubled him, and a careful inspection by the dentist failed to detect a cause of the pain, in a disease of fang or alveolus.

In February, 1886, as a result of facing a severe cold wind while walking he had another attack of neuralgia of right side of face, worse when attempting to eat, from touch, cold water and when walking against the wind—could not bear the least cold air. Aconite 30 now gave very prompt relief and in a few days he was himself again.

A few weeks later another attack on same side of face appeared, decidedly intermittent in character, coming on promptly at 6, and gradually disappearing about 10 A. M. This was attended by great aggravation from touch, could not wash the right side of the face, even the slightest touch of the whiskers was sufficient to bring on severe, lightning-like, lancinating, stabbing, or as he expressed it, “nipping” pains. From the early morning aggravation, the periodicity and the extreme sensitiveness to touch, I gave him Chininum sulph, 200, with gradual relief. But as the severity of the pain in the face disappeared

the right deltoid muscle became affected; not only was it very painful, with entire inability to raise the arm, but nearly paralyzed the arm; could neither feed nor dress himself. Rhus, Sanguinaria, Plumbum, Ferrum and Tarantula, as the indications appeared to call for, were successively exhibited, with only partial relief. The shoulder was still lame and painful and the face more than occasionally grumbled.

The next attack a few weeks later had the following peculiar symptoms: Pains, supra- and infra-orbital, extending to all the front teeth of right side; intermittent stabbing, "nipping," lightning-like, and extremely sensitive to touch; relieved by heat and pressure; coming and going suddenly and attended by marked prostration and profuse night sweats. When the pains in face were most severe the shoulder was comparatively free, and *vice versa*. No thirst, appetite and taste normal, but obstinate constipation; stood hard, small balls, difficult to expel and no inclination whatever. Here was a totally different picture, and evidently a difficult totality to cover. Magnesia phos. 200, promptly gave relief; not only the terrible neuralgic pains but the lame shoulder as well have remained entirely free to date. The doctor was relieved as well as the patient, at the happy termination of the case. It was one of the worst cases I have met for years. A slight "nipping" returned in March, 1888. He came in and asked for another dose of the same medicine, remarking "make it as strong as you can, Doctor." Dr. Tyrrell, of Toronto, had in the meantime potentized it for me so I gave him a dose of the cm., the "strongest" I had and he has had no symptoms since.

CASE II.—A lady aged 26, of dark complexion, dark hair and eyes, seven months advanced in her first pregnancy, had suffered terribly for four months from neuralgia of right supra-orbital region. When she came under my observation the pains were pressing, drawing, band-like, at times extending into jaws and teeth, worse at night and confined entirely to the right side of face. A few doses of Chelidonium gave relief for three weeks, when it returned in the following manner:

Pains darting, lightning-like, intermittent, suddenly appearing and disappearing, relieved by hot cloths and pressing or lying on the affected side. Magnesia phos. 200, now gave prompt and permanent relief; and with it disappeared an obstinate and annoying constipation, which, despite several well-selected remedies, had persistently followed her during her entire gestation.

Dr. W. P. Wesselhoeft reported a brilliant cure of a case of neuralgia.

"An old lady of 66, thin, spare, I saw her for the first time about six years ago (June, '87). Pains were excruciating, had lasted for weeks, were entirely on the right side of the face, intermittent, spasmodic, lightning-like and relieved by heat. Magnesia phos. gave prompt relief and effected a wonderful cure."

Teeth.—Toothache; worse after going to bed; changes place rapidly; worse eating or drinking, especially cold things, ameliorated by heat (ameliorated by cold, Ferr. phos., Bry., Coff.). Teeth sensitive to touch or cold air.

Complaints of teething children; *spasms during dentition*

without febrile symptoms (with febrile symptoms, hot skin, hot head and rapid pulse, Bell.).

Tongue.—Tongue coated slightly yellow; crampy colic; clean or slight coating with pain in stomach; coated white, with diarrhoea.

Taste as of sour bread; slightly bitter; as of bananas, although not a whole one had been eaten at dinner the day before.

Heavily coated tongue.

Throat.—Spasms of the glottis, with suffocative sensation.

Spasmodic constriction of throat on attempting to swallow liquids, with sensation of choking.

Flow of mucus through the posterior nares into the throat, accompanied by sneezing and tingling in the nose and on the tongue.

Desires : Aversions.—Little appetite; faceache.

Appetite; unusually good, but food disagreed leaving an uncomfortable feeling all the forenoon (10 P. M., 3d dose).

No appetite; with pain in stomach and colic.

Great aversion to coffee.

Acids taste stronger than usual. (5th day.)

Appetite is improved, notwithstanding the great heat which had diminished it. (5th day.)

Appetite variable; could hardly wait for breakfast and yet was not disposed to eat much.

Stomach.—Spasmodic sobbing for three days, ceased with the second dose in water.

Singultus thirty times in a minute; for sixty days life in danger. Magnesia phos. soon restored health.

Hiccough with retching, day and night continually for three days; ejected matter was coagulated milk, bile and mucus with great pain, so that she had to lament all the time.

Distension of stomach; very restless.

Spasmodic pains in stomach, with clean tongue.

Pinching pain in the stomach with slight gaseous eructations, very little at a time which afford no relief.

Intermitting, shooting, cramping pains in region of stomach and epigastrium, extending sometimes toward the back or abdomen.

Flatulent distension of stomach with constrictive pain, relieved by warmth and bending double.

Eructation of food tasting of the ingesta.

Gastralgia: Soreness and extreme sensitiveness of epigastrium to touch; sour eructation and sour vomiting; at 12 M. every day ameliorated by eating.

Cancer of the stomach; intolerable, burning pain; vomiting; singultus; after Arsenicum and other well selected remedies failed, patient was relieved and made comfortable for six months by Magnesia phos. (Frank Powell.)

Abdomen.—Severe, griping colic pain, at times shooting upwards towards the stomach, ameliorated by hot applications.

Abdominal pains caused great restlessness; walked about hurriedly, said he must have relief; lying on stomach gave short relief, but in a few minutes the pains compelled him to walk again.

Colic pain; generally radiating from the navel, lessened by bending double or from pressure of hand (Col., Plumb., Pod.); often accompanied by a watery diarrhoea. -

Colic pains; spasmodic, intermittent, lessened by bending double.

Colic in region of navel, has to double up.

Colic; is relieved by bending double, rubbing, external warmth and eructating.

Wind colic of small children, with drawing up the legs, with or without diarrhoea, especially if associated with acidity.

Incarcerated flatulence; unable to pass it down or up. (Fischer.)

Cramps in abdomen, pains around the navel and above it toward the stomach and from thence radiating to both sides, towards the back; now violent, cutting, so that she has to scream out, then shooting and violent contracting like a spasm. She cannot bear to lie on the back stretched out, has to lie bent over. (Koeck.)

Much wind in the bowels, with disposition to stool but relieved by the passage of flatus (3d dose.)

Colic pains in lower bowels and moving as for stool ($\frac{3}{4}$ of an hour after 6th dose.)

Pain in bowels immediately after rising, occurring at short intervals.

Cramps and wind colic in horses; wind colic of cattle; meteorism of cows.

Stool.—Immediately after breakfast, sudden diarrhoea: stools

frequent; at first, thick, dark brown, mushy; then lighter, almost white and watery, finally mixed with blood.

Next day at 9 A. M.; same diarrhoea returned, but in milder form; relief of pain while at stool, followed by chilliness; stools light-brown, then lighter and more watery.

At 5 P. M. return of pain in bowels and diarrhoea; stools brown, thick, bronze-like and pasty.

Desire for stool after drinking sweetened Coffee.

Stools loose, watery, with urging and pain in stomach.

Dysentery: with cramp-like pains, relieved by pressure or bending double; with spasmodic retention of urine, cutting, darting, lightning-like pains in hæmorrhoids.

Afternoon stool, very tedious, but profuse, with some pain in the rectum.

Itching and scratchy feeling in the anus. (9th day.)

Tedious stool, hard at first, soft afterwards followed by burning in the anus. (9th day.)

Urine.—Spasm of the bladder; spasmodic urinary complaints; spasmodic retention; spasm of neck of bladder.

Nocturnal enuresis from nervous irritation; spasmodic retention.

When urinating, violent, shooting, burning pains; mucous discharge from the urethra.

Vesical neuralgia after use of catheter, sensation as if no muscular contraction.

A bright shiny discharge from the urethra for three years, in an old man.

Deficiency or excess of phosphates. (J. C. Morgan).

Gravel.

Restless sleep, from urging to urinate, the discharge scanty.

Cutting pain in the bladder before urinating. (7th day.)

Female Sexual Organs.—Menstrual colic ever since I began taking the medicine. I have menstruated from six to nine days too soon—the usual period being twenty-eight days from time it ceases until it begins again. The second was accompanied with great weakness and an intensely sore, bruised feeling all through abdomen, so that I could hardly be up at all, but was much worse lying down. This continued for two days. (At this time I had not taken any of the medicine for a month.)

Menstrual colic; pain precedes the flow.

Menses: pain ameliorated by flow (Lach.—always feels best during menstrual flow, Zinc.).

The menstrual pains are cutting, drawing, pressing, cramping, intermittent, resembling the menstrual and labor-pains of Pulsatilla, but, unlike Pulsatilla, are ameliorated by heat.

Has cured many cases of membranous dysmenorrhœa; in fact, some physicians prescribe it empirically for all forms of painful menstruation.

Dr. A. P. Davis, Dallas, Texas, thus compares Magnesia phos. and Actea racemosa according to his clinical experience:

“There seems to be a similarity between the characteristic indications for the use of Cimicifuga and Magnesia phos.

In Cimicifuga there is more of a *steady pain* and in Magnesia phos. a *shooting, spasmodic, darting “like-lightning pain,”* which comes and goes *suddenly*, yet, at the same time *not an entire cessation of the pain.*

The pain of Magnesia phos. seems to be in the ovaries and not in the “broad ligaments,” nor so much in the cervix as in the fundus of the uterus, and seems to be more in the deeper structure, the muscular than the ligamentous, as is the case with Cimicifuga.

The action of Magnesia phos. is quicker than Cimicifuga. The experience I have had with Magnesia phos. is that the pains that come on several hours before the menses, are controlled better and sooner by the use of Magnesia phos. than any other remedy. They affect principally the lower abdominal region and have a peculiarly indescribable character nearly all the time, and frequent shocking, darting, paroxysms until the flow starts, then they cease. I subjoin a few clinical cases giving a general idea of the uses of the Magnesia phos. that may be valuable to those unacquainted with, or unused to this remedy.

Case I.—Miss S., æt. 22, brunette, short, plump, round body, large, active brain, intellectual; was since puberty troubled every month with dysmenorrhœa, beginning several hours previous, and during the first day of flow, with severe pains in the uterus, back and lower limbs, and these so severe that they seemed unbearable and hysteria seemed threatening. In one of these attacks I was sent for. Found the patient in bed; the feet had been bathed in hot water and hot cloths applied for hours to the lower abdomen; pains no better. I immediately gave her a large dose of Magnesia phos., 6x. In less than half an hour the pains lessened; I repeated the dose, in a few moments the patient was easy, the flow began, and went on the usual time.

• Next month I advised patient to begin the day before period and take three doses, and on the day period was to come on, take a dose every two hours. No pains this month. This process was repeated the third month; no more trouble and patient is now well and no return of pains for over three years.

The effect of Magnesia phos. in relieving menstrual pains are decidedly satisfactory—I regard it as superior to Cimicifuga, even in neuralgia of the uterus. Ovaritis seems to be controlled by it from its effect, not only in relief of the pain, but curatively from its mechanical action on the walls of the blood vessels—contracting them, and thus relieving the congestion. What particular nerve influence it has, I am not able to comprehend, therefore to explain; but know that it must affect all those nerve centers from which the nerves are derived which control the sensation and nutrition of the female generative organs.

It affects materially, uterine engorgement resulting in induration.

CASE II.—Married lady, having one child, had every month menorrhagia; twice the flow was so excessive as to cause fears of death. Upon examination found the uterus low down, swollen, the whole vagina filled with indurated uterus; tender, red, orifice (os uteri) stretched open about half an inch, inside filled up, outside congested. I began treatment with Magnesia phos. 6x., three to four doses a day. No hæmorrhage next month. No pain, and in three months the organ was reduced to its normal size and dismissed patient cured.

Upper Limbs.—Rheumatic pain in the left forearm from the elbow to the hand, most severe from the wrist to the knuckles, the skin of the fingers feeling as if stretched too tightly; followed by pain in the elbow joint and then in the wrist (after 2d dose).

Throbbing pain in the right wrist in the vicinity of the ulna (3d dose).

Tingling in the fingers of the left hand (after 5th dose).

Stinging pain in the first joint of the left thumb, extending to the nail, like that of a panaritium.

Lower Limbs.—Every night neuralgia, now in the lower limbs, in tibia or in thighs, now on the left, now on the right side, mostly with spasmodic muscular contractions; during the day perfectly well.

Tingling in the toes of the left foot (5th dose).

A slight bruise below the knee becomes very painful about ten hours after, as if rheumatism had settled in it.

? Rheumatic drawing in the muscles between the right tibia and fibula, extending from near the knee to the ankle; painful on pressure. (4th day).

Nerves.—Chorea; epilepsy; tetanus.

Convulsions: with pertussis.

Spasms: without fever; of teething children.

Crampy contraction of fingers; staring, open eyes, fifteen to thirty minutes duration.

Every twenty-three days spasms, fifteen to thirty minutes duration.

Skin.—Barber's itch; herpetic eruption, with white scales.

One of my provers discontinued the drug "owing to a crop of boils that took possession of him, which terminated in a five week's attack of remittent fever."

Sleep.—Drowsiness; fall asleep and awake as from an electric shock, and then become drowsy again.

When it was time to rise (6:30 A. M.,) felt very dull, unrefreshed and drowsy. (4th day.)

Awaken dull and unrefreshed, with uneasiness and bloated feeling in the bowels. (5th day.)

ACCIDENTAL PROVING OF CARBOLIC ACID.

J. C. FAHNSTOCK, M.D., PIQUA, OHIO.

Mrs. R., æt. 32, dark hair, nervous temperament, and ordinarily enjoys fair health.

On the morning of July 22, 1888, was washing, and she, in order to remove some "rust stains" in a garment, put what she supposed to be Carbolic acid, diluted one to twenty, in a little hot water, and began to rub the clothes, inhaling the steam with acid; but it was pure Carbolic acid instead of diluted.

In about ten minutes she began to feel very queer and being alone she started to run across the street to one of her neighbors, but before reaching the house she fell prostrate, pale and gasping for breath. She was taken into the house and I was called in haste. On my arrival I found my patient propped up with pillows, being unable to lie down, continually gasping for breath, with a trembling all over, so much so that she wanted

her hands held; "pricking like needles all over her body"; unable to raise the right arm.

Pale face, dilated pupils, cold hands and feet.

Thirst, wanted a drink of water every few minutes.

In about half an hour, nausea, but no vomiting.

Pain in lumbar region.

These symptoms continued about four hours, but gradually getting less and less and finally disappeared in the evening, not leaving any bad effects the next day and she again enjoys her usual good health.

I report this accidental proving of Carbohc acid thinking it might prove to be some benefit to some suffering one, as I was forcibly struck with the great similarity of symptoms to asthma.

There is an accidental proving of Carbohc acid by T. D. Pritchard, reported in the Transactions of the Homœopathic Medical Society of New York, new series. In his concluding remarks he says: "For the last year I have been much troubled with shortness of breath on going up hill or up stairs, or when running, without cough. Since I recovered from the effects of the Carbohc acid I am almost entirely free from the shortness of breath."

LYCOPODIUM.

J. A. WAKEMAN, M.D., CENTRALIA, ILL.

The moral symptoms are: haughtiness; mistrustful; slow of comprehension; forgetful of what is said to him; memory weak; anxious dreams, of fatal accidents; weeping mood; egotistical.

All the limbs and all the soft parts of the body are painful when touched or pressed upon; drawing and lacerating in the limbs in windy, rainy weather, relieved by external warmth; deficiency of animal heat; weariness of the feet and burning of the soles after walking in the open air; contraction of the fingers and toes; jerking and twitching of single limbs, or of the whole body, sleeping or waking; great emaciation, often seen in children.

Nearly all the symptoms worse on the right side, but go from right to left; sensitiveness to cold, too much coldness, worse in

the room; worse from 4 to 8 P. M. and at night, and relieved by going out into the open air.

Coryza, with acrid discharge from the nose, making the nose and upper lip sore, inflame and swell, and as the inflammation subsides the parts desquamate; or in chronic dry coryza, nostrils completely obstructed, so that breathing must be through the mouth, no air can be passed through the nose, and usually attended, in bad cases, by loss of taste and smell; mucous cough; painful oppression in superior maxillary, nasal and frontal bones; dull, heavy, aching head; obtuseness of intellect, and usually a low feverish condition, always worse from 4 to 8 P. M., and the fore part of the night. With this assemblage of symptoms we may find constipation, and the urinary symptoms of the drug: pain in the kidneys before urinating, and reddish-brown fine sand in the urine.

These cases sometimes continue to torment its victim for years, but can usually be cured by this drug; but in similar cases Sulphur is often the most important remedy; but either must be used in a high potency.

Dyspepsia, when the stomach is painfully distended from eating a few mouthfuls, and the fullness may extend to the pharynx; food or drink produces the same feeling of distension and patient must loosen the clothes. The fullness and distension, where Cinchona is indicated, is only after a full meal, here the stomach feels best when empty.

Gaseous accumulation in the epigastric and hypochondriac regions often excessive, with much crackling, often so loud as to be heard around the room; much distension, and worse from eating flatulent, cold food; but most of the symptoms are relieved by warmth.

Diphtheria, commences in the nose, and goes to the right tonsil, then spreads to the left. Tonsillitis commences on the right side and goes to the left; so also of abdominal pains, neuralgias and uterine neuralgias; but we do find *Lycopodium* conditions on left side that did not first affect the right, but *Lac. caninum* goes from side to side, and may change its locality every twenty-four hours, and when *Lac. can.* is the remedy "the ulcers shine like silver gloss"; pricking, shooting pains when swallowing, shooting to the ears; constant change of position, etc.

Fan-like motion of the alæ nasi is a very leading symptom when present, and I once cured a valuable horse of "heaves" with a few powders of the 15th trit., when that was the only leading symptom, and when present and well marked in any case, always think of this remedy.

Headache attended with a disposition to faint, and great restlessness; pains in the temples, as if screwed together; pressure on the vertex worse from 4 to 8 P. M.; tearing in the forehead, or the right side of the head, extending down to the neck, with tearing in the face, eyes, and teeth, worse on raising one's self, better from lying down, worse from warmth, and better from cold air and uncovering one's self; scabby eruptions on the back part of the head with thick crusts that are traversed by deep cracks, bleeding easily, and oozing a fetid moisture.

Ophthalmia, when the conjunctiva looks red like a piece of raw meat; copious discharge of pus, morning agglutination of the lids, which are puffed out by the accumulation; also in tarsal inflammation, hordeolum, and may be loss of the eyelashes.

Scarlet fever: with swelling of the submaxillary glands; child awakens from sleep and seems to know no one; is frightened, clings to the crib, kicks and fights; when the rash is partially or wholly repelled, with red sandy deposit in the urine.

Always prescribe the remedy that is indicated by the totality of symptoms present; the fact that we have a case of scarlet fever to treat does not justify us in prescribing Belladonna unless that is the simillimum. Rhus tox., Lycopodium, Ammonia carb., or some other of the important remedies, may be the curative one, and if we do our duty to ourselves, our patient, and the friends, we will study the case until we can give a reason for selecting a certain remedy; and then we may confidently expect good results. Yes, we will often be as much surprised as our patient and friends, at the rapid progress made towards recovery. This remedy is worthy of careful study, and has a wide range of usefulness.

The fauces are brownish-red; the exudate is on the right tonsil in diphtheria spreading to the left, worse by drinking and after sleeping.

Contraction of the pharynx, of years' duration, and always great danger of choking on swallowing solid food, dare not attempt to swallow a common-sized morsel of food, for it often

lodges in the throat and produces alarming symptoms. Saw one case where patient was compelled to take a swallow of liquid to carry downward every mouthful of food. This condition, spasm of the œsophagus, in his case was of many years' duration, and finally caused his death. This was nearly forty-five years ago, and if in these days, would have been relieved by bougies and Lycopodium.

In morning sickness, and vomiting of pregnancy, it is often the only remedy that will relieve.

CASE.—Lady in her first pregnancy and at the sixth month of gestation, has suffered most severely for many weeks; thin, pale, weak and nervous; sick all the time only when sleeping, which is a much disturbed rest; bowels obstinately constipated. Took one dose 9th cent., followed by placebo. Improvement set in immediately, and in ten days was cured of all her troubles and went on to full term comfortable and happy.

When called upon to treat a case where constipation is the only or principal trouble, always think of this great antispasmodic.

CASE.—Lady aged 25, married and mother of several children; she is mild, pleasant, a most estimable woman, blue eyes, light hair and complexion, and has suffered with constipation since puberty. Has troubled her more or less all the time for over ten years, much aggravated during pregnancy; now has a babe several months old, since the birth of which she has been much worse than ever before. Stool never oftener than once a week, which is *large, hard, dry and coal-black*. The dilatation of the anus is attended by a tearing, crackling sound, which she can distinctly hear, produced by opening the half-healed fissures of which there are five or six deep ones, and the flow of blood is copious. The evacuation is only effected after most violent and long-continued effort, and the exertion, in conjunction with the excruciating pain, produces a profuse, cold, clammy perspiration, followed by tremor, exhaustion, and great pain at the anus for several hours, but which is much relieved by bathing the parts in cold water. These fissures, her medical attendant, my predecessor, had called piles and treated her for several months without relief. She informed me that each evacuation of her bowels was productive of more suffering than giving birth to her children.

Lycopodium 15, four doses, one morning and evening till all

were taken, followed by placebo. Ordered a cold water injection every morning at a certain hour, and in twenty minutes retire to the water closet and make a moderate effort to evacuate her bowels, and to let nothing prevent her attending to these measures at the stated time. Her diet, which was not objectionable, was not changed. Six days after the first dose was taken she had a natural and painless stool, at night, and another the following morning, but discharged the usual amount of blood with each stool. Every evening at seven o'clock she is attacked with an intolerable itching of the anus, which for three-fourths of an hour is unbearable, makes her wild; for which symptom I gave her one dose of Ferrum met. 7, after which she had no further trouble from it.

Ten days later, gave another dose of Lycopodium, as she was not improving as fast as she ought to.

Ten days later, says she is almost well. No more medicine was given and in thirty days all was as well as ever, and better than for twelve years before. She had but five doses of Lycopodium and one dose of Ferrum.

Pale, yellowish and freckled face, wretched look. Eyes surrounded by a blue, dark border, whole face looks old and wrinkled; nearly always present in old confirmed cases of constipation, and if a lady, uterine and menstrual disorders are probably present, and may have been the exciting cause of this whole train of symptoms.

The best results here, as in most cases, will follow the use of the higher potencies, the 200th and upward; but must not be repeated oftener than from ten, twenty or thirty days.

Hahnemann tells us this remedy acts for forty to fifty days, hence the importance of waiting upon it, to do its work.

It is one of the few remedies that has a blood-red or sanguineous leucorrhœa; and a few doses cures some of the worst cases of excoriation of the nipples, often of very long standing, produced and kept up by a psoric taint of the system, and the proper remedy and the right potency will cure it, where all topical applications fail to do so.

Physometra, wind discharged from the vagina, vagina dry; stitching pains from the neck of the bladder to the anus; labor pains *run upward*; complains much, is in constant motion, and watching every move of those around her, and weeping.

Wheezing breathing in the daytime, with a sensation of too much mucus in the chest, loud rattling in the bronchia, often present in children after influenza, bronchial affections and pneumonia.

Pneumonia: "right side most affected; circumscribed redness of the cheeks; cough, day and night; fan-like motions of the alæ nasi; patient raises whole mouthfuls of mucus at a time, of a bloody or greenish color; sweats without relief; cough worse from 4 to 8 P. M., with great fear of being left alone."

Chronic enlargement of the cervical glands.

Cramps in the toes.

CASE.—Cramp in the great toe of the right foot, in a little boy, occurring at frequent but irregular intervals; would make him scream every time it occurred, and draw the toe up until it stood at right angles with the foot. Hering gives "stitches in the big toe of the right foot in the evening," but in this case it was of frequent recurrence day and night; friction, bathing, etc., did no good, and the case annoyed me much before getting it relieved.

Blood boils: boil swells, is inflamed and painful, looks dark, does not suppurate, remains hard and leaves a blue induration that may remain for weeks.

Fetid sweats; sour, offensive, on the chest, in the axillæ, on the feet, smelling like onions, or blood. Axillary perspiration of the odor of garlic or onions, Bovista.

Stiffness, worse on moving, but continued motion relieves; sleepy during the day, but wakeful at night from too many thoughts crowding upon his mind; child sleeps with half-open eyes, rolls his head, as in Hyoscyamus and some other remedies, and wakes cross.

Dr. W. M. Williamson gives the case of a lady with consumption, who could only rest on her hands and knees; was so much relieved by one dose that she could lie down and continued to do so until her death.

Constipation, when the discharge is in little balls, like sheep dung. Chelidonium, Lachesis, Opium, Plumbum also have this condition.

Impotence and loss of sexual desire may be relieved by it.

Useful in many chronic, cutaneous diseases, of which I will not speak.

SEPIA—ZINCUM: A COMPARISON.

H. C. ALLEN, M.D., ANN ARBOR, MICH.

The special indications for Sepia and Zincum in nervous and uterine affections are generally in sharp and striking contrast, so that a differentiation is usually not a difficult matter. There are however some peculiarities in their general sphere of action that are liable to be confounded. In the brief space of time allotted me I can only hope to point out some of the chief characteristic differences of each remedy in these as well as all other affections.

SEPIA.

The most peculiar and uncommon symptom of Sepia is:

Deep-seated pain in uterine region; bearing down comes from back to abdomen, causes oppression of breathing, must cross limbs to prevent protrusion of parts.

Menses: too early and too profuse; chiefly in morning or most profuse in morning; flow dark but not clotted.

Amenorrhœa; usually at puberty, face pale and yellow, or with yellow patches.

Menorrhagia; during climacteric or pregnancy—5th or 7th month.

Leucorrhœa: before the menses; yellow, thick, acrid, worse in the morning, with bearing down pains.

External genitalia extremely sensitive to touch: coition painful.

Redness, swelling and itching eruptions on the labia minora.

Always feels worse during menstruation.

ZINCUM.

The most uncommon symptom of Zincum is:

Boring or burning pain in ovarian region, especially left, entirely relieved only during the menstrual flow. Fidgety feet.

Menses: too early and too profuse; most profuse at night or when walking; lumps of coagulated blood pass away.

Amenorrhœa; later in life, face alternately pale and red.

Dysmenorrhœa; violent pains in limbs, in knees; chilliness relieved by flow.

Leucorrhœa: three days before and after; mucus, bloody, causing itching of vulva.

Sexual mania and masturbation caused by pruritus vulvæ.

Varicose veins of labia majora, with fidgety feet.

Always feels better during menstruation.

CONCOMITANTS.**SEPIA.**

Pain pressing outwards.

Hæmorrhages; blood dark.

ZINCUM.

Pain pressing inwards.

Hæmorrhages; blood light-red.

Apoplexy.	No apoplexy.
Itching; aggravated by scratching.	Itching, lessened, or locality changed or unchanged by scratching.
Pulse frequent and full at night, during day accelerated only by vexation or motion.	Pulse small and frequent in the evening, slower in the morning and during the day.
Drinking beer accelerates the pulse.	Drinking wine accelerates the pulse.
Thirst only during the chill and before and after it.	Thirst during heat, none during chill.
Chill: in evening; from every motion; in open air; external heat is unbearable; deadness of fingers and limbs, feet and ankles, as if standing in cold water.	Chill: from <i>touching anything cold</i> ; (handling cold vegetables); begins after dinner; on approach of a storm; runs down the back; alternates with heat; external with internal warmth.
Sweat increased while eating. Sweat often confined to upper part of body.	Sweat lessened by eating. Sweat often confined to lower part of body.
Great sadness; weeps about real or imaginary sickness, fearful of her health.	Cheerful or changing; low-spirited at noon, lively in evening or vice versa.
Mental dullness; absent-minded; indifference; imbecility; unconsciousness; avaricious, greedy.	Mental excitability; very sensitive to others talking.
Optical illusions in dark colors.	Optical illusions in light colors.
Eruptions on lower lip.	Eruptions on upper lip.
Coldness in the teeth.	Burning in the teeth.
Nasal secretion <i>watery</i> or viscid.	Nasal secretion <i>thick</i> or viscid.
Expectoration not constant, is loosened especially night and morning and is swallowed.	Expectoration quite constant, particularly in the morning.
Complaints on tip of elbow.	Complaints on patella.
Tongue very foul, but becomes clean at each menstrual period, returning when flow ceases.	Tongue coated at root and dry, hindering talking, in brain diseases.
Cough; constant when child is laid down; child coughs till breath is gone, then coughs and vomits mucus.	Cough after eating sweets, wine, during menses; child puts hands to genitals when coughs.
Ailments from Sulphur, Mercury, or abuse of Cinchona or Tabacum.	Ailments from all preparations of Baryta; from handling cold vegetables.

Urine predominantly dark and offensive; sediment reddish, or white and very adherent.

Urine generally light-colored, not offensive; sediment light-colored, not adherent.

Remission of complaints in afternoon.

Remission of complaints night, morning and forenoon.

Worse or better after lying down and in bed.

Worse after lying down and in bed.

Better after sufficient sleep, but worse when roused from sleep.

Worse when awaking from sleep.

Better or worse from bodily exertion.

Worse from bodily exertion.

Almost always worse by touch.

Better or worse from touch.

Worse when swallowing.

Better generally when swallowing.

Better while drinking, worse afterwards.

Better while eating, worse afterwards.

Worse or better after meals.

Worse after meals.

BETTER.

WORSE.

In wet weather (Caust.), when alone, after sleep, when rising, from physical exertion, when moving the suffering part, when drawing up diseased limbs, when sitting erect, after breakfast, and from loosening the clothes.

WORSE.

BETTER.

In dry weather, when in company, when stretching out diseased limb, when sitting bent forward, from blowing the nose, on an empty stomach, when swallowing and eating, from tight clothing, from pressure, from rubbing and scratching.

POISONS.

SAMUEL SWAN, M.D., NEW YORK.

All poisons in their toxic effects, show an unmistakable individuality, by which an expert can detect with certainty which kind of poison has been exhibited.

Many poisons have a similarity of action; some being irritants, some narcotics, some producing insensibility, others the most intense pain; in some the action seems determined to the surface, causing eruptions, sores, and ulcers; others, acting on the mucous surfaces and intestines, others on the brain and nerve centers, while nearly all cause great perturbation of the functions. But in each there are certain distinctive or characteristic effects by which they can be differentiated.

In nature there are numerous imponderable undetectable

poisons, which cause sporadic sickness, or wide-spread epidemics. These are known only by their effects, and thus far have never been captured or analyzed. They show the same unmistakable individuality as do Arsenic, Belladonna, Mercury, Lead, or other organic or inorganic poisons. How they are generated, where they are to be found and how prevented, whether they are infinitesimal microbes, evolved from vegetable matter, either as pollen, spores, or germs—if of the nature of odors, as intangible as the fragrance of the rose or the lily, or auras undetectable by the sense of smell—are still matters of conjecture.

The effect of one of these poisons is a sickness known as *measles*, another is named *scarlatina*, a third *diphtheria*, a fourth *variola*, a fifth *cholera*, a sixth *malaria*—and there are no doubt others. These are unchangeable in their effects, and no matter how much the peculiar idiosyncrasy of the patient may modify or aggravate their intensity, the objective symptoms are always sufficient to indicate the particular disease. These named diseases are considered contagious in a greater or less degree. Beside these poisons found in nature, are others originating in man—they are hereditary, or acquired by contact, and are uncommunicable except by contact, and are known as *psora*, *syphilis*, and *sycosis*; the latter including *gonorrhœa*. The less a person is infected with these, either by inheritance or acquisition, the less liable will he be to the effects of the first mentioned poisons.

It is well known that the poison which caused a sickness or disease, inheres in the product of such sickness or disease.

Thus the saliva of rabies, of mercurial salivation, of measles, scarlet fever, diphtheria, variola, cholera, malaria, contain the poison that produced the disease. Potentize the saliva and you capture the poison in all cases.

The law of Homœopathy is, that a drug or poison which can produce a symptom, or a group of symptoms in a healthy person, will cure the similar symptom, or group of symptoms when occurring in the sick, and later discoveries can add no matter how the latter may have been caused.

Having obtained the poison, you want a proving on a healthy person. Now, morbillin, scarlatinin, diphtherinum, variolinum, and pyrogen, with psorinum, syphilinum, sycotinum, medorrhinum—are the fullest proved poisons in existence; they have

been proving for hundreds of years by tens of thousands of persons, old and young, male and female. The records of these provings are found in the literature of all the schools, and if collected would fill many volumes. Here we have the proving ready made by nature for us, on *healthy* persons. Carefully col- late all the symptoms produced by the poison of measles on healthy people, and you have the pathogenetic effect of that poison, and when you have found such in the sick, administer the potentized saliva or poison, which, for want of a better name we shall call morbilin—and you cure the effects of that poison.

I have thus replied to objections made concerning my "Generalization"—which is now no longer a generalization, but a specific statement.

But, says one, I have failed to cure a chancre with syphilinum, therefore it is not reliable. Another says, I never got any good from diphtherinum, and consequently it is a failure. Another, I have never cured gonorrhœa with medorrhinum, and for that reason it is not to be depended on.

Man is so complex, that it is very seldom a *simple* disease exists in a patient, and therefore other remedies may be required—the younger the patient, the less vitality the infused miasms may have, and the more frequently cures are effected by the single remedy.

Did any one ever cure a chancre with the smallest possible dose of Mercurius, as Hahnemann said could be done? Why not? After years of study he found why it failed. It was of contending miasms in the systems, notably psora, and that *must* be cured before the syphilis could be. For want of study of the causes of these failures, many physicians have given up Homœopathy on account of their inability to cure all cases, which may not be entirely attributable to this, but for the want of studying them and the materia medica.

One writer thinks there have not been enough cures with these morbid poisons to prove anything. This remark is the result of ignorance of what has been done. One cannot say how many cures would be required to convince those who never investigated or experimented; but if the following are not satisfactory, what will be. Cures have been made of "Pott's disease of the spine," "Hodgekin's disease," "puerperal peri-

tonitis," " gonorrhœal rheumatism," " variola in its last stage," " diphtheria," " measles," " scarlet fever," gonorrhœa, syphilis, and these not in one but in many cases.

Some get rid of these truths by shouting *Isopathy*; a moment's reflection will show them that the application of the *crude* poison to effect a cure is *Isopathy*, and it *never did*, nor *ever will*, result in a cure; but if the poison is *potentized*, it is an antidote, and will cure the effects of the same poison in a crude state, and this because it is no longer and idem—but a similar, and therefore the cure is Homœopathic—as Hahnemann plainly taught. (See foot note 59 to paragraph 56, page 194, Organon.)

It is not to be supposed that Morbilin, Scarlatinin, etc., will cure any symptoms but those produced by the poison, any more than any other drug, but no one can ever know the *full* power of a drug.

The poison imbibed may wake up the latent psora or other miasm, which after the administration of the potentized drug will disappear, as the disease is relieved, but they had only been lifted from latency, and when the poison that made them objective has been cured, they fall back to their latent condition as before, or, if remaining objective, require another remedy. A case illustrating this occurred in a boy about nine years old, who had measles—he was relieved of this in two days by Morbilin, when a hard cough set in, commencing about 5 P. M., continuing all night, and ending at daylight; one dose of Syphilinum given, and he was relieved and never coughed after.

The cures mentioned above have been made by many physicians besides myself, and they are hard facts which illustrate the truth of the statement that *a morbidic poison will cure the disease which producea it, if given in a high potency.*

These preparations act as prophylactics, as well as curatives, and many instances can be furnished where measles, scarlet fever, diphtheria, and variola, were confined to the individual patient, and this in tenement houses.

Of course the bile would be more effective than the saliva—but a recent letter from South America informs me that innoculation with the urine of a yellow fever patient had proved a prophylactic against the disease.

If I am in error, let it be shown in an honorable, manly way

—opinions and errors are not sins, and are not punishable, but are to be met by arguments founded on facts.

[We do not know that Dr. Swan is right; and it may be difficult to demonstrate that he is entirely wrong. As he includes Psorinum in his list of morbid agents, let each, like Psorinum, be thoroughly tested on the healthy before it is introduced into our materia medica. But to treat Dr. Swan's discoveries as those of Jenner and Harvey and Hahnemann were treated, is not very complimentary to the boasted "freedom of opinion and liberty of action" which has hitherto characterized the believers in similia. If they are facts put them to the test of practical experiment and let them stand or fall on their merits.]—ED.

THE BIG TOES.

RIGHT:

Right big toes.—Benzoic acid, Bryonia, Cistus, Lac can.

Left big toes.—Agnus, Ledum.

Toe joints.—Argentum, Aurum, Kali c., Strontiana, Teucrium.

Actea rac.—Dull aching, burning pain in the second joint of the *right* great toe, extending up the limb.

Æsculus hip.—Burning pain in left great toe.

Agnus cast.—Stitches in legs and left great toe.

Allium sat.—Toe joints pain as if sprained.

Alœ.—Great left toe feels as if sprained.

Ambra gris.—Gouty pain in ball of great toes.

Ammonia carb.—Ball of great toe painful and hot. Great toe becomes red, swollen and painful, particularly in bed, evenings. Big toe is hot and burns, worse from pressure of boots.

Ammoniacum.—Gouty pain in *left* big toe.

Anagallis arv.—Pain in left great toe, and little toe in the morning.

Apocynum can.—Pain in the ball of the right big toe.

Arnica.—Big toe joint red, feels sprained.

Arsenicum.—Sore pain on balls of toes when walking, as if sprained.

- Arsenicum hyd.**—Pain on pressure in balls of toes. Thumping pain in right big toe, increased in warmth.
- Arum triph.**—Painful sensation of dislocation, can hardly walk; most under left big toe.
- Asafœtida.**—Sticking sensation in ball of great toe when putting the foot to the ground. Sensitive throbbing in left great toe. Stitches and pulsations in the big toe. Painful throbbing in tip of great toe.
- Asteria rub.**—Gouty pain in metatarsal joint of left big toe—cannot walk at all.
- Baptisia.**—Rheumatic pain in phalanges of right great toe.
- Benzoic acid.**—Gout commencing in right big toe. Pain in large joints of big toe.
- Antimonium crud.**—Burning pain in the ball of right big toe.
- Arnica.**—Dull long stitch in the right big toe.
- Gumi gutti.**—Cramps in the right big toe.
- Magnesia carb.**—Tearing in the right big toe.
- Antimonium crud.**—Drawing and tearing in the right big toe.
- Nux jug.**—Drawing in the right big toe as if dislocated.
- Staphisagria.**—Stinging itching of the right big toe.
- Ranunculus scel.**—Boring and gnawing in the right big toe.
- Nux vom.**—Cramp-like pains in the right big toe during rest.
- Sabina.**—Arthritic pain in the right big toe with red shining swelling.
- Drosera.**—Tearing in the ball of the right big toe during rest.
- Arsenicum.**—Tittilation and creeping itching of right big toe.
- Zinc. m.**—Lancinations*in the posterior joint of the right big toe.
- Silicea.**—Painful cramps in the right sole and especially the right big toe.
- Rhus rad.**—Inflammation with smarting pain at the posterior joint of the right big toe.
- Oleander.**—Burning in the tip of the right big toe when sitting.
- Bismuth.**—Tearing with pressure in the tip of right big toe.
- Lac can.**—Painful stitches in right big toe when walking.
- Taraxacum.**—Burning in the toes, especially the back of the right big toe.
- Benzoic acid.**—Pain in the large joint of the right big toe with tumefaction and swelling.
- Lac can.**—Painful stitches in right big toe while walking.

- Colchicum.**—Sticking tearing in the ball of the right great toe near its lower side.
- Gout in toes.**—Ambra, Arnica, Colchicum, Conium, Graphites, Ledum, Sabina, Sulphur, Veratrum.
- Colocynth.**—Tearing in the metatarsus and toes of right foot when walking.
- Zincum.**—Tearing and tension in the borders of the right foot.
- Valerian.**—Repeated darting tearing in the inner border of the right foot as if caused by electricity.
- Cedron.**—Pain in first joint of right great toe, and all the joints of toes, aggravated by motion and cold, worse at night.
- Dioscorea.**—Pain and soreness in fourth toe of right foot underneath the great toe—in the right little toe. Sharp pain in the bottom of feet and toes, constant dull pain in ankles, feet and toes.
- Rhododendron.**—Outer border of right big toe is painful during rest.
- Staphisagria.**—Burning with pressure in the tip of the right big toe during rest.
- Mezereum.**—Slight twitching in the knuckle of the right big toe.
- Ranunculus scel.**—Jerking, gnawing or boring in the right big toe. Sudden stitches in the fore part of the right big toe as if a needle were thrust in deep—ditto changed into a burning.
- Zinc.**—The right big toe is somewhat inflamed and painful at the left side of the nail and a little above, for several forenoons.
- Cyclamen.**—After walking the toes feel dead, with sore pain in the toes after resuming his walk. Violent itching in back of right big toe.

LEFT.

- Iodium.**—Lancinating tearing under left big toe nail.
- Colchicum.**—Tearing in the feet, left tarsus, dorsa of the feet and left sole.
- Kali bich.**—Acute arthritic pain in the ball of *left* big toe in the evening, followed in a few minutes by a similar pain in right big toe.
- Benzoic acid.**—Stitch passing perpendicularly upward through the right big toe, followed by a burning appearing afterward in the left big toe.

- Ranunculus scel.—Tingling and jerking in the left big toe.
- Rhus tox.—Stinging itching in the ball of left big toe.
- Antimonium crud.—Fine itching of the left big toe.
- Cyclamen.—Hard pressure in the left big toe.
- Phosphorus.—Stitches in the left big toe when walking.
- Lac defloratum.—Sore corn under the left big toe.
- Mercurius sol.—Burning pain in left big toe during rest.
- Celastrus.—Pulsation in left big toe, going off when walking.
- Rhus tox.—Stinging itching in the ball of left big toe.
- Lachesis.—Pain in the left big toe as if it had become contracted.
- Rheum.—Bubbling snapping sensation in the ball of left big toe.
- Phosphoric acid.—Ulcerative pain in all the toes; tearing stitches in the ball of left big toe.
- Sabina.—Painful stitches in the ball of left big toe, shaking the whole body like an electric shock.
- Oleander.—Painful throbbing in the ball of left big toe; tensive stitches in tip of left big toe.
- Agnus cast.—Severe stitches in left big toe, causing whole limb to jerk.
- Rhus tox.—Stitch from left big toe to the middle of the left breast when standing.
- Agnus.—Pricking in the left big toe.
- Mezereum.—Pricking burning stitches in the tip of left big toe at intervals.
- Sac Jac.—Pain in left *ankle*, in left *ankle to heel*, in *sole* of left foot, in *top* of left foot, *middle* of *sole* of left foot to *second toe*. Sharp pains in *large joint* of *left great toe*, in *ball* of *left big toe*, just above *left heel*, in *left heel*, worse from walking.

RIGHT AND LEFT.

- Borax.—Aching pain in the big toes.
- Cinnabaris.—Pain in the big toe.
- Cyclamen.—Drawing pain in the big toe.
- Berberis v.—Buzzing digging pain in big toe.
- Moschus.—Pain in the big toe as if sprained.
- Rhus tox.—Pain in the big toe as if frozen.
- Silicea.—Stitches in the big toe.
- Bovista.—Lancinations in the big toes in the evening.
- Thuja.—Lancination on both sides of big toe nails.
- Crotalus.—Tingling in the small and big toes.

Lac caninum.—Burning in ball of left big toe. Burning in inner side of left big toe.

Causticum.—Tingling in the big toes.

Nux vom.—The big toe goes to sleep.

Magnetismus australis.—Ingrowing toe nail, soreness of the inner side of the nail of the big toe in the flesh, as if the nail had grown into the flesh on one side; very painful even when slightly touched. Verified many times—even when the nail had grown down on the outside nearly cutting off the flesh. *No surgical operation is ever necessary.* The pain ceases after the administration of a high potency, the pus disappears and the nail grows out naturally.

Sabina.—Pricking in the big toe.

Sulphuric acid.—Pricking stitches under the big toe.

Magnesia carb.—Burning stitches in the big toe.

Ginseng.—Stitches in the big toes alternating.

Crotalus.—Lancination in the big toe.

Antimonium crud.—Cracking of big toe during every movement.

Zincum.—Stinging itching under the big toes.

Ledum.—Slow stitch in the big toe.

Bryonia.—Stinging, particularly in the big toe balls.

Sulphur.—Inflammation and swelling of the big toe.

Dulcamara.—Pulsative tearing in the big toes.

Calcarea carb.—Burning at the tip of the big toe.

Arnica.—Single shocks and stitches in the big toe.

Pulsatilla.—Tearing jerks or shocks in the big toe.

Natrum carb.—Swelling of both big toes.

Silicea.—Boring and drawing in the big toe.

Baryta carb.—Tearing in the big toes.

Zincum met.—Burning and pricking in ball of big toe.

Belladonna.—Tearing pain in metatarsal bone of big toe.

Pulsatilla.—Pricking in the toes, especially the big toes.

Ambra.—Stinging in left foot, heel and ball of big toe.

Causticum.—Burning stinging in ball of big toe, and under the nail.

Lamium alb.—Cramp-like pressure in the ball of big toe when sitting.

Cyclamen.—Drawing from without inward in the metacarpal joint of the big toe.

- Arsenicum.**—Lancination down to the big toe apparently in the periosteum.
- China.**—Stinging tingling from big toe to the dorsum of foot, disappearing on walking or standing.
- Petroleum.**—Pressure in the ball of big toes as if they were slightly bandaged.
- Celastrus.**—Numbness in the dorsum of the proximal phalanx of the great toe.
- Sepia.**—Cutting in the toes at night, with redness of tips of toes. Stinging in tip of big toe.
- Ammonia carb.**—When walking the ball of big toe is painful as if ulcerated.
- Causticum.**—Pain in big toe as if ulcerated or inflamed.
- Tartar emet.**—Sudden painful grumbling in the big toe at regular intervals.
- Prunus spin.**—Pain in the fore joint of big toe as if it would be pulled out.
- Pulsatilla.**—Numb pain in the soles of the feet, and ball of big toe.
- Veratrum.**—Sore pain in the corn when standing tiptoe; stitching pain in the big toe.
- Valeriana.**—Tearing on the tips of the toes, especially the big toes.
- Ammonia carb.**—The big toe becomes red, swollen and painful, and the whole foot swells.
- Causticum.**—Panaris on the big toe with burning and digging pain.
- Phosphorus.**—The ball of the big toe is inflamed, with stitches.
- Oleander.**—Tearing in the big toe which is painful as if ulcerated.
- Iodin.**—Tearing in the joints of the big toe and some fingers.
- Ranunculus bulb.**—Cold feeling in the big toe as if there was nothing through it.
- Arnica.**—Lancinating tearing under the big toe, when pressing the foot to the ground.
- Ambra.**—Arthritic pain in tarsal joint and ball of big toe.
- Cocculus.**—Pain in the posterior joint of big toe as from a chilblain or boil, tearing pain in big toe even during rest.
- Hepar.**—Stinging pain in the corn; the nail of the big toe is painful as if ulcerated, when pressed upon.

—opinions and errors are not sins, and are not punishable, but are to be met by arguments founded on facts.

[We do not know that Dr. Swan is right; and it may be difficult to demonstrate that he is entirely wrong. As he includes Psorinum in his list of morbid agents, let each, like Psorinum, be thoroughly tested on the healthy before it is introduced into our materia medica. But to treat Dr. Swan's discoveries as those of Jenner and Harvey and Hahnemann were treated, is not very complimentary to the boasted "freedom of opinion and liberty of action" which has hitherto characterized the believers in similia. If they are facts put them to the test of practical experiment and let them stand or fall on their merits.]—ED.

THE BIG TOES.

RIGHT:

Right big toes.—Benzoic acid, Bryonia, Cistus, Lac can.

Left big toes.—Agnus, Ledum.

Toe joints.—Argentum, Aurum, Kali c., Strontiana, Teucrium.

Actea rac.—Dull aching, burning pain in the second joint of the *right* great toe, extending up the limb.

Æsculus hip.—Burning pain in left great toe.

Agnus cast.—Stitches in legs and left great toe.

Allium sat.—Toe joints pain as if sprained.

Alœ.—Great left toe feels as if sprained.

Ambra gris.—Gouty pain in ball of great toes.

Ammonia carb.—Ball of great toe painful and hot. Great toe becomes red, swollen and painful, particularly in bed, evenings. Big toe is hot and burns, worse from pressure of boots.

Ammoniacum.—Gouty pain in *left* big toe.

Anagallis arv.—Pain in left great toe, and little toe in the morning.

Apocynum can.—Pain in the ball of the right big toe.

Arnica.—Big toe joint red, feels sprained.

Arsenicum.—Sore pain on balls of toes when walking, as if sprained.

- Arsenicum hyd.—Pain on pressure in balls of toes. Thumping pain in right big toe, increased in warmth.
- Arum triph.—Painful sensation of dislocation, can hardly walk; most under left big toe.
- Asafœtida.—Sticking sensation in ball of great toe when putting the foot to the ground. Sensitive throbbing in left great toe. Stitches and pulsations in the big toe. Painful throbbing in tip of great toe.
- Asteria rub.—Gouty pain in metatarsal joint of left big toe—cannot walk at all.
- Baptisia.—Rheumatic pain in phalanges of right great toe.
- Benzoic acid.—Gout commencing in right big toe. Pain in large joints of big toe.
- Antimonium crud.—Burning pain in the ball of right big toe.
- Arnica.—Dull long stitch in the right big toe.
- Gumi gutti.—Cramps in the right big toe.
- Magnesia carb.—Tearing in the right big toe.
- Antimonium crud.—Drawing and tearing in the right big toe.
- Nux jug.—Drawing in the right big toe as if dislocated.
- Staphisagria.—Stinging itching of the right big toe.
- Ranunculus scel.—Boring and gnawing in the right big toe.
- Nux vom.—Cramp-like pains in the right big toe during rest.
- Sabina.—Arthritic pain in the right big toe with red shining swelling.
- Drosera.—Tearing in the ball of the right big toe during rest.
- Arsenicum.—Tittilation and creeping itching of right big toe.
- Zinc. m.—Lancinations in the posterior joint of the right big toe.
- Silicea.—Painful cramps in the right sole and especially the right big toe.
- Rhus rad.—Inflammation with smarting pain at the posterior joint of the right big toe.
- Oleander.—Burning in the tip of the right big toe when sitting.
- Bismuth.—Tearing with pressure in the tip of right big toe.
- Lac can.—Painful stitches in right big toe when walking.
- Taraxacum.—Burning in the toes, especially the back of the right big toe.
- Benzoic acid.—Pain in the large joint of the right big toe with tumefaction and swelling.
- Lac can.—Painful stitches in right big toe while walking.

- Aconite.**—Lancinating tearing pain in the tip of big toe, coming on gradually when lying down.
- Arnica.**—Dull throbbing pain in one toe, arthritic dull pain as from a sprain in the big toe joint, with some redness; stitches in the foot through big toe; single stitches in big toe.
- Crotalus.**—Painful pricking and stinging in the big toe where the nail is inserted in the skin.
- Phosphoric acid.**—Swelling of the big toe joint with burning beating; when touched he experiences cutting pains.
Pains excited by fear of some one touching it.
- Ledum.**—The ball of the big toe feels soft, thick and painful; when pressing it to the ground, sensation as if the blood was rushing to the big toe.

RIGHT.

- Spigelia.**—Creeping in the tips of right toes.
- Agaricus.**—Digging pain in right toes.
- Spongia.**—Voluptuous itching of the right toes when walking.
- Thuja.**—Voluptuous itching under the right toes.
- Cina.**—Cutting pain in all the right toes as if cut off.
- Staphisagria.**—Swelling of the metatarsal bone of the right little toe, when touched.
- Phosphoric acid.**—Crampy pressure in the last toes of the right foot.
- Aconite.**—The toes of the right foot go to sleep while walking.
- Ruta.**—Cramp-like fine stinging in right little toe while sitting.
- Magnesia.**—Soreness and itching between the last two toes of the right foot.
- Zincum met.**—Swelling, heat and redness with painful itching of the right toes.
- Magnesia mur.**—Feeling of heat and formication in right toes.
- Sabina.**—Drawing in the right toe joint, aggravated by motion.
- Calcarea a.**—Severe stitches in some toes; cramp-like pricking in the right toes.
- Veratrum.**—Short-lasting stitching pain in the toes of the right foot when walking.
- Rhus rad.**—Numbness of the two large toes of the right foot, with sensation of a bag of cotton between.
- Zincum met.**—Painful itching of right toes, with heat, redness, and swelling; stitches in the balls of the toes.

Clinical Medicine.

A COMPLICATED CASE OF PSORIC DISEASE.

E. W. BERRIDGE, M.D., LONDON, ENG.

Oct. 20, 1881.—Miss H. J., aged 36, consulted me. This is the only time I saw her; the remainder of the treatment being carried on by correspondence. At the age of two or three she fell, and the right side of occiput came in contact with a file; shortly afterwards the hair of head completely fell off, and a scab formed all over head. Was treated by the late Dr. G. N. Epps (pseudo-homœopath) for it. The sight soon began to fail and eyes became inflamed. From age of three to eight there was great pain and inflammation of eyes, and though the wound on head healed, the scabs remained. One day she felt a severe pain in left eye and heard a loud report in left side of forehead; after this the left eye began to waste, while the sight of right eye improved. Since then she has had no pain in left eye. Eight or nine years ago a local allopathic oculist diagnosed cataract of right eye with granular lids; he applied caustic to the lids, causing much pain, since which the sight has been weaker. In May, 1880, she consulted a London allopathic oculist, who said she was going blind and removed the left eye. Then she consulted another London oculist who diagnosed cataract, and prescribed medicines and ointment, but eye became worse. She had sixteen brothers and sisters, of whom twelve have died, almost all from phthisis.

Present symptoms.—Cataract of right eye, with slight film on cornea; right eye at times feels large, as if the lid would not cover it, with heat and pricking in eye; the enlarged feeling is generally worse when bodily tired, not apparently affected by using eye. Sight short, sees best in twilight, or when wearing dark glasses. With the attacks of pain has photophobia. For six months has had piles, generally internal, causing bearing-down pain in back. Constipation; bowels only act twice a week, with constant ineffectual urging; *during* stool, much pain from straining; *after* stool, prostration. Menses used to be regular; but since piles have appeared have become irregular, at intervals of from two to six weeks. During menses has severe

pain which a low potency of Pulsatilla relieves at once, but stops the flow. Menses have just ceased, having occurred after an interval of two weeks. Hair falls off.

Phosphorus cm. (F. C.), every other day for fourteen days.

November 7th.—Piles and bearing-down in back have quite ceased; they departed at the same time. Feels altogether much better in general health and spirits; constipation gone. Eye feels cooler and clearer, though she has used it more than usual. No medicine.

November 28th.—No further change in eye; sometimes it aches a good deal: when it is bad it feel too large for the socket and full of dust, with photophobia. Menses returned on November 9th (after the disappearance of piles), with dreadful pain in hypogastrium, as if there were something as hard, large, heavy, and cold as a mile-stone inside her; also pain in back and right side away down to knees; the intense pain lasted five or six hours, then gradually went off; the flow was very scanty. She did not take any Pulsatilla for it this time.

Pulsatilla cm. (F. C.), a dose daily for seven days.

December 12th.—No return of piles or constipation. Menses appeared on December 8th, regular almost to the day; very little pain and that chiefly in back, not a shadow of what she suffered last month. Menses scanty, lasting two days. During menses has a good deal of headache, a sort of fullness as of a rush of blood to head and face; it is worst the first day of menses, gradually ceasing by end of second day. Sight has been "very fair since last medicine"; a more natural feeling about eyes. She writes, "The last medicine seems to have the effect of the Pulsatilla." No medicine.

Jan. 9, 1882.—For more than a week has been able to bear gaslight; all last winter could not look up in church, but had to close eyes all the time; this is not so now. On December 29th, caught a terrible catarrh, chiefly affecting chest, causing burning of eyes, and making her feel ill all over. Misguided by one of the late Dr. Ruddock's pseudo-homœopathic books, she took Bryonia, Hepar and Phosphorus, all in alternation with Aconite. They did very little good, and she experienced more relief from a wet compress than from these medicines. The catarrh has now very nearly gone, having passed into its second stage of cough. She has had a bad cough for the last

twelve days; it is worse at night when lying down, keeping her awake for hours; it is a hard dry cough, tearing the chest and shaking the whole body. Pants for breath at the least exertion. Menses came and went with scarcely any discomfort, but more scanty than ever before, and there was the same fullness of head. Formerly she would sometimes have epistaxis during menses, but this has not returned since she has been under my treatment.

Sulphur dm. (F. C.), every day for seven days.

February 6th.—After taking first dose the cough ceased as by magic; she only took one dose, as she felt she did not require any more. Slept well all next night which was quite a treat. Has had no return of cough at all, and altogether feels perfectly well, except the eye aches very often. Last menses more natural; less headache, more backache. No medicine.

February 10th.—Feels perfectly well, except that the eye has been weaker for last few weeks; a sort of dazzled feeling as though she had tried to look at the sun, and while it lasts, a sick feeling in stomach, which is a new symptom. Sight very short. On left half of scalp the hair falls off, and there is a thick coating, not sore except when removed; the rest of the scalp is natural; it is always so, but gets worse at times; it accumulates again in a week or so after it has been removed; the left side of head never feels so natural as the other. Often has a numb feeling in the whole of the left half of her. Has a good deal of nerve, and so pays less attention to little things; but sometimes has dreadful collapses, and then recruits herself by a thorough good cry all to herself, and so goes on; *crying is her safety-valve*, only it hurts her eye. Graphites mm., 68om. (Fincke), every other day for fourteen days.

February 28th.—Feels perfectly well, except she has had that strange feeling several times; no pain, only a sick sort of feeling after it has passed off; it comes on with a strange feeling passing over brain, especially on left side; then a dazed feeling before the eyes, and it passes all down the left side of body, down to the toes; it comes on any time during day, and she just drops down on the nearest seat and it passes off. If she can have a good cry she gets over it so much the sooner; if she cannot cry, this sick feeling continues for an hour or two. Sight

and head much the same. Last menstrual period more comfortable and natural than she can ever remember. No medicine.

March 23d.—Eye often aches, especially when tired or worried. Menses last week, *only for one day*, with much pain in body and down knees. Baryta carb. cm. (F. C.), every other day for fourteen days.

Subsequently (date omitted in my case-book) reports eye unchanged, but otherwise feels well.

November 12th—Has been ill for over two weeks; gets a little better for an hour or two, then worse again. Thinks she has taken cold. Frequent chills even in bed. First she had pains in most of the joints, and particularly the lower part of back. She took a low potency of Rhus, and is now comparatively free from these pains, but for the last four days the pain has been in the whole head and back of neck, sometimes almost unbearable; *has to hold head as tightly as possible, especially when coughing*. Short dry cough on lying down. Head feels as if it would burst, cannot bear even to walk, it shakes the head so; very thirsty. Has to press head with hand when writing. Eyes feel like fireballs, even the remains of the left one. (So much for enucleation!) Again misguided by Ruddock's mongrel treatise, she had taken Aconite, and for the last three days Bryonia; but they did no good. Natrum mur. cm. (F. C.), thrice daily for six days.

November 17th.—Received medicine evening of November 13th. To-day has been able to work all day, and proper work too; all last week it was about half an hour's easy work, then an hour's rest. She is quite surprised how well she feels. She felt the good effect of the medicine in about an hour's time after the first dose; the pain gradually began to go from the back of the neck right over the head, but it lasted longest in the eyes and temples; cough is also very much better.

November 20th.—Much better: head quite free from pain, but has a bad dry cough, deeper and harder than before; it prevents her from sleeping long at a time, and is much worse at night; nevertheless feels much better generally. Last week, twice lost a good deal of blood from the nose, after which she felt better and lighter altogether; this occurred at time of menses, when she had much pain, and instead of taking its natural course the blood seemed to rush to head; but she has

not had any similar trouble for a very long time. Eye feels comfortable again.

Pulsatilla cm. (F. C.), thrice daily for six days.

November 29th.—Cough does not wake her at night, otherwise is about the same; it is very bad on first lying down, quite exhausting. The old sleeplessness has returned, and she cannot sleep after 4 A. M. Pulsatilla mm. (Fincke), thrice daily for six days.

December 9th.—Cough about the same, in paroxysms during day, and always on lying down by night or day. Menses have returned without the slightest pain, which never happened before. In other respects feels quite well and strong.

Niccolum 200 (Leipzig), thrice daily for six days.

Jan. 12, 1883.—Reports that the last medicine quite cured the cough, and she feels perfectly well and strong.

June 18th.—Eye has been as bad as ever for the last five or six weeks; on waking in the morning it feels rough and *hard* like stone; just as if she had lain with it open all night and the wind had blown into it; she must keep it closed by holding the lid down; over-exertion brings on the pain, especially anything that strains the shoulders and neck. Colocynth cm. (Fincke), thrice daily for six days.

June 30th.—Eye began to feel much more natural after second dose; cooler and softer on waking in morning, and sooner getting comfortable; it has improved so much that with the exception of one morning she has been able to get up directly on waking, whereas before she had to keep in bed an hour or two. Now, eye feels very weak, but nothing else; the bright weather seems too strong for it. Feels perfectly well in health, and has done so for a long time. All the other symptoms gone. No medicine.

August 6th she wrote: "My sight is so good that I do not think I require any more medicine. I have waited to see if any of the old symptoms returned, but they have not. I am sure my sight is far beyond what my most sanguine hopes ever reached."

June 16, 1884.—Writes, that she is quite well and sight very good. I saw a piece of fine lace which she had recently worked, and it was done beautifully.

[This is certainly a brilliant cure and had it been effected a

little earlier would without doubt have saved the eye which had been enucleated. But we fail to see any reason for such frequent repetition of these high potencies, and think close adherence to Hahnemann's injunctions would have yielded better results.]—Ed.

SOME GOOD CURES.

From Burnett's Fifty Reasons for Being a Homœopath.

What I mean in my fifth reason requires to be insisted upon a little more, that you may perceive my meaning the more clearly. I said Homœopathy raises one from the dependent position of a journeyman therapist to that of a master.

E. g.—Some years since, as you may perhaps know, a drug called Cundurango came up in your school as a cure for cancer, much as Chian turpentine did subsequently, and, like it, had its little day, and then passed out of sight.

Cundurango, thought I, will certainly cure only one variety of cancer, not all. How are we to know which? The clinical records of Cundurango showed that it really has genuine curative power over some cases of cancer, particularly of the stomach. Hahnemann taught that the true way to define the curative sphere of a drug is to give it to healthy people, to see what it would do to them.

So I procured some of the Cundurango bark, made an infusion, and drank quantities of it. You will find my report on the subject in Allen's Encyclopædia of pure Materia Medica. Well I found that it causes (*inter-alia*) cracks in the angles of the mouth.

Subsequently I had to treat a case of cancer of the left breast in a middle-aged woman, but patient had *also a deep crack in the angle of her mouth* on the left side, with thick indurated edges, probably of an epitheliomatous nature. I think you would have agreed with the diagnosis had you seen the case. I therefore reasoned thus—we know empirically that Cundurango can cure some cases of cancer; I know from direct experiment on myself that it causes the angles of the mouth to crack; the Homœopaths maintain in that likes cure likes, *ergo*, *Cundurango* ought to be the curative agent in this case. The patient

took a homœopathic preparation of the remedy steadily for about three weeks, with gradual, slow amelioration, and eventual perfect cure. Since then eight years have elapsed and she is still in excellent health. I think it must be manifest that had it not been for Homœopathy this cure could not have been wrought, and patient must long since have died of the dire disease.

Therefore please accept this as my sixth reason for being a Homœopath. And, learned brother, what a proud position too! Of course it is not "regular," alas! that is not.

Obs. XI.—I would fain beg you to allow me to give you my eleventh reason for being a Homœopath also a most singular case of hiccough. It has already been published in my "*Natrum Muriaticum*," whence I will transcribe it:

"A clergyman's wife, about fifty years of age, consulted me on Feb. 20, 1878, complaining of severe dyspepsia with other symptoms of *Natrum mur.* My visit was a hurried one, so I did not enter very fully into the case. *Natrum mur.* 6, trit., in water twice a day, was the prescription; it cured in three days these symptoms: "Hiccough occurring morning, noon, and night for the last ten years, which was brought on by Quinine; it was not a hiccough that made much noise, but shook the body to the ground; 'it used to last about ten minutes, and was very distressing.'"

How do you know that hiccough was really produced by Quinine? I inquired. She answered: "At three separate times in my life I have taken Quinine for tic of the right side of my face, and got the hiccough each time; the first and second time it gradually wore off, but the third it did not; when the late Dr. Hynd prescribed it I said, do not give me Quinine as it always gives me hiccough, but he would give it to me; I took it and it gave me hiccough, which lasted until I took your powders; it is more than ten years ago that I took the Quinine."

The cure of the hiccough has proved permanent.

This patient is a most truthful Christian woman, and her statement is beyond question.

She has been a Homœopath for many years, and my patient off and on for more than three years, during which time I have had to treat her for chronic sore throat, vertigo, palpitation, and at one time for great depression of spirits.

She had also previously mentioned her hiccough incidently but I had forgotten all about it, and on this occasion she did not even mention it; so far as the hiccough goes the cure was a pure fluke! But it set me a-thinking about the Hahnemannian doctrine of drug dynamization for the thousandth time, and has seriously shaken my disbelief in it.

Hiccough is a known effect of Chininum sulf.: Allen's Encyclopædia, vol. iii., p. 226, symptoms 370 and 379.

We note from this case that:

1. The effects of Quinine, given for tic in medicinal doses to a lady, may last for more than ten years, that

2. Natrum mur. in the sixth trituration antidotes this effect of Quinine, while

3. The substance in its ordinary form, viz., common salt, does not antidote it even when taken daily in ordinary quantities, and in various forms for ten years. Inasmuch, then, as the crude substance fails to do what the triturated substance promptly effects, it follows, therefore, that

4. *Trituration does so alter a substance that it thereby acquires a totally new power*, and consequently, that

5. The Hahnemannian doctrine of drug dynamization is no myth, but a fact in nature capable of scientific experimental proof, and, inasmuch as the crude substance was taken daily for many years in almost every conceivable dose, in all kinds of solutions of the most varied strength, it results

6, and lastly. That the Hahnemannian method of preparing drugs for remedial purposes, is not a mere dilution, or attenuation, but *a positively power-evolving or power-producing process, viz., a true potentisation or dynamization.*

This case is probably as good a one as we may expect to get. and it might here fitly close the subject as far as its simple demonstration is concerned, but I have others in my case-book both corroborating it and presenting new features.

Before leaving this Case XI, let us reflect for a moment on the certainly immense number of modifying and perturbing influences this lady had been subject to during those ten years, as well as living at the sea-side and *including the daily use of salt*, and yet her hiccough persisted until dynamized salt was given.

Before coming to these conclusions I exhausted all my

ingenuity in trying to explain it away, and that backed by no small amount of scepticism, but I cannot avoid them, do what I will. Moreover I require more scepticism not to believe it than to believe it.

I am thus in a dilemma: either I must believe in the doctrine of drug dynamization or disbelieve the most incontrovertible evidence of facts, which is the province of the demented.

Or canst thou, critical reader, being more ingenious and more skeptical than I, help me out of the dilemma? Fain would I believe thou canst, for this doctrine of drug dynamization seems to take away firm material ground from under ones' feet and leaves one standing in the air.

This is rather a long account of a case of hiccough, but it taught me much, and that must be my excuse for not curtailing it.

A PECULIAR CASE.

C. A. HOWELL, M.D., WESTERVILLE, OHIO.

A short time ago I was called to see a Mrs. —, æt. 63, and found her suffering with the following symptoms, *that had appeared suddenly*:

Intense pain in the occipital region, worse at every throb of the heart.

Retraction of the head and neck.

Neuralgic pains in the limbs.

Pulse 96 and temperature 99 degrees.

There were no other symptoms present, or at least, at that examination I failed to elicit any others; prescribed Macroton *zx*, every two hours. About eight hours after, I inquired how my patient was feeling, and with a smile she replied: "Why, Doctor, I am much better, but I must tell you something you omitted to ask me about at your last visit." Here my patient gave the following strange history: At the age of eleven years she began her menstrual life, and her monthly cycle continued up to the age of 49; the flow having been during this period regular as to time and normal in character and amount. At this age, after menstruating thirty-eight years, she ceased menstruating without experiencing any of the disturbances that

generally arise at this time of life. At the age of 60, ceasing to menstruate eleven years, she again began to have her regular monthly cycles, which are, although small in amount, marked with regularity of return, and with little or no pain; at the present age of 63, she is apparently in good health. Such is the history of the case. My prescription covered the *totality* of the symptoms, hence the relief of the neuralgic pains and the return of the flow which had not appeared that month.

A SATISFACTORY CURE.

DR. A. L. WALTZ, COLLINWOOD, OHIO.

Emma S., aged 14, came to me July 27, 1888, for an eruption on her face and hands. As we had had many cases of "German measles," I told her I thought it was that, and sent her away with a few powders of Belladonna 3x. The next morning she came to me again, but instead of having measles, it proved to be a well marked case of Rhus poisoning. As soon as I saw her I concluded to try to cure her by the pure homœopathic plan. I wanted to give her a high potency of Rhus, but did not have it, so I had her smell of a bottle containing the 6x potency. I saw her again in the evening but she was no better, if anything was worse, so I gave her one powder of the 3x dry on the tongue, and Sac. lac. three times a day. Saw her the next day but she was much worse. She now complained of a bursting, full sensation in the face and a terrible itching; and from these symptoms I concluded to give her Sulphur. The highest potency of Sulphur I had was the 30th. so I gave her one powder of the 30th dry on the tongue, and Sac. lac. three times a day. The next day she came again and the swelling had nearly all disappeared from the face and partly from the hands. Continued Sac. lac. three times a day.

The next day the swelling was nearly all gone from the hands and entirely so from the face. Continued Sac. lac. and told her that would be all that she would need. In four days after giving her one powder of Sulphur 30th she was entirely well. I am confident that if I had given her Sulphur at once I would have cured her much sooner. I never made a cure that I was prouder of than this one.

MERYCISMUS.—VULG. RUMINATION.

DR. CONRAD ALT.

Translated by S. Lillenthal, M.D., from B. M. W., 26, 88.

Merycismus, or rumination, is that habitual process, physiological with some animals, pathological with man, where the food returning without nausea from the stomach into the mouth is again masticated, mixed with saliva and then again swallowed so that it may be definitely digested. Regurgitation of food from œsophageal diverticles does not belong to merycismus.

Most authorities nowadays agree with Dumur and consider rumination a neurosis, a disturbance of innervation, a more or less high-graded paralysis of the muscular fibres of the lowest part of the œsophagus, whereby the periodical contraction of this part is diminished. Dehis and Walter consider it a motory reflex neurosis: the center for the motory functions (dilatation of the cardia and contraction of the stomach) are stimulated by the sensory irritation going on during the act of taking food. Kœrner tries to differentiate between simple rumination and rumination complicated with dyspepsia.

It commonly happens that a short time after a meal, from half an hour to an hour, often already after fifteen minutes, more rarely after three to six hours or still later, the food already in the stomach comes up in longer or shorter intervals without any subjective trouble, is again masticated and salivated and then swallowed again. Often only a part of the food returns into the mouth. The solid parts of the meal are mostly ruminated, more rarely the fluid parts. The quality of the food makes very little difference, still a more copious rumination follows the ingestion of green solid or fresh cellulose of any kind, and especially after bread. Rumination is seldom accompanied by disagreeable sensations, in most cases the ruminated food has a good taste now which it did not have at the first eating; toward the end of rumination a slightly acid taste is observed, which in some cases, particularly when the rumination takes place from three to six hours after the meal, may be so strong that the now acid mass is spit out. This is mostly the case in the complication with dyspepsia where the more solid regurgitated parts are accompanied by a strongly acid fluid. Pressure in the gastric region and pyrosis are then often observed. Obstinate constipation is also a frequent complication.

After all it is a disagreeable affair, and prevents many a patient from social intercourse, though some understand how to force the food back into the stomach; in other cases they are able to ruminate at any time spontaneously, by a deep inspiration and holding their breath.

So far hardly a hundred cases have been reported; especially males and young persons, nervous and mentally weak persons (idiots) seem especially predisposed to it. Whether heredity has anything to do with it, remains doubtful, but like in many other neuroses, it becomes infectious by example, a father ruminates and his boy follows his father's example.

As causes may be mentioned, preceding acute gastric catarrhs, habitual ingestion of large amounts of food, especially fruits; hasty eating without sufficient mastication; habitual regurgitation and habitual company with ruminating people or beasts. In some cases a moderate dilatation of the stomach, with or without hyperplasia of the muscular coat; in others a dilatation of the stomach, the so-called antrum cardiacum; in others a hypertrophy of the nervus accessorius Willis, were observed. Treatment has so far failed to eradicate the bad habit. Muriatic acid, Pepsin, Bismuth, infusum Quassiaë are recommended. More perhaps may be expected from the swallowing of ice pills, or Bicarbonate of Soda. Washing out the stomach was tried and failed. *Let the patient exert his will power in this neurosis,* he can suppress the rumination and even when he fail at the first attempts, repeated trials will convince him that he can eradicate the evil habit.

Whenever physiological therapeusis acknowledges its defeat, we may turn with confidence to our materia medica and be assured that we find the right remedy; thus we find in the repertories of C. Lippe and Clotar Mueller:

Pyrosis with eructations.—Ambra, Chinin. sulf., Mang., Lyc., Petr., Sep.

Regurgitation by mouthfuls.—Dig., Phos., Sulf. ac., Ferr. sulph.

Regurgitation sour.—Graph., Lyc., Natr. mur., Phos., Sulph.

Regurgitation after meals.—Dig., Ferr., Lach., Merc., Nux vom., Phos., Puls., Verat.

Phosphorus takes, therefore, first rank and next to it Ferrum phos. and Ferrum sulf., 2d, Digitalis and Lycopodium.

Allen in his Cyclopædia, vii, 401, gives us: 1261, Frequent eructations; 1268, 1269, *Uprising of food and eructations, without bad taste* (Hahnemann); regurgitation of a mouthful of bile, on stooping low down; 1294, Eructations, tasting of the food, even several hours after eating, without other symptoms of indigestion; 1304, Frequent acid eructations, always after eating, etc., etc.

Still for that dyspeptic rumination we would prefer *Lycopodium*, for we read, Allen, vi, 23: 1060, Sour eructations after every meal, with risings of digested food; 1066, Acid eructations with a burning sensation as far up as the throat; 1074, Rising of the milk taken in the morning, with scraping, clawing taste in the throat; 1075, Waterbrash; 1080, Heartburn; 1138, Discomfort in the stomach after eating a little; 1540, Constipation, etc., etc.

As *Ferrum met.* gives us in symptom 259, "He eats with proper appetite and taste at noon, but after eating there comes in jerks eructation and regurgitation of food, without nausea or inclination to vomit," we may expect great benefit from the combination of iron with Phosphorus, and Schuessler's *Ferrum phosphoricum* deserves therefore once more a thorough proving, and the same may be said of *Ferrum sulph.*, as we find only a few symptoms mentioned by Allen.

Old-school authorities speak very discouragingly of the use of Muriatic acid in rumination, and our authorities mention Sulfuric acid. Allen, ix, 427, mentions: 402, Sour eructations; 406, Regurgitation of food; 407, Food rises up again; 632, Persistent constipation.

We need not wonder that our old reliable sheet-anchors, *Nuxvomica* and *Pulsatilla*, according to the constitutional tendencies of the patient, will often come in to remove this nervous dyspepsia, of which we hear so much of late years, forming another chapter in the study of neurasthenia. The symptoms of both these polychrests are too well known to be mentioned. If neurasthenia is only the modern expression of some part of which Hahnemann called *psora*, his antipsorics will often come in, perhaps in some cases only as *adjuvantia* to help us out of the scrape. The patient must exert his will power to remove this disagreeable habit, and for the removal of bad habits nothing aids us so much as a sensible use of these very antipsorics.

NOTA BENE.

CHAS. B. GILBERT, M.D., WASHINGTON, D. C.

CASE I.—A mulatto child had varicella; a vesicle was opened and the contents wiped from the needle into sugar of milk; this was put into a two-drachm bottle of alcohol and thoroughly shaken: after settling, some was run up to the 6th dilution and a few powders sent her; after the first dose the itching stopped and no more vesicles appeared. Call it what you please, I call it a *cure*.

CASE II.—A dark-complexioned man about twenty-one, had a chancre which was cauterized with Nitric acid three or four times a week for three months, with no result except to make it larger and to produce a bubo. In December he got diphtheria which covered the pharynx with membrane and prostrated him so much for six days that the chancre was entirely neglected. The throat was touched with something on a hair pencil; at the end of six days the chancre was found healed and so remains, twenty years after. The bubo subsided under applications of Iodine. Beside the local application of Nitric acid he took some preparation of potash (not the Iodide) that was very astringent. He has some skin symptoms now on his legs and his throat does not look well.

What relation had the diphtheria to the chancre?

Generalization.—A diseased condition of tissues which is caused by a specific poison, like the venereal, cannot be caused by anything else. Geometrically stated: "Two things which are equal to the same thing, are equal to each other"; therefore, if one cause is specific, the other must be.

CASE III.—Myrtle M., two years old, a plump, light-haired, blue-eyed child, was attacked Jan. 4, 1888, with a very hot fever, which continued up to the time I saw her, and swelling of the left tonsil. On the 6th there was no abatement of the fever and she was drowsy most of the time, with some sweating; both tonsils were then swollen showing dilated vessels, but the glands were not very red. She was given *Calcarea ost.* 30, every six hours, three doses in all. The next morning she was much better, the tonsils showing each a point like a papule, but

no other signs of ulceration; the fever had gone. No more medicine was needed.

This case has not been reported because there was anything remarkable in it, but because it is a type of cases where many physicians think they must give something for the fever, and that something strong. Remove the cause and the fever will subside promptly.

CASE IV.—Plumbum—Dysmenorrhœa. March 16, 1888.—Miss —, about twenty-seven; dirty, pimply complexion; hair light brown; figure plump; intellectual, quiet, retiring, earnest; medium height.

For ten years has had dysmenorrhœa; latterly the pains, which last four of five hours, have begun in region of womb in a small spot and have spread as the circles spread when a stone is thrown into still water, and like them, growing less as they spread; as the pains lessen the flow increases and lasts four or five days, returning a little, perhaps, in three days; at times there are dark clots; leucorrhœa before and after menses, often irritating.

In December, 1886, first had pain under lower right scapula, while sewing, at times darting into shoulder, down the arm, through the body in the region of the liver and down the side; better from walking and warmth. Since this pain came there has been uric acid deposit. Yesterday the pain ran through the whole right side of the body, the shoulder and arm, and the upper part of the arm felt as if swollen; last night the pains shot *downward*, only, through the whole right side of body; this subscapular pain troubled her during the menses for the first time, at the last period.

The bowels have been loose, at times alternating with black balls, but lately the fæces have been too light in color; the tongue is a little white, the stomach gives no trouble and the appetite is fair; has not been able to study for several days on account of dulness of mind; sleep not good—lies awake and thinks of the many things she ought to do. Plumbum, two doses.

On the 17th she had a bubbling sensation under the scapula and below, while the urine was turbid; on the 19th, loose stools, which have since been more natural; on the 20th, frequent and profuse flow of urine ceasing at bedtime—the last after standing over night showing traces of uric acid sediment. On the

21st, pains straight through body from lower part of scapula but not downward; several small stools but no looseness; she felt much better generally and the mind was clear. Plumbum, higher, two doses.

When I saw her in the summer she was "very well" and had taken no more of the medicine; perhaps she did not need those last two doses.

For seven months Ferrum phos. had controlled the uterine pain. She has been subject to urethritis which has been controlled with Cantharis.

(Soliloquy: I wonder if fathers realize that the bladder troubles of their children are simply a "diamond edition" of their own gonorrhœal urethritis, which was cured (!) *cito tuto*, etc., with Zincum injections, or the improved homœopathic (!!) injection of Mercurius cor. 1-5000, given for the sake of keeping up with one's money-making neighbor.)

I got my first hint as to the value of Plumbum in liver troubles, from Henry N. Guernsey, of blessed memory. It is a remedy that will bear study.

MORNING DIARRHŒA.

JAMES BUTCHART, M.D., CLINTON, ONT.

The following symptoms were arranged from Farrington in my study of a case of diarrhœa in the morning:

Sulphur is the first to be thought of in chronic cases. Stool changes frequently in color, yellow, slimy or watery. In scrofulous children food may be undigested. Diarrhœa *worse in morning, driving patient from bed in a hurry*, soreness and rawness with a red line about the anus.

Natrum sulph. diarrhœa comes on regularly every morning, returning each day regularly, comes more in forenoon after getting up, thus differing from Sulphur, which hurries out of bed. In old scrofulous cases, and the hydrogenoid constitution of Grauvogl and the sycotic of Hahnemann. Associated with much flatus, belching after eating, eructations tasteless or sour, rumbling of wind in bowels on right side in ascending colon, subacute pain in illeo-cæcal valve. [Compare Alc.]

Rumex crispus hurries patient out of bed (same as Sulphur,)

but is distinguished from Sulphur by being associated with catarrhs and the characteristic cough of Rumex.

Podophyllum also rubs against Sulphur in morning stool, pouring out like water from a hydrant, hurries patient out of bed, stool changing in color. Differs from Sulphur in that it continues all day and is apt to be *worse at noon*. It has soreness and rawness of anus. Stool may be preceded by retching and vomiting, and comes with a gush, and though large in quantity soon returns, but does not much exhaust patient. May contain undigested food, and in children often deposits a mealy sediment. Is associated with prolapsus recti at each stool, especially in morning, and also with prolapsus uteri with bearing down and numbness in left ovary extending down thigh, and much backache.

Phosphorus has constipation with characteristic "dog stool" or diarrhœa, profuse, watery or green, *worse* in morning, also a stool of green mucus, *worse in evening*. Apt to contain undigested food; are very debilitating. Anus seems to stand open and exudes moisture.

Bryonia.—Usually constipation; attacked by diarrhœa from indulgence in vegetable food, stewed fruits, and getting overheated in summer. *Worse* in morning as soon as he moves after rising. Sometimes seized with sudden griping doubling pains, copious pasty stools, sometimes dark green from bile. They have the odor of old cheese.

Nux vom.—Usually *worse in morning*, stools papescent and watery, scanty and urging, retching and vomiting in morning, after a debauch, craving liquor. In dysentery, stools bloody and slimy, also watery or scanty. Urging which ceases as soon as bowels move. Result of cold or checked perspiration.

Lilium tig.—Urging to stool, morning diarrhœa, hurrying out of bed; stool yellow, papescent, causing an excoriated feeling at anus. Lilium symptoms are usually worse in afternoon. Associated with leucorrhœa and its peculiar uterine symptoms.

Dioscorea.—Morning diarrhœa, griping colicky pains, apt to fly off to other parts, much the same as Colocynth.

Kali bich.—Constipation or else morning diarrhœa; watery stools followed by tenesmus. Aggravated by beer or ale.

Petroleum.—Stools watery, often undigested, comes early in morning, associated with emaciation of body. Differs from

Sulphur in coming also during the day. Diarrhœa from the use of cabbage.

Gnaphalium.—Watery, offensive, morning diarrhœa, repeating during day. Successfully used in cholera infantum.

Nuphar luteum.—Yellow diarrhœa, worse in morning, causes nervous weakness, has been employed during typhoid.

MENYANTHES.—A VERIFICATION.

ROBERT FARLEY, M.D., PHœNIXVILLE, PA.

Miss B. W. Long been a sufferer from "spinal irritation." Frequently suffers with terrible attacks of cephalalgia. A short time ago was called to see her and found her suffering terribly with a bursting headache, with paroxysms causing her to scream with the terrible bursting pain, a sensation of terrible tension in membranes of brain. It began in nape of neck, right side, came up to forehead and then spread, involving whole brain. With this pain there was a terrible sensation of loneliness! "I can't bear this alone, please stay right by me, Mother." Was aggravated from light, noise and jar, even careful walking of others across floor; ameliorated from sitting in stooping posture and from heavy pressure on nape and vertex.

Menyanthes 30, in water, dose at intervals of ten minutes. Improvement began immediately and patient was comfortable in two hours. *Seemingly* indicated remedies allowed her to suffer several hours prior to the administration of Menyanthes.

MEDICINAL PROPHYLAXIS OF SMALL-POX.

The following appeared as an editorial in the Medical Register of July 14, and is a question which sooner or later must be met by the homœopathic profession of this country. If we may judge by the traditional bigotry of the allopathic school, a sample of which poor Jenner was made to feel most keenly, there is little hope of any aid from that quarter in the education of the people. Hence it will devolve almost entirely upon the Homœopaths to remove the obnoxious law of compulsory vaccination from our statutes:

The statement is scarcely creditable, but none the less true, that a few Philadelphia physicians have taken upon themselves the responsibility of furnishing a medicinal prophylaxis for small-pox, and have regaled the different sectional school boards with certificates in lieu of vaccination, as required by law, which read substantially as follows: "This is to certify that I have furnished —— a medicine to prevent variola," and signed, ——, M.D. These self-styled homœopaths would have the dignified members of the sectional board believe that they are practising under that variegated banner, while engaged in ennobling and philanthropic enterprises at the same time, although this so-called medicinal prophylaxis is merely a revival of isopathy. "A doctrine that is not wanting in defenders among the homœopathic heretics distinguished for the eccentricity of their aberrations." The author of the foregoing quotation is Dudgeon, a standard authority on homœopathy, and refers particularly to Constantine Hering, a shining light in homœopathic circles in Philadelphia for many years. Dudgeon says there is no doubt to whom belongs the honor of introducing isopathic heresies into their dogma, and that Hering actually proposed to treat every epidemic pestilence by a specific remedy obtained from the first case that appeared, besides giving the same in a potentized condition to all who were exposed. The remedy for small-pox is the matter obtained from the variolous pustules, potentized by trituration with sugar of milk.

Isopathy is by no means a new mode of treatment, as it has been practiced from the earliest times, but in the light of our present scientific acquirements, the idea of its advancement by reputable men who claim to be physicians is to be regretted, and is the more deplorable because the State cannot prevent the diffusion of such intolerable nonsense. When ordering medicines we are very particular to see that our patients have the best and purest drugs in the market, and none of us would be willing to have these preparations adulterated by the addition of such diabolical stuff as the watery excrements of cholera, the black vomit of yellow fever, or the desquamated skin of malignant scarlet fever. Nor would we take kindly to the plan further proposed by this enterprising, if heretical, German of using as a medicine a portion of the human body corresponding to the part affected, as few men are so cannibalistic in their ideas, and the plan of having "cold missionary on the side-board" is not at all refreshing.

THE OTHER SIDE.

PHILADELPHIA, July 24, 1888.—EDITOR FRANKFORD HERALD.
—*Dear Sir:* A scurrilous article in your issue of the 21st inst., under the caption of "Vaccination or Isopathy" is copied from an editorial in the Medical Register as a "subject of interest to Frankford people."

The undersigned having conscientiously opposed vaccination as being an unsafe prophylactic and a dangerous remedy *have*

gladly made use of certain other means which are quite as efficient (if not more so), in affording protection from the contagion of variola; and in themselves harmless agents.

That some medicines have been, and are, made from morbid products cannot be denied, but the administration of these in their unaltered condition is quite different from the prescribing of them in a "potency" that has passed through numerous attenuations. If, as some writers claim, our medicines which are made from the ordinary drugs of commerce, contain not a particle of drug matter, but are potentized, diluted, succussed and what-not until there is absolutely none of the original matter about them, why are they so afraid of a morbid product that has been subjected to precisely the same treatment? If it is "nothing but sugar," gentlemen, is it "cannibalistic" to prescribe it?

Furthermore, the undersigned have not used the preparation referred to as a variola preventive, but have administered internally a high potency of *Malandrinum*; or inoculated with a solution of tartarized antimony [according to the characteristics of the epidemic]. The former was obtained from the malanders of the horse, and, after passing through a form of preparation used with all our drugs, was proven upon some persons in good health producing symptoms so similar to small-pox as to be difficult to differentiate from it. The potentiation and method of preparation so effectually destroys all of its original elements as to render it tasteless, odorless, and far freer from loathsomeness than that product from rancid fats which is labeled "glycerine" and which is swallowed without a murmur. As to the inoculation with tartarized antimony it is also thoroughly homœopathic to variola in being capable of producing, when "proven," an eruption marvellous like that disease.

It is not necessary to here cite the ill-effects of vaccination; they are too well known to the ordinary observer. The sale of "pure bovine virus" is already a *business* and conducted on business principals and we regret to say also, that the puncturing of arms and the introduction of the villianous stuff into the systems of the rising generation is likewise a *business* for which our health board liberally pays and for which a "wiser and weaker generation" will probably pay in another way. Statistics

may be produced to show how many have been saved from the dread disease by vaccination, but just as many figures are recorded on the debit side and still they exclaim "figures won't lie"! While we will not grant that it is a preventive (and it cannot be claimed that it is any more so than the original attack of the disease which does not render immunity from a second in all cases), we assert that it is a hazardous agent. We are not sure that the virus is what it is represented to be; cattle are so frequently diseased as to suggest to the board of health stringent measures against its spread; humanized virus may be syphilitic; and the purest of this *disease matter* may stir up a latent scrofulous taint in the victim that might otherwise remain dormant for life. In short, *is* it worse to administer by the mouth a very much diluted preparation of any offensive substance than it is to thrust it in its crude form directly into the circulation.

As above stated, the Frankford people have *not*, through us, received the treatment that Dudgeon wrote of, and it might not be out of place to further state that the man whom he assailed, the late Constantine Hering, was an infinitely better prescriber than he, and that he (Hering) was not an Isopathist hundreds of our profession can testify. Isopathy consists in the prescribing of a diseased product to cure a case of that disease.

Homœopathy may use that same product perhaps, but it but it must first be proven on the healthy and prescribed only when the symptoms it is capable of producing in the well appear in the sick, regardless of the disease. The rule is similar with regard to our use of prophylactics.

Having, therefor, abundant evidence of the baneful effects of vaccination and of its doubtful efficacy, we have thought best not to use it in our own families; and being honestly and firmly convinced of the harmless and beneficial effects of Malandrinum, when properly used, and having given the same to members of our own families, we have set our faces firmly against the tyrannical action of the school boards in demanding compulsory vaccination, and claim that it is an outrage upon intelligent American freemen and an out-crop of the bigotry of the Allopathic school of treatment which says that all legally graduated Homœopaths are "quacks," while these same Hahnemannians are daily curing diseases that are pronounced by the ablest Allopaths as

incurable, and doing it by an art of cure, a treatment based upon a *system, a law*, therefore, by a scientific method.

WM. JEFFERSON GUERNSEY, M.D.

JOHN V. ALLEN, M. D.

HOW I BECAME A HOMŒOPATH.

E. B. HOLMES, M.D. PAOLA, KAN.

I am a Hahnemannian Homœopath for the last thirty years. Before that time I was a regular (?), that is, I gave *regularly*, in every disease, a cathartic, generally Calomel, and followed it with Quinine, Opium, Dovers or Morphia. Then I thought Homœopathy the most consummate humbug and fraud the world had ever been cursed by. In 1850-51 and '52, I was one of the city physicians of Cincinnati, Ohio, and also one of the health officers. As such I thought it my duty, and I urged the City Council to pass an ordinance preventing the Homœopaths from establishing an hospital to receive the poor for treatment, unless they were compelled to inform their patients before taking them in, that they were to be treated by the humbug, little doses. In *this* I was sincere, and thought I was doing only my duty. They established their hospital on Fourth street with their own money, and their reports of success were so much more favorable than any others, I believed they were reporting falsely. There was an ordinance which required every physician to make a weekly report to the board of health. The reports of the Homœopaths came in regularly, but much more favorable than any others, and again I believed they reported falsely. In person I went before the city council and induced it to amend that ordinance, requiring every physician to go before a notary public or justice of the peace and swear to the truth of his report. This they did, and their reports were still more favorable, their death losses were fifty per cent less than either regulars (?) or eclectics; yet I believed firmly that they were reporting falsehoods, and swearing to them. As a health officer I could visit any house. I followed these old Dutch homœopaths, viz: Pulte, the two Ehrmans, Strum and one other whose name I have forgotten, from house to house. I saw and examined their

patients, as well as the premises, and I saw many, very many, patients recover, who would certainly have died if I had been treating them. This experience most thoroughly disgusted me and I quit forever the practice of medicine, as I thought, but subsequently I learned that I was not fitted to successfully do any other business. When I again resumed the practice, it was as a Homœopath, but I knew practically nothing about Homœopathy. I made the mistake of not attending a course of lectures in the then only Homœopathic college, viz: Philadelphia.

The next ten years were the hardest, and most laborious of my life. I had no instructor, no help; for nearly ten years, I knew nothing of "characteristics," and had literally no guide. I commenced with the very lowest potencies; with these I obtained fair results, much better than I had ever obtained as a regular (?). After about ten years I saw in the *N. A. Journal of Homœopathy*, an article from Dr. Wm. H. Holcombe, then of Waterproof, La., now of New Orleans, in which he stated that several drugs did not begin to produce their effect until carried up to the 30th potency. Having full confidence in Dr. Holcombe, I carried up several named by him. *Pulsatilla* was one which I had abandoned as useless. I got good effects from the 30th of *Carbo veg*, *Sulphur*, *Lycopodium*, *Nux vom.*, and several others gave me similar results and to-day I have in my office only a few, not well proved drugs, below the 200th potency.

For my partner's benefit, Dr. L. J. Worthen, I will describe one vial. I have in my office case a three drachm vial marked *Aconite 3d*. This has been the only *Aconite* I have used in an active practice for between fifteen and twenty years. Whenever the fluid in the vial is reduced to near ten drops I fill it up with H. M. Smith's pure homœopathic alcohol, and now Dr. Worthen says that this, whatever it may be in this vial, will sweat a fever patient fearfully.

The fact is that the more Homeœopathy I have learned the higher my potencies have grown. If this experience shall meet the eye of some yet benighted regular (?) and induce him to investigate in the only way investigation can be of service to him, namely, by trial after study, I shall be fully compensated.—*Health Journal*.

[This frank and evidently honest confession is a fair sample of the reception which all great truths, all great reforms,

especially in the art of healing, has been received. Hahnemann asked the medical world to put his discovery to a practical test at the bedside, but the majority of his contemporaries declined because they did not believe it. Those who honestly made the experiment became convinced; many, like Dr. Holmes, against all their preconceived opinions, theories, prejudices, bigotry and reason. And the opposition to his greatest discovery—the one to which no other man can lay any prior claim—potentiation, has been just as bitter, just as bigoted, just as unreasonable, as the objections to the law. Every follower of Hahnemann, like Dr. Holmes, who has honestly put the potentized remedy to the clinical test, has been convinced of its superior efficacy and its wonderful powers of healing. The law of the similars continues to act despite the objection and disbelief of our allopathic brethren; and the highly potentized remedy exhibits its wonderful powers of healing, though the “other fellows” decline to believe in it or decline to put it to the clinical test. Is it honest to condemn a science until you have given it a trial?]
—Ed.

THE THERAPEUTICS OF TUBERCULOUS AFFECTIONS.*

H. C. ALLEN, M.D., ANN ARBOR, MICH.

ACALYPHA INDICA.

An East Indian member of the Euphorbiaceæ family, introduced, proved and applied in tubercular hæmoptysis by Dr. Tonnere, of Calcutta, to whom it was recommended by a native for jaundice, but when given for jaundice produced hæmoptysis in a number of cases. The symptoms have been verified by Drs. Payne, Cooper, Holcombe and others, not only in hæmoptysis but in hæmorrhages from any mucous membrane having the characteristics of Acalypha. Its range of action is necessarily limited by meagre and imperfect provings.

Characteristic.—Hæmoptysis: *of pure bright-red blood in the morning; dark clotted lumps in the evening.* Progressive emaciation (Iod.).

* From the forthcoming work on Tuberculosis, by H. C. Allen, M.D.

Aggravation.—In the morning: Hæmorrhage.

Larynx and Trachea.—Constant irritation in trachea, producing dry, fatiguing cough, worse at night but apparently not affected by position.

Cough.—Violent; dry; irritating; worse at night and followed, but not relieved, by expectoration of blood.

Lungs.—Constant and severe pain in chest, worse left side. Dullness on percussion. Tubercular deposits in left lung. Pulse small, depressed, from 100 to 120.

Expectoration.—Of pure, bright-red blood in the morning; dark lumps (clotted) in the evening. Hæmoptysis.

The clinical verifications of *Acalypha* have thus far been confined to hæmorrhages occurring in tubercular affections. *Aconite*, *Erechthites*, *Melilotus*, *Millefolium*, and many other remedies have bright-red blood in hæmorrhages, but none of them have the morning exacerbation, the bright-red blood in morning and dark, lumpy blood in evening.

Relation.—*Acalypha* follows *Calcarea* well. It is followed by *Carbo veg.*, *Ferr. phos.*, *Iodine*.

ARSENICUM ALBUM.

There is scarcely a remedy in the entire materia medica that will yield more brilliant curative results in all stages of this affection—from the incipient symptoms of rapid emaciation, with or without the suspicious persistent cough, to the more advanced stages or even fully developed phthisis—than *Arsenicum*. Many cases of incipient phthisis, and not a few in the advanced stages attended with alarming symptoms, have been permanently cured with this grand antipsoric of Hahnemann. But, to attain this result, there also are few remedies which must be used with greater caution. Here it is absolutely necessary that the implicit directions of Hahnemann as to dose and repetition must be carefully followed if we would avoid that worst of all complications, a serious aggravation. If we would avoid a catastrophe when Arsenic is the simillimum, we must heed the emphatic warnings of Hahnemann on the too frequent administration of medicines, especially the long acting antipsorics.

Dr. Wurmb, of Vienna, in the *Homœopathische Clinische Studien* 1, p. 179, when writing of the deep-seated action of this remedy, says:

Arsenic is one of those few drugs whose action is distinguished not alone by its intensity, but equally by its extent; it involves the entire organism. Every system, every organ of the body, every nervous filament, is so subjected to its powerful influence that we are not able to say which of its symptoms are primary, which are secondary, and where the focus of its action chiefly lies. We see the entire nerve-life attacked in all directions, from the slightest excitement to the most violent irritation; from a mere sensation of weakness to actual paralysis; from the slightest irregularity in the vegetative sphere to a cachectic dyscrasia; yea, even to decomposition and destruction of the organic substance.

From this profound, all-pervading action of Arsenic, affecting as it does every tissue and organ of the body, we have a powerful antidote, when indicated, for that constitutional dyscrasia which so frequently develops in tubercular diseases. And it is because of this peculiar action that the constitutional symptoms of Arsenic are of so much greater value than the local, in the selection of the remedy.

Dunham says:

The fact cannot be too often called to mind, nor too strongly insisted upon, that our most characteristic indication for the use of a drug which presents well-defined general symptoms, as Arsenic does, and indeed as every well-proved drug does, are derived not from its local action upon any organ or system, not from a knowledge of the particular tissues it may affect, and how it affects them, but upon the general constitutional symptoms and their conditions and concomitants. If this were not so, in the presence of how many maladies, of the intimate nature of which we are wholly ignorant and which nevertheless we cure, should we be utterly powerless for good.

Our want of success in tuberculosis is largely due to the fact that we pay too much attention to the local manifestations of disease—the local symptoms of the drug—and overlook both the general symptoms of the patient and the constitutional action of the remedy. In this way we fail to grasp the secret of success, fail to obtain the true picture of the disease as embodied in the totality of symptoms, objective and subjective, and should not blame our law of cure if it decline to act under such an interpretation.

Farrington, p. 506, says:

I want to introduce a caution in regard to Arsenic. It is not a remedy usually called for in the beginning of diseases. The tendency of the symptoms is deathward. If you give the drug too soon in a disease which tends deathward, you may precipitate the result which you are anxious to avoid. * * * You must be certain that the mental state is indisputably that of Arsenic, or you will do harm instead of good.

Characteristic.—Great prostration, lassitude, weakness, with more or less rapid sinking of the life forces. Of this peculiar feature of Arsenic Hahnemann observes: “Even circumstances that are in themselves not very important and would otherwise produce but little effect, occasion in the Arsenic patient a sudden and complete sinking of the forces.”

Hydrogenoid constitution.

Complaints return annually (Carbo v., Sulph., Thuja).

The mental condition is peculiar and guiding:

- a. Depressed, melancholic, despairing, indifferent.
- b. Fearful, restless, anxious, full of anguish.
- c. Irritable, sensitive, peevish, easily vexed.
- d. Fear: of being alone; of death. Dread: of dying, when alone; on going to bed.

Excessive anxiety; great anguish; extreme restlessness.

Burning pains; the affected parts burn like fire.

Burning unquenchable thirst for cold water; drinks often but little at a time; eats seldom but much.

Burning thirst, without special desire to drink; the stomach does not seem to tolerate, because it cannot assimilate, cold water; it is greatly longed for but patient cannot drink it.

Desire for: sour things; beer; brandy; coffee; wine (stimulants); milk; warm food; fruits and vegetables.

Aversion to: sweets; gruel; meats; butter; fatty things; farinaceous food; loathes even the thought of food.

Diarrhœa after eating or drinking; dark color, offensive odor, usually watery, scanty, worse after midnight and followed by great prostration.

Extreme exhaustion: from the slightest exertion.

Fainting: from weakness; from coughing; from talking; from walking.

From climbing mountains or other severe muscular exertion: great prostration; cannot sleep; asthma; want of breath; and many other chest complaints.

Rapid emaciation although feeling well or fairly well (Iod., Nat. mur.); loses flesh rapidly while eating well. This progressing emaciation, more or less rapid, when the patient is eating well and there is no sufficient cause for it, is peculiar to Arsenicum and to Iodine and Natrum mur. It is a suspicious symptom and should always attract the physician's attention.

Aggravation.—General: at night, especially after midnight (1 to 3 A. M.); from cold (except headache); cold drinks or cold food; lying on the affected, especially right, side (Kali c.—relieved by lying on right side, Phos.); or lying with the head low (Spong.).

Lying down greatly aggravates cough or breathing or both.

Cold damp cellars aggravate or bring on asthmatic affections (Aran.—asthma with every fresh cold, every change to damp weather, Nat. sulph.).

Catarrh or cough at 5:30 P. M.; cough from 2 to 3 A. M.

Amelioration.—General: from warmth, except headache, which is relieved by cold bathing or cold air.

Larynx and Trachea.—Aphonia. Hoarseness, acute and chronic.

Voice: hoarse; weak; trembling; very uneven, now strong, now weak; rough; hollow; complete loss of voice.

Dryness of larynx and trachea, with burning.

Sudden catarrh threatening suffocation at night.

Sensation as if one were inhaling dust.

Smoky sensation in larynx as of the vapor of sulphur, causes cough before going to sleep in the evening.

Spasm of glottis.

Croup, with coryza; cannot breathe through the nose; worse at night, very restless.

Symptoms simulating membranous croup; caused by suppressed or non-appearing eruption, especially urticaria; suppressed itch (Caust.).

Constant titillation in the larynx, inducing cough, even when not inspiring.

Respiration.—*Wheezing respiration*, which ranges from a fine wheezing to a coarse rale (but not so coarse as that of Ant. tart., Ipec. or Opium) often accompanied with cough and a frothy expectoration.

Frequent oppressive shortness of breath in every position of the body, causing anxiety.

Loss of breath immediately on lying down in the evening, with whistling, wheezing, and constriction in the trachea.

Air passages seem constricted, cannot breathe freely; worse after midnight.

Oppression; want of breath; a nocturnal asthma makes him spring up at midnight. Respiration: short, anxious, oppressed.

Oppression worse: when walking fast; ascending; warm, tight clothing; in stormy weather, heavy air; but especially from changes of warmth and cold; taking cold in mid-summer.

Asthmatic breathing: coming on suddenly at 12 P. M.; must spring out of bed, and obtains relief by inclining chest forward.

Cough.—*At night on lying down, and in the morning on rising*; regularly every night and morning (evening when lying down, when warm in bed, Puls.—lying in bed, becoming warm in bed, Nat. mur.).

Cough: from constant titillation in larynx; by smoky sensation as of vapors of sulphur in larynx; when going into cold, open air; especially after drinking (Dros.—eating or drinking, Phos.); with bloody sputum.

Night cough; from 1 to 3 A. M.; must sit up as soon as it begins; asthmatic, with gasping for breath.

Cough depending on organic lesions or deep-seated affections: asthma; anæmia; cyanosis; hypertrophy of heart; attended with nervous irritability, exhaustion, collapse.

Cough, with bloody sputa.

Cough: short, deep, dry, unceasing after midnight.

The cough of Arsenic is not so distinctive or peculiar in itself as that of many other remedies. But its aggravations or ameliorations, the times or circumstances under which it occurs, are always guiding.

Chest and Lungs.—*Acute, sharp, stitching, fixed or darting pain in apex and through upper third of right lung* (sharp, stitching pains through right lung, middle and lower third, Bry., Kali carb.).

Stitches: in upper right chest; in left chest only during inspiration (more frequently in lower part or in left hypochondrium); in or under sternum from below up.

Burning and heat in chest, sometimes extending below diaphragm to stomach.

Chilliness in chest, evenings.

Constriction of chest; when walking fast; when going up hill.

Constriction of chest with great anxiety and restlessness, evenings; with oppressive anxiety at pit of stomach; burning, or feeling as if excoriated and raw.

Wheezing in chest with bruised pain between shoulders.

Tightness of the chest, as if bound by a hoop (as if an iron hand prevented its normal movements, Cac.—see Arn., Bufo., Iod., Lil., Nux m., Sulph.).

Yellow swots on the external chest ; upper part of chest yellow (Sep.).

Great weakness in chest in attempting to move or sit up.

Bellows murmur, either from thinness of the blood or thickening of the aortic valves, especially if accompanied by wheezing respiration or frothy expectoration, forms an additional symptom for Arsenicum in the early stages of tuberculosis.

Expectoration.—*Frothy saliva ; frothy sputa ; yellow mucus, enveloped in or mingled with froth ; mucus streaked or specked with blood.*

A *frothy* expectoration is the characteristic of Arsenic and in the frequency with which it will be called for when this symptom is present, it outranks all other remedies, although Acon., Fer., Lach., Phos., Sil., and many others have it more or less prominently marked.

Expectoration: white ; gray ; grayish-yellow ; yellow ; thick ; bloody ; blood-streaked ; fetid ; dark ; green or yellowish-green ; brown or yellowish-brown ; purulent.

Expectoration: bitter, in the morning ; salty by hawking.

Tenacious mucus, difficult to dislodge, with rattling in chest (Kali bich.).

Hæmoptysis at night, with burning heat over whole body (with red face and throbbing carotids, Melilotus).

Foaming (frothy) bright-red blood bursts forth in a stream, with slight hawking ; ebullition, burning and fullness in chest, Arn., Bell., Calc., Carbo v., Dul., Ipec., Led., Mel., Phos., Sec.).

Hæmoptysis: after loss of blood ; burning heat all over, especially with pain between scapulæ ; in drunkards ; suppressed menses ; suppressed eruptions.

Hæmoptysis ; hacking cough every morning, with expectoration of bright red fluid blood, with burning in left chest.

Relation.—Arsenic is useful and often curative in patients who have suffered or are suffering from: effects of excessive tobacco chewing ; alcoholism in any form ; abuse of Cinchona or Quinine ; abuse of topical application of Iodine.

Remedies which follow well: Aran., Cinch., Fer., Hepar, Iod., Lyc., Nux v., Sulph.

Remedies which Arsenic follows: Acon., Arn., Bell., Ipec., Lach., Verat.

Complementary: Ars. iod., Carbo veg., Phosphorus.

When Arsenic is repeated, it is always advisable to change the potency.

Correspondence.

EDITOR ADVANCE.—You ask me to give you the record of a good case. I will mention a case I had not long ago and afterwards unburden my mind with reference to a few important matters on which I have been thinking for some time. The case was that of a maid of about forty who had changed her name and engaged me for the event. She was full of forebodings, so full there was no room for tears which rolled over her cheeks. I had a vision of toughness, of forceps, perforators, cranioclasts, etc.

I gave her Pulsatilla 200, to take a dose rarely during the four or five months preceding.

Now, the baby was born before I could reach the house, while she and the nurse thought only of the first stage, almost before she got into bed or could get into it, and the placenta followed immediately. It was not a small baby either. "Coincidence, was it"? However, I claimed the result for the medicine and the usual fee, which was paid.

And now a word or two on a malpresentation. No one knows better than a doctor what this means, and of the necessity of turning. But it is Homœopathy which has had the malpresentation and should yet be turned. Like the small hand, the small dose has been presented on this and the similia similibus idea. Only one man that I know of presented Homœopathy aright, viz.: Professor Henderson of Edingurgh. I do not mean in his prescriptions, but logically.

"It is often said," said he, "that the success of Homœopathy depends on the omission of medicine altogether, but

this opinion had better be considered if it lead to the conclusion which I think it does, that some ninety per cent of the patients who employ medical practitioners would be better off without them." This was striking the nail squarely on the head, instead of the everlasting clatter about doses and similia. It does not matter what Homœopathy is, so far as the argument is concerned. Call it pleasant medication and keep the fact that it is more successful before the public. It is not at all necessary that they should believe in similia or small doses. As a matter of fact the latter is a mere accident of Homœopathy, as every Homœopath knows. Attention has been directed to the *mode* of the cure instead of to the *cure itself*.

Homœopathic authors have persistently shown how our medicines are prepared and our propagandists have ever labored to show the reasonableness of a posology which defies reason. We know the facts about it which are as unaccountable, but no more so, than the tremendous difference between the pus from a common boil and from a small-pox pustule, though nothing more harmful can be found in the one than in the other.

But the hardest blow to strike an opponent is to admit, *for the sake of the argument*, all he says against you, and then turn the point against himself. Suppose Homœopathy to be "sugar" or "faith," are not these more desirable modes of cure than blisters, setons, nauseants, purgatives, etc. So that even if the mode be the point at issue we are far in the advance. But the great point at issue is not as to the mode but the greater success at the bedside.

The point is that even with the mild Allopathy of to-day, patients are tortured in the attainment of disastrous results, as compared with results under pleasant medication. This is something which the most ignorant can understand.

Is it too late to turn the champion baby? I say, no. Then let us have a normal presentation. Let every Homœopath change his tactics at once.

But, I have been thinking deeply on another subject. I see thousands of toil-worn doctors, unpaid and unthanked, wearing their lives away, and why? How many medical men have asked themselves this question? I affirm that it is because of a false notion of the motive power and manner in which this world runs. One word expresses it. It is altruism. I have

not space to say all or half of what might be said on this subject. I can only point out the channel in which I would have the reader to think, and let him think out the matter for himself. I would only remark with this in view that nature's mode of preserving a species is by redundancy, the human species included. She thus sacrifices the welfare of the individual by creating too many. A terrible strife is thus instituted for existence. Now, the doctor aims mainly to conserve the interests of the individual. His idea is that the greatest good consists in the greatest number of people to the acre—a very doubtful proposition.

From nearly thirty years' experience of Homœopathy I know well that it reduces mortality. But for this very reason it would not be a boon to the Chinese or East Indians, or even to Europe.

In the good olden times of blood-letting and salivating and drastic purgatives, English statesmen did not complain of 400,000 new mouths every year to be fed in the British Islands alone as they do now, and with alarm. Think this matter out ye medical slaves and be free. Altruism is the oil, the flywheel which makes the machinery of life run more smoothly and pleasantly, but it is not the machinery.

VICTORIA, B. C.

E. STEVENSON, M.D.

Societies.

BUREAU OF MATERIA MEDICA A. I. H. AND DISCUSSION.

Zincum and Sepia: A Comparison. Dr. Allen said that the special indications for Sepia and Zincum in nervous and uterine diseases are generally in sharp and striking contrast so that a differentiation is usually not a difficult matter, although some peculiarities under the general sphere of action are liable to be confounded. He thereupon read the compared symptoms which he further stated were taken from Hahnemann's works, for notwithstanding he had had thirteen provers promised he did not get a symptom worthy of transcription.

Dr. Boothby moved that in the absence of their authors all other papers be read by title. Under this ruling the first paper so read was that of Dr. S. Lilienthal: Zinc and Its Salts in Cerebral and Spinal Diseases.

Dr. T. G. Comstock wished to know what potencies were given to produce the results mentioned in Dr. Allen's paper.

Dr. Allen explained that the symptoms presented in his paper, as already mentioned, were taken from Hahnemann's works as his own provers failed to elicit symptoms sufficient to warrant a record.

The chairman.—Dr. Leonard mentions the 6th potency in his paper which had been read by title [by the chairman].

Dr. Wm. S. Gee, of Chicago, read a paper on Zincum Phosphoricum, wherein he detailed his difficulties, in obtaining provers and provings, eliciting however quite a number of excellent results.

He was followed by Dr. A. M. Cushing, of Springfield, Mass., with Verifications of Zincum. Among the symptoms which to him were especially guiding and characteristic he mentioned, frequent discharge of green mucus from the bowels, little or no fecal matter, pain and tenesmus, face had a pinched, contracted look, face and head cool, eyes staring, pupils contracted, head thrown back and rolling upon the pillow, or crying out, starting in sleep, sleeping with eyes half closed, at times strabismus, throwing the limbs around, urine high colored and passed at long intervals; these symptoms were promptly removed by one dose of the 6th, given in divided doses. In another case a child of eight months, afflicted with cholera infantum, presented hydrocephaloid symptoms from the first, head cool and alternations of heat, head and eyes burning, crying out in sleep, frequent spasms of facial muscles. From the first invasion of the disease to the point of crisis the pulse maintained a high rate from 105 to 107. Various remedies were given without result; a prominent physician declared the child must die; still Zincum met. in the 12th produced a rapid cure. He called particular attention to the coolness of the head as distinct from the rest of the body. Dr. Cushing then read a case of measles in a patient aged 34; when eruption appeared resembled a case of confluent small-pox; had a brown, mahogany color, high fever; with great difficulty could the thumbs, wrists and arms be moved;

felt stiff and numb and dead. Gave Zincum 200, a dose once in fifteen minutes for an hour, with instant improvement, and a proper continuation of the remedy brought about a complete restoration.

Dr. VanDenburg.—The fidgety feet, that is considered so characteristic of some of the Zincum preparations, I desire to confirm. I had a case about four months ago in which that was the only symptom; patient couldn't lie still, must kick about; a powder of Zincum 3x brought instant relief. Another, a case of uterine disease in which the same thing was manifested and a constitutional constipation was present; all these were relieved by Zincum 3x. This party lived some distance away and had sent for the medicine describing these symptoms. I sent a few doses of Zincum 3x, containing each a grain or a grain and a half powder, with the directions to stop taking the moment improvement was marked. The patient kept up the use of the powders for four or five days and subsequently reported that the restlessness disappeared on the second day.

Dr. Comstock asked Dr. Gee if he had had any experience with Phosphide of Zinc in skin diseases.

Dr. Gee answered in the negative and had only used it a few times clinically but not sufficiently to have any valuable or characteristic symptoms to report.

Dr. Comstock.—I can report two cases of that most intractable disease imaginable—shingles—which, as we all know, is a nervous disease from spinal origin where Phosphide of Zinc, the third trituration, in both cases seemed to relieve the nervous symptoms very much. The symptoms principally were pain, itching and depression, pains of a rheumatic character in both instances all over the body, in the chest, arms and limbs, with sleepless nights, melancholia, etc.

Dr. VanDenburg mentioned a case of diarrhoea where the patient improved quickly upon discontinuing the Zincum.

Dr. E. M. Hale.—I want first to express my satisfaction and gratification at the work done by the bureau. The verifications are all very good. The chairman of the bureau could surely not have made a better selection in view of the genus of disease of this decade, for this is the age of cerebro-spinal troubles, and they are rapidly increasing. It happens that Zincum in my experience is one of the most valuable remedies for that peculiar

affection. I am glad that Dr. Comstock mentioned the Phosphide which of all the preparations of Zinc has given me the greatest satisfaction, and probably the reason is that in that preparation we have the pure Phosphorus mixed with the zinc and we naturally get the curative effects of both drugs. In the Phosphate of Zinc it is different, because we get no Phosphorus, and the Phosphoric acid which entered into it is nearly all eliminated. Dr. Gee's proving, fragmentary as it is, gives us pure Zincum symptoms and very well marked ones. I am sorry we didn't hear Professor Lillenthal's paper because he mentions Picrate of Zincum, having used it in brain-fag in which the particular symptoms presented a compound of Picric acid and Zincum. The Picrate of Zincum it seems to me corresponds better with the cerebro-spinal troubles at present abounding of the erethic character. Another excellent preparation of Zincum is the Cyanuret, which presents all sorts of depressions of the circulation and irregular pulse, the palpitation, the fainting, the syncopic symptoms, which undoubtedly proceed from the brain. I want to call attention to another peculiarity of Zinc which I think has never been mentioned, and that is the singular power it has over high temperatures. It has generally been supposed until lately that a high temperature meant fever, but neurologists know now that an exceedingly high temperature may not be fever at all, but be due to a peculiar nerve tension. Some ten years ago I had a girl a victim of the high school pressure; she complained of headache. I was called and found the temperature 105° , the skin cool, particularly the head, pulse slow and soft. That headache increased in intensity for seven days with rising temperature until it reached 108° , still without warmth of the skin. She wanted to be in a dark room; did not want to be touched or annoyed, simply said she was sleepy and her head ached. I tried Veratrum vir. and Aconite and Gelsemium. On the seventh day it occurred to me that Zincum might be the remedy and so gave the 6th trituration. Next morning she felt better and wanted to go to school again. Since then I have invariably given it in cases of high temperature where there was no inflammation to be discovered anywhere.

Dr. John C. Morgan, of Philadelphia, asked if the high temperature of scarlatina would be looked upon as a symptom for this remedy?

Dr. Hale.—I think it would. Some of the older members of the Institute will remember that Dr. Erb, of Dresden, recommended Zincum for all the complaints of scarlatina, especially in the collapse.

Dr. Chas. Mohr, of Philadelphia, desired to add a little to the discussion this evening upon this important subject. I am very glad that Dr. Hale has referred to the use of Zincum and to some of its salts in these nervous troubles which are so common at the present day. You will frequently find Zincum of some efficacy in cases where you see Phosphorus outlined but find the latter remedy without good results. In respect to Phosphide of Zinc I have never had any experience; but in provings of the Zincum phos. I have developed pains and symptoms of the skin, on the chest, with depression of the circulation which very closely resemble the symptoms of herpes zoster, or shingles, to which Dr. Comstock referred. I want to emphasize what was said in respect to the use of Zinc, because I have had some experience in that direction, particularly in cases of ovarian neuralgia, and especially of the left, occurring in women from overwork, mentally or physically, where there is tenderness along the spinal column, where walking any great distance will tire them out greatly; stepping or descending stairs will cause the legs to give out. In such cases the pains are of a burning character, almost always felt between the periods and are markedly relieved during the period. I also desire to refer to Zincum in uterine cancer, for relieving the sleeplessness with fidgetiness of the feet. It is not wonderful that we have this fidgetiness of the feet as a prominent symptom when we remember how the Zinc smelters are affected. What is this? Reflex activity of the legs and feet. I will call attention to a peculiar case in a maiden lady about forty-two years old, who had had some ovarian difficulty associated with excessive constipation, the stools being quite small and passed with considerable pain. I tried everything I could think of and finally decided that a physical examination must be had, to which she reluctantly consented, believing that some malignant abdominal disease complicated the case. On examination I found what I suspected was a tumor involving the rectum, of what character I was not prepared to say, but that a growth was there I was absolutely certain. That woman suffered with the pains, the

sleeplessness, the constipation and tenesmus similar to that of Nux—which by the way is another characteristic of Zinc—and the fidgetiness of the feet at night. On the evening that I made the examination she became so nervous, so excessively fidgety, that she begged me to relieve her by a hypodermic injection of morphia. I decided to play a trick upon her, so I put into my syringe a solution of Zincum met. 30th, and injected it into the gluteal region. Within a very short time after that she quieted down, slept the best part of the night, was ever so much better the next day and continued to grow better, and that woman is alive to-day in absolute good health. I don't know whether she has the tumor or not and she don't know and don't care. That was all the treatment she had.

Dr. Hoag.—There is one thing that has always been impressed upon my mind in the use of Zincum met. because it was the first patient I ever had. Upon returning from my first course of lectures my preceptor at that time was in an epidemic of scarlet fever. The day I returned he was called suddenly to see a very sick child about twelve years old, out in the country. He took me with him. We found that the child had in the midst of the height of the eruption gotten up in the absence of the attendant—it was in the spring of the year—and run out doors. There was instantaneous retrocession of the eruption and appearance of convulsions. My preceptor was undecided between Zincum and Cuprum, but I being fresh from college urged the use of Zincum. Zincum was given. He left me there to give the medicine as he was in a hurry, and if any decided change took place, to give Cuprum. The result was a complete recovery from the use of Zincum alone.

Dr. N. Schreider, of Cleveland.—It seems to me that we should be a little careful in the statements we make before this Institute, because they are all recorded and go abroad, and if erroneous will cause us to be ridiculed. Professor Mohr says that he made an examination of a woman, found a malignant tumor in the abdomen which he cured with the 30th of zincum in one injection. Was it not a fecal mass in the rectum? (Dr. Mohr interrupts Dr. Schneider to say that his statement was that he suspected that this woman had a malignant tumor and that acting upon this idea he had called for an examination, and upon making that examination found what he supposed was a

tumor in the rectum, the nature of which he could not make out. It may not have been a tumor at all, but this woman had suffered for years, had been under treatment of Eclectics and Homœopathists all without effect; this betterment was the result of the injection of one dose of Zincum met. The syringe used was an ordinary one, had never had Opium in it. He believed he was competent to detect a fecal mass and not mistake that for a tumor.)

Dr. Schreider.—The impression was that Dr. Mohr had detected a malignant growth in the rectum and had cured it with one dose of Zincum, but under the explanation nothing was left to discuss.

Dr. C. W. Butler, of Montclair.—Speaking of tumors reminds me of two which were produced by zincum met. A lady came to me who had been married six years without issue. She presented zincum met. symptoms. The peculiarities in the case I cannot now give in detail, but prominently was the ovarian neuralgia with this relief during menstruation. Three months afterwards she became pregnant with great relief through the intermenstrual period. In another case a lady, married, twelve years without children, presented similar symptoms as the first case, was given zincum met., passed only one period and then became pregnant. I prescribed simply upon the symptomatic basis.

Dr. Comstock.—I think Dr. Mohr's supplemental statement of the gluten suppositories and injection explains the cure. Dr. Hale has mentioned Dr. Erb. This recommendation of the Doctor will be found some twenty-four years ago in the North American Journal of Homœopathy. Dr. Erb suggested the giving of zinc in cerebral affections of children, and for many years in consultation and private practice I have done so; also in scarlet fever and measles with repercussion. Dr. Hale has mentioned Antipyrin. It is used in St. Louis by half the people and very much in the southwest; almost the first case where I knew that Antipyrin was given proved to be a fatal one; nervous headaches and neuralgias were the principal difficulties.

Dr. Hale.—I never use it as an antipyretic, because I do not believe in it. I think we have no right, physiologically or morally, to depress the circulation merely as an effect. Still I will say this, that I never used a remedy for migraine or

dysmenorrhœa or nervous sick-headache with so much satisfaction as I have Antipyrin.

Dr. H. C. Allen.—What are the symptoms?

Dr. Hale.—The symptoms are the worst kind of migraine possible. Of course until we get provings we can get no symptoms, but after you have used Sanguinaria and Iris and Belladonna, and your patient is no better, give five grains of Antipyrin and your patient, in nine cases out of ten, will have a prompt and decided relief. That is all I know about it.

Dr. Allen.—If Dr. Hale would write down the symptoms of "the worst case of migraine" that he has cured with Antipyrin he would have a pretty fair guide for the next case.

Dr. Hale.—The unbearableness of the pain; couldn't bear the light or be talked to. Some cases reminded me very strongly of Zincum, and one peculiar symptom was the burning along the track of the affected nerve, so much so, that she wanted ice applied to the parts, which, however, gave only momentary relief. In regard to the dose, I began with the first dec. trit., giving it with a good deal of caution, a grain and a half in a little water every half hour and got no satisfactory results. I hold if we use a drug just as Hahnemann taught us, we must use it according to the directions of those who were successful with it, be it the 30th or the crude. So I travelled on trying to establish the dose that would effect the end desired and have now hit upon five grains every hour. If I get no relief from the second dose I drop it.

Dr. Wright remarked that his preceptor gave it in an epidemic of dysentery.

Dr. Heber Smith being called on by the chairman, related his early experience with toxic doses of zinc. In 1869-70 about seventeen fellow citizens in a suburban town of Boston, were poisoned through the service water, conducted by means of galvanized iron pipe. The little village to which he alluded was situated at the bottom of a valley, so that the pressure of the water was enormous, and the consequent loosening of the zinc particles in the lining. The chairman of the water board residing near this place had a large tank, for receiving his water supply, which was also lined with the zinc preparation. Dr. Smith was called to his little four year old girl who presented symptoms of ordinary croup or what seemed at first to promise

laryngismus. She received the usual croup remedies. A very active fever set up which seemed to proceed from the back of the neck. In another room was a little boy ten years of age, with a peculiar condition of the pulse, which was about forty a minute; he was pallid, complained of deathly sickness of the stomach. Soon other members of the family were taken with strange fidgety symptoms and reeling as from the results of a previous champagne debauch. After giving other remedies he remembered that this must be the zinc pathogenesis and so informed the chairman, who upon examination with the Doctor agreed that it was the zinc detached from the lining of the pipes which had caused all these symptoms. The brain paralysis of the girl was relieved by Gelsemium. The little boy grew rapidly worse and finally died of paralysis of the heart and lungs. It seemed impossible to get his pulse above 40. Stimulants and wine seemed to distress him. An autopsy was made in the presence of five others, but no one with great experience, disclosed very little beyond a softening of the mucous membrane of the stomach. These cases and the subsequent investigation of the service of the water pipes caused a great commotion. The Doctor further detailed what steps were taken by the interested contractors to bring discredit on his diagnosis and disprove the charges, and how a lonely Homeopath in that place was ultimately enabled by his courageous fight to cause such loss to the contractors that they have at this day but few adherents of the galvanized pipes throughout this land.

Dr. Morgan desired to call up the question of uræmic poison but was declared out of order by the chairman.

Dr. Allen said that the bureau had started out with a few meagre provings by Dr. Gee, but these, together with Dr. Smith's cases of poisoning had brought out a vast amount of good material and verified the old provings which Hahnemann and his disciples had left us. There is a cry that we do not do enough for materia medica. This can be remedied if we will. If fifty members here will agree to prove this coming year some preparation of zinc, I will be one of the fifty to do it.

Dr. Comstock wishes to know if Dr. Smith has had any experience with *Zincum* in herpes zoster?

Dr. Smith has not; he has been so pleased with *Rhus* and other remedies that he has never had occasion to use *zincum*.

The Chairman.—In the first year of my practice I was studying up a case of spinal irritation with great earnestness, and was obliged to select zincum ; and it has been a dear friend ever since. For about thirty years I have felt very much interested in it.

Mrs. Dr. S. N. Smith.—I was called in consultation to a family who had lost within three months three children with apparently the same disease. From the attending physician I learned that she had given Cuprum. I suggested zincum 200. It brought the child out of its convulsions in an hour's time and remained so for two or three days, but finally died of some trouble about the brain. On proving the remedy I found one symptom which has not been spoken of here to-night ; this was an itching of the left side of the scalp, which continues to this day, and on the least excitement. I found the effects on the brain very pronounced. My left hand, the tips of the fingers, the wrists, and in the course of a few hours, the left foot was markedly affected, with burning and restlessness and numbness. After retiring it kept me awake for hours, traversing the whole length of the spinal cord, but more on the left side. These were the immediate effects. Within twenty-four hours I think the right side began to show similar symptoms. I took the 6th decimal.

Dr. C. L. Cleveland has used zincum in many cases and can bear cheerful testimony to its efficacy in cases of melancholia and depression.

Dr. Morgan drew a spirited comparison between the salts of zincum and Pix liquida in certain forms of skin troubles.

The bureau then adjourned, having had a most interesting meeting, one having thus far had the best attendance of any section, and with a very evident desire to honor Homœopathy by resuscitating the time-honored materia medica which had apparently fallen into disuse.

ONEIDA COUNTY, NEW YORK, HOMŒOPATHIC MEDICAL SOCIETY.

I had the pleasure of attending the Oneida County Homœopathic Society which met in Rome, July 17th. Although the attendance was small the enthusiasm was large, and left no

doubt in my mind that the members consult the Organon and read **THE MEDICAL ADVANCE**.

Homœopathy has been long and ably represented in this county. Drs. T. F. Pomeroy and J. C. Raymond both practiced in Utica, and have left their testimony in favor of unadulterated Homœopathy.

Dr. L. B. Wells, of Utica, read a paper on the treatment and cure of a case of cancer with the Iodide of Arsenic cm., selected solely in reference to the pathogenesis of the remedy. There could be no doubt in regard to the cancerous nature of the tumor, as it had been examined and treated by eminent surgeons who had diagnosed it as a malignant growth. He had not introduced this case and treatment as anything new, neither did he wish to force his notions of high remedies upon the members, but he thought this and similar cases should stand as testimony in favor of the high and higher numbers in difficult cases of disease, and if necessary he could present a score of cases treated with like results, which should not and could not be ignored. With equal propriety you might ignore cures with the low potencies and the tinctures. Homœopathy was founded on facts. Cures made by well selected remedies were evidences of the fact, and could not be denied on any reasonable hypothesis. He condemned the too frequent use of the knife, or what was still worse, the caustic treatment, which at best was only a stay of proceedings in favor of the cancer at the expense of the vital forces, which must sooner or later yield to the burden which those harsh and unnecessary operations imposed. The Doctor urged his younger brethren not to be hasty in their judgement of those dangerous and hitherto hopeless diseases, but to select the remedy from the characteristic indications and then prescribe with the hope of relieving; and it was the only hope one could hold out to friends looking to a cure.

Dr. Tousley gave the society an excellent extempore lecture on cancer, which satisfied the writer, at least, that the Doctor knew what he was talking about. By this time the potency question was ripe enough to pick and Drs. Scudder, Chase, Southwick, Griffin and Lenggenhager went at it with a good will. It was fully discussed, not re-cussed, as I have heard it in Michigan. It was talked over in a friendly way, and while

all did not subscribe to the highest, all were in favor of "feeling their way up" before pronouncing unfavorably upon them.

Dr. Lenggenhager talked "right out in meeting." He had been disappointed in the effect of the potencies; had never used them until a short time since and so pleased was he with their action that he proposed to continue his investigations. And that is just what he will do, for he is a young man who investigates. O, that all would investigate! Just here the man from the hotel office thrust his head in the room and announced "Train going east," and the meeting adjourned to meet in Utica, second Tuesday in October. I. DEVER.

ONONDAGA COUNTY SOCIETY.

At the regular meeting of the Onondaga County Homœopathic Medical Society, held in Syracuse, July 3d, were present Drs. Seward, Hawley, A. B. Kinne, True, Sheldon, Schumacher, Brewster and Hooker.

Paragraphs 22 to 24, inclusive, of the Organon were read.

Dr. Hawley.—The truth of these paragraphs is forgotten by those so-called Homœopaths who, when their guessing prescriptions fail, resort to allopathic methods. They also forget that a drug can never cure if it acts antipathically. The symptoms will be *relieved* but will return.

Dr. True.—The Organon and Homœopathy are unjustly criticised. It is unreasonable to ask an allopath to accept the teaching of the Organon without testing it, and, on the other hand, it is unreasonable in him to reject said teaching without testing it. One may have a just conception of color, may know how to make canvas and brushes, may even have a picture in his mind's eye, but he cannot paint that picture without experiment and experience.

The essayists being absent the society adjourned to meet August 7th, at 2 P. M.

At the regular meeting held August 7th, there were present Drs. Seward, Brewster, Hawley, Sheldon, True, Candee, Emens, E. O. Kinne, Sullivan and Hooker.

Paragraphs 25 to 29, inclusive, of the Organon were read.

Dr. Seward.—In one case I do not understand how it can be true that the curative power of a drug depends upon its superior intensity, that is, when *Rhus tox.* 6x or 30 cures a *Rhus rad.* poisoning case. I think in disease that the higher the potencies we use the quicker, surer and cleaner the cure.

Errors in diet do not affect a high potency as they do a low potency, and it is more difficult to antidote a high potency than a low potency.

Dr. Candee.—Do we need to discriminate between the primary and secondary effect of drugs?

Dr. Seward.—Not at all.

Dr. Hawley then gave a comparison of the bowel symptoms of Arsenicum and Cinchona.

Dr. Hawley.—The first thing that strikes one is that these two drugs bear an antidotal relation to each other.

Arsenicum is more strongly antidotal to Cinchona than Cinchona to Arsenicum.

Both drugs have a marked effect on the alimentary canal and the discharges are similar.

Both are anti-sycotics and both are long acting; the action of Arsenicum being said to last six weeks, and the action of Cinchona from two to six weeks.

Both produce diarrhoea, and both produce dysenteric stools, especially Arsenicum. Both produce stools which are brown, dark, watery or greenish (Arsenicum, dark green), involuntary, undigested. Undigested stool under Cinchona is pathogenic, under Arsenicum, clinical.

Cinchona has involuntary stool, passed consciously; Arsenicum has involuntary stool, passed unconsciously.

Both have yellow, watery stools, which with Arsenicum are found most frequently in protracted fevers, when they are also involuntary and passed unconsciously. Both have stools of green mucus (Arsenicum, dark green). Aggravation: Arsenicum, after midnight; Cinchona, before midnight.

Arsenicum acts on the right side; Cinchona on the left.

Arsenicum patient is restless and apt to get out of bed, while the Cinchona patient is quiet and better in bed.

Arsenicum has sleeplessness after midnight; Cinchona, sleeplessness before midnight.

Arsenicum has sudden profound prostration; Cinchona has prostration resulting from loss of animal fluids.

Dr. Seward.—Arsenicum has a dirty stool, with a slightly greenish sediment never found under Cinchona.

Arsenicum has internal burning.

Arsenicum has thirst for a little and often.

Cinchona has great thirst, also for a little and often.

CASE.—Diarrhœa; dirty, greenish, flaky stool; surface, cold; skin, dry; burning heat. Arsenicum cured.

Dr. Hawley.—The thirst of Arsenicum comes after the fever, that of Cinchona before the fever. Both have tenesmus, but it is more marked under Arsenicum.

Arsenicum has amelioration from heat; Cinchona has amelioration from cold.

Adjourned to meet Tuesday, September 4th, at 2 P. M.

F. H.

Comment and Criticism.

SCIENCE FIRST, THEN ART.

EDITOR ADVANCE.—The closing sentence of your comment on Dr. Fincke's letter on The Dividing Line, contains the kernel of the question: "Our understanding of the application of the law is, that the simillimum must be first selected, before the question of the dose be determined."

The trouble seems to be that Dr. Fincke, in common with many others, makes no distinction between the *science* of medicine and the *art*: the *science* of Homœopathy deals with the selection of the remedy, under the law of similars, for the totality of the symptoms as nearly as may be; while the size of the dose and its repetition constitute the *art*. If "Hughes, Skinner, and H. M. Paine" (what a combination!) say that Hahnemann was as *true* a Homœopathist when he gave the tincture as he was when he gave the thirtieth *dilution* (not potency) because he gave the remedy according to the law of similars, they are right; but he was not as skilfull in the "Art of Healing" as when, later, he gave less medicine (peculiar power), yet sufficient to cure.

According to Dr. Fincke the peasant woman to whom Hahnemann gave two drops of the tincture of Bryonia was not treated homœopathically, though she was well the next day, after having been sick two weeks; yet the remedy was selected for the same symptoms as would indicate Bryonia to Dr. Fincke, which he would give—say, in the millionth *dilution*.

Oh! no! that will not do; we all agree on the *science* and are, therefore, Homœopathists.

On the *art*, we are divided, just as you say—draw the line between guessing at the pathology, then basing our prescription on it, and fitting our remedy to the manifestations *due to the pathological conditions*, not to the supposed condition itself.

As Dr. Lippe and yourself say, the potency issue is a false issue—just as false as it would be to say that doctors shall put only so much sugar in their coffee (if they are foolish enough to drink it).

The doctor who fails to give the least medicine that is necessary to cure, be it the tincture or the hundred millionth, will never arrive at the height of the *art*.

Any one who accuses you of diplomacy is throwing dust against the wind.

CHAS. B. GILBERT, M.D.

WASHINGTON, D. C.

ASEPTIC PRECAUTIONS.

EDITOR ADVANCE.—On page 174 of the August number of the ADVANCE, I observe that Dr. Grosvenor informs the profession at large that he uses aseptic treatment or precautions, in all cases of confinement which come under his care; and cites a case to show how the thing works. Let me tell Dr. G. something. I have practiced medicine in strict accordance with the Hahnemannian law for upwards of twenty-seven years, and in that time have had my full share of obstetrical work. I have never in a single instance during all this period, used or applied to the genitals, internally or externally, any aseptic preparations of any kind whatever—not even allowing the vagina to be syringed with simple warm water—and the result is that I never lost a woman in the lying-in chamber. Whatever occurs of an untoward nature while waiting on a case of

confinement, I combat with the strictly indicated homœopathic remedy, and always with success.

Better results than this I cannot possibly ask or desire ; and I am pretty well assured that the other side are wholly unable with their squirt-guns and oakum pads charged with the Bichloride of Mercury, highly diluted or otherwise, to show a cleaner record than this.

I cannot, in conclusion, refrain from remarking that homœopathic physicians who step aside to resort to such measures as our learned friend calls attention to, are simply guilty of meddling midwifery, and meddling midwifery is bad, for the reason that it always places the life of the patient in jeopardy.

PHILADELPHIA, Aug. 11, 1888. C. CARLETON SMITH, M. D.

DR. HOOKER'S QUESTIONS.

EDITOR ADVANCE.—In July. number, page 77, Dr. Hooker asks me the following questions to which I append answers with pleasure :

“First.—Is there any Homœopathy in a prescription for eczema or any other disease?” Answer.—No.

“Second.—Is a vegetable remedy any less homœopathic to a case of eczema than a mineral remedy, if prescribed for the totality of the symptoms?” Ans.—No.

“Third.—If a vegetable remedy cannot cure a case of eczema—of any disease in fact—when prescribed for the totality of the symptoms, is not the law of similia a farce?” Ans.—Yes.

But :—

*First.—*I used the term “eczema,” as referred to in the first question, just as Dr. Hooker used it in the third question, and as it is used in the text-books.

*Second.—*In the second question the word “indicated” had better have been used instead of “prescribed” ; if any remedy is *indicated* by the totality of the symptoms—and the *cause*, if *specific*—that remedy will be homœopathic to the case. Here we must consider why a specific *cause* must be added to, or included in the “totality of the symptoms.”

An “occasional cause” of which Hahnemann speaks (*Organon*, § 7) may have ceased to act, and yet the results con-

tinue; in this case it will be sufficient to remove the "totality of the symptoms"; but a *specific* cause like syphilis or gonorrhœa (acquired or hereditary) continues to act and must be met by the remedy, else no cure will follow; this cause no vegetable remedy, in my opinion, will meet, and if eczema is *suppressed* from the skin then your patient is worse off than before (See p. 79, July ADVANCE). Eczema in itself is not a disease or even a diseased state of the skin, but a harmless vicarious manifestation of a diseased condition, through and on the skin; but when suppressed and the system is thus denied its "atonement," the diseased state of which it is the vicarious manifestation, changes tissues into diseased forms such as tuberculosis, cancer, kidney, liver, heart and other diseases.

The first prescription for a *patient with eczema* should be addressed to the understanding, after this manner: "Thank God and let it alone, unless you get satisfaction in scratching, and do that carefully"; then should follow the reasons, after which you may give a remedy that covers the *cause*, as well as the symptoms; for, as evil thoughts and lusts, which correspond to diseases, are only destructive when they ultimate in action, so "eczema" is not harmful except when thrown upon the "vital organs," from which come our activity; eczema then is a blessing and should be held on to until no longer of use.

Homœopathy will indeed be a force when the remedy indicated under the law of similars fails to cure; but it NEVER FAILS! We, often do so.

CHAS. B. GILBERT, M.D.

WASHINGTON, D. C.

THE SECOND PRESCRIPTION.

EDITOR ADVANCE.—In a criticism of The Second Prescription, by J. T. Kent, in the August issue, page 184—does the *critique* appreciate the fact, that "dogmatic teaching" is the result of knowledge, and will never be received from one who simply *believes*, without that knowledge?

In the matter concerning the curative action of the drug and the ability of the prescribers to differentiate it from "natural" recovery, a great sphere of *knowledge*, not belief, must be cov-

ered. He must *know* the nature of the disease; the nature of the miasm back of it; the "natural" progress of both: he also must *know* his remedy; its modalities and power; the law of directions; the drug picture; the disease picture; *all* as fully or better than a friend's face. By that means *only* can he possibly *know* when the disease "cures itself," or when the "drug cures the disease."

Does the *critique* fully appreciate, that in both of the cases cited in The Second Prescription, the method he advises, of "not causing the patient unnecessary suffering" and the "sledge-hammer action" (by the way, rather upon the principle of giving Morphia in the same conditions), *had* been adopted in both cases by the preceding prescribers; in the first with *high* potencies (a most pernicious practice), and in the second with the *low*. In the second case one false move and the Lord (?) would have taken the child to "the other side," quickly.

In the third case cited, where waiting sixty days is such a poser, as having caused "unnecessary suffering," was a case of eczema of many years' standing, which the strongest allopathic measures had not succeeded in suppressing, the patient came to try just *one* prescription of Homœopathy as a last resort. He received *one* powder (high) and Sac. lac. for three or four weeks. At the end of the powders, seeing no change, he did not return. In about a month the eruption *began to go away* and the patient, after a little time, came again, with an apology. A repetition of the dose cured. The patient had few, if any, symptoms aside from the eruption and was *not* suffering.

Any student, much less a practicing physician, should know that in "suffering" cases, the well selected remedy *acts promptly*, and that only *painless* cases return to show an evidence of the curative action of a remedy. Was the end worth waiting for, and does * * think it taught a lesson?

When we are able to prescribe as accurately and as satisfactorily as Lippe or Kent, we shall have reached a point where further development may be possible. Hahnemann says, "do as I do," and get equal results.

What is the first duty of the physician? To *heal the sick*, speedily, gently, and permanently.

What method in the cases cited succeeded the best?

S. L. G. L.

NOTA BENE, AGAIN.

EDITOR ADVANCE.—A severe attack of illness placed an embargo upon my desire to answer Nota Bene Number Two in time for the August issue of the ADVANCE. When I penned my first brief suggestion it was in the hope that reason would prevail; imagine then my consternation when I read in the concluding paragraph of N. B. No. 2: "My cry is still for war." As I must enter the list, "Let truth prevail."

The theory which the Doctor is ventilating or seeking to establish is one which is devoid of every logical reason upon which legitimate conclusions might be based. His mere assertion of belief is the foundation upon which it is builded. In fact, the Doctor delivers himself of his theory in the following parenthetical remark: "The whole truth is, I believe all hereditary diseases to be of venereal origin."

In carefully reviewing the five reasons laid down in Nota Bene Number Two, we can find no convincing facts whatever; in fact the Doctor's belief surmounts everything and assumes the place of demonstrable facts. The incongruities of reasoning into which he is thereby led are patent to every reader. Thus he claims under the second reason that: "all chronic *non-syphilitic* or *sycotic* skin diseases, or diseases manifested on the skin, are hereditary and of venereal origin." That *psora* or *scrofula*, terms which he appears to consider fully synonymous, "though they are not syphilis or sycosis, may yet break out anew as syphilis or sycosis in the parent later in life."

We are asked to accept this belief of the Doctor's as though it were based upon veritable facts, instead of doing violence, as it does, to demonstrable truths. We are to believe with him that *non-syphilitic* skin diseases are nevertheless of syphilitic origin; that *psora* is *scrofula*; but that both these are in reality nought but syphilis or sycosis of the second or subsequent generations—a maze of pathological fancies which we fear the Doctor will find much difficulty in establishing to the satisfaction of any save himself. He further asserts that in the fact that *psora* may be transmitted indefinitely, we have evidence upon which to base the opinion that it is of venereal origin; such is the material from which the warning contained in Nota Bene No. 1 was constructed.

The third reason offered in N. B. No. 2, i. e., "that vegetable

remedies act as disturbers of function and not as alterers of tissue, and cannot therefore be used as tissue remedies," is as unsound as the pathological reason given in the preceding paragraph. Tissue integrity and functional normality must go hand in hand; it is as impossible to have disease without impairment of both as it is to have health without both being within the limits of physiological adaptability. In other words, while the force remains normal the tissues remain unaltered, and while the tissue remains unaltered the functional force continues normal. It is only when some extraneous disease-producing force, not necessarily material, is allowed to act upon the functions and tissues of these bodies of ours that disease can develop. To imagine a perverted tissue without a perverted force is simply impossible; nor can we more readily conceive of perverted force without the co-existence of perverted tissue. Wherever disease exists we have perversion of both function and tissue, synchronously. The two being mutually related to and necessarily dependent one upon the other.

With such an incontrovertible philosophical truth before us how can we speak of a remedy as affecting the function only.

It is rather a question of degree and quality of change, than of the simple fact of change. It is true that many vegetable remedies have so limited a range of action that they are adapted to but few disease states. The combination of their inorganic components being such as to render them almost inert as medicinal agents, in some instances bringing them almost to the border line of the food plants. Yet this is by no means the rule with those drugs of vegetable origin which have been employed in medicine. Nature has in her plant laboratory distilled from the inorganic elements many of her most active poisons. In fact, the vegetable remedies may be looked upon as but vitalized inorganic matter, and, as Dr. Hering aptly remarked, "all the more potent for having been thus vitalized in the plant." More than a half century has elapsed since Hahnemann incorporated a number of vegetable remedies in his published list of antipsorics, giving their pathogenesis in the Chronic Diseases. His views and observations have since been confirmed by scores of the most critical and astute observers. A comprehensive study of the action of these remedies will convince the most skeptical of the correctness of Hahnemann's observations.

Illustrative of the use of the plant remedies in the homœopathic treatment of eczema, permit me to cite a case which under a brother practitioner had received various mineral remedies without any good results being manifested. A careful review of the case demonstrated the fact that Oleander was the indicated remedy. "The humid scaly eruption of the scalp, the gnawing itching of the affected parts, temporarily relieved by scratching, soon however followed by burning and increased itching," characterized the case, though there were other symptoms in harmony with the provings such as, marked weakness of the lower limbs and the gloomy, irritable mental state. The result fully confirmed the choice, prompt and permanent cure being effected.

Many similar cases might be reported—thus with Mezereum, I have witnessed beautiful results in cases characterized by thick crusty masses covering the scalp and face, dirty chalky look of portions of the scalp; pus forms freely under the crusts; pus often ichorous in character. Child scratches until the parts bleed. May be accompanied by very offensive diarrhœic stools. Mezereum 6th and 30th has in such cases not only relieved but cured the entire trouble.

It seems needless to multiply cases which every observant prescriber must be able to instance from his own practice.

Regarding the fourth reason it will be sufficient to remark, that we all know that the metals and salts of metals act homœopathically in eczema, when symptomatically indicated. We therefore, to that extent, agree with the Doctor; we only object to the sweeping exclusion of such trustworthy vegetable remedies as those before mentioned.

Reason number five applies equally well to the vegetable remedies as to the metals and salts of metals, for how can any remedy act save as a modifier or perverter of the action of the vital force upon the tissues. The assumption that plant remedies only subdue without destroying the disease producing cause, is based upon a false theory of disease, and though it may sound quite pretty when clothed in nursery rhyme, it is not borne out in daily experience; therefore it will be unnecessary to waste time in discussing it. In conclusion let me urge the Doctor to stick to facts rather than waste time in pursuing phantom theories of disease. Make a few provings of such remedies as Lycopodium, Mezereum, Dulcamara, Thuja, etc., and rest assured that he will be thoroughly convinced that these vegetable remedies *have* the power to thoroughly overcome eczema in some of its most aggravated forms.

PHILADELPHIA, August, 1888.

AUG. KORNDORFER.

THE MEDICAL ADVANCE

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

POTENTIATION.—When Hahnemann first called the attention of his medical brethren to the experiments which led to his discovery of a law in therapeutics, he gave the data which he believed sufficient to warrant them in making the experiments, and in all honesty and sincerity asked that they be put to the clinical test and the failures published to the world. Those who were brave enough or honest enough to make the experiments—to put the law to the clinical test at the bedside—accepted Homœopathy as a therapeutic fact. But the large majority rejected it without trial or investigation, because they did not believe it. Every follower has seen no reason to regret his decision; has been entirely satisfied with the results of his practice; and the nearer he follows the law the better his success at the bedside. But after a few more years of experiment and Hahnemann had added the crowning jewel in the homœopathic arch—potentiation—to his armamentarium, evidence was offered in support of its superior curative powers and his followers were again asked to put this discovery to the clinical test. A few were brave enough to put it to the test and were more than satisfied with the result. Among these early followers was the "peerless prescriber of Munster" who in the preface of one of the editions of his Therapeutic Pocket Book gives his experience as follows:

This is not the place to speak about the quantity and the repetition of the dose, a subject on which, moreover, opinions are still divided. I think it, however, necessary to direct the attention of the English homœopathic physicians to what we have experienced in this respect within the last two

years. Several practical physicians of the highest order have found by a number of the most careful experiments, that not only the high dynamizations, such as 200, 400, 800, far from being inefficacious, continue to operate with a force, sufficient to cure every kind of disease, but that also the totality of the power of the medicines and the extent of their peculiarities develop themselves by this means in a more perfect manner, and that very often a disease is cured with high dynamizations, which had been attacked in vain with the lower dilutions of the same remedy.

Convinced of the truth of this most important discovery, I have used for two years those high dynamizations, the results of which were so satisfactory, that during the last year I have scarcely given any other: Since this time my practice, always a successful one, has become still more so, and all those who have taken my advice, are enthusiastic in their approbation of this progress.

There are some, who pretend to have found—more by reasoning, than by experience—that the high dynamizations, though capable of curing some kinds of disease, particularly those of the sensitive sphere, are not applicable in those attacking the vegetative sphere. For my part, I think myself authorized, by a number of incontestable facts, absolutely to deny this assertion. It is just in the diseases of the skin, of the glands and of the bones, that I have observed the most surprising effects from dynamizations of the highest degree and my journals contain a great many perfect cures, particularly of those kinds of diseases, which had for a long time resisted the larger and often repeated doses of the same remedy. Caries, osteomalaxy, exostosis, curvature of the spine, as well as the different species of cutaneous eruptions, of tetter and ulcers, are not less curable with high dynamizations, than the different kinds of mania, epilepsy and all the other natural diseases, provided one be experienced enough in Homœopathy, to chose the remedies, which under all circumstances are the most fit, and firm enough to allow them to operate as long as it is necessary. Every homœopathic physician, who is able to make choice of the right medicine and avoiding the great fault of precipitation, which is always injurious, will soon perceive that the high dynamizations, given in long intervals and without a repetition, are generally much to be preferred to larger doses, repeated or changed too often.

Those who have faithfully applied the law of cure have adopted it as their rule of practice, because of its superior efficacy in the healing of the sick. Our allopathic brethren who have not made the experimental tests after Hahnemann's plan, are not competent witnesses. So it is with the potentized remedy. Our homœopathic brethren who have applied the dynamized drug after Hahnemann's method, have been more than pleased with its superior efficacy, both in acute and chronic disease. Those who have not used it are not competent witnesses. They would use it if they would give it an honest trial in an honest manner, but until they do so they are in the same boat with the non-believing Allopath.

KANSAS CITY HOMŒOPATHIC COLLEGE.—In a recent issue we deprecated the establishment of another homœopathic college as uncalled for, unwise and not in the best interests of the profession or the true advancement of the cause. It is not more colleges, but better ones, that we require. Not more teaching, but better teaching, is the great want of the homœopathic school of to-day; and so far as we can see there is little prospect of this new venture filling the bill or “meeting a long-felt want” in this direction. The intention of the Faculty may be good, but as Hood says: “Evil is wrought by want of thought as well as want of heart.”

The Kansas City Index in its July issue, states some very plain facts about the old college and utters a warning note about the new one which should be heeded: *

The most disreputable medical college in the United States has become a so-called homœopathic institution. Until quite recently it was a school (?) where the student could attend lectures (or could remain away if he preferred—it mattered little so that his money was paid into the treasury) and receive a “regular,” eclectic, or homœopathic diploma, just as he preferred, the rule of the faculty being “you pays your money and you takes your choice.” This institution soon became known as the worst diploma-mill in America and was promptly refused recognition by every organized state board of health in this country. * * *

To this Dr. Casseday, the dean of the new college, replies, that this is a new organization, a new college, under a new charter with an entirely homœopathic faculty. But the editor of the Index is apparently not completely satisfied with this statement, for he replies as follows:

* * * Of course, *if this new college is to be conducted legitimately*, the Index has naught to say for or against it; but if it is to be run as a “diploma mill” the sooner the truth becomes known the better. Let us consider the matter together a moment. If the object of this organization is to establish a homœopathic medical college the methods of which are to be strictly legitimate, why were some of the brightest homœopaths of the city omitted from its faculty? Where is W. D. Foster, the best homœopathic surgeon west of St. Louis? Where is Moses T. Runnels, the foremost homœopathic gynecologist of the west? Where is C. C. Olmstead, for many years professor of obstetrics in the Cleveland Homœopathic Medical College? Where are S. E. Trott, H. C. Baker, S. H. Anderson and the rest? Quietly pursuing the even tenor of their way while your professor of surgery is associated with Kimberlin, one of the most notorious advertisers in Kansas City; your professor of gynecology so illiterate that his article recently read before your medical society would not be published (so the editor personally informs me) in a prominent homœopathic journal, and your two principal offices, Dean

and Registrar, filled by Drs. Casseday and Brady, two prominent members of the faculty of what you admit was justly termed "*the notorious*" Kansas City Hospital College of Medicine.

Can a straight out-and-out homœopathic medical college be conducted in Kansas City? Let us see. High authority among Hahnemannians, the Medical Visitor, gives to Missouri 314 homœopaths, Kansas 231, Texas 64, Colorado 56 and Nebraska 32 (Iowa being omitted because of having a homœopathic college in the state). Here we have a total of 720 homœopathic physicians in the states tributary to Kansas City; will these have enough students (besides those who go to St. Louis or further east) to support your college? There are in Kansas 1525 regulars, in Missouri about 4,450, in Nebraska 1090, in Colorado 406, in Texas 2,130 and in Arkansas 550—a total of 10,150. These men sent to the two regular medical colleges of this city last year seventy-seven students. Allowing you the same proportion how many students will you have? $5\frac{1}{2}$! Were you five times as strong as you are, would you have the numeric strength to support your school? Would you have sufficient material upon which your college could subsist, unless there was "something rotten in Denmark"? Let us hope that everything will be conducted legitimately, but for the second time let me repeat: we want no diploma mills in Kansas City. E. L.

We have nothing personal in this matter; the welfare of our beloved Homœopathy alone is at stake. Nor do we wish to prejudge the college in advance of its effort. But with thirteen well established colleges—three of them in affiliation with State Universities, with hospitals attached, and only nominal fees—is it not much better to concentrate our efforts and encourage our present institutions to do better work? In union there is strength.

* * *

THE "CIGARETTE EYE."—A New York oculist says that the greatest enemy to the eyes of young men is the cigarette. Recently a disease has appeared among smokers which is dangerous, and after careful investigation, the best authorities, who for a long time were at a loss to understand the peculiar malady, have traced it to the small paper-covered tobacco sticks. It is now known as the "cigarette eye," and can be cured only by long treatment. Its symptoms are dimness and film-like gathering over the eye, which appears and disappears at intervals.—Chicago News.

This statement, crude and generalizing as it is, contains more than a grain of truth; and here is a field in which the members of our ophthalmic corps, may do some original work for their specialty and at the same time benefit the general profession. Some extended experiments with *Tabacum* should be made, with a view of determining its effect on the muscles of the eye.

We already know that there is scarcely a remedy in the *materia medica* which has a more profound action on, or which more promptly or more certainly deranges, the normal function of the muscular fibre, than *Tabacum*. But what we more particularly want to know is, how or in what manner does it affect the delicate muscles of visual accommodation. How many children in our public schools, how many students in our colleges are compelled to wear glasses, in order to do their ordinary work, from the effects of tobacco? And is the cause of defective vision due so much to the printer's type as to the inherited effects of *Tabacum* engrafted on a psoric constitution? Is it German type or the excessive use of the German *Meerschaum* that compels so many children in Germany to wear glasses? Let those members who do not use tobacco begin the work; those who use it can scarcely be expected to see any disease-producing action in their favorite panacea.

New Publications.

HOMŒOPATHY IN VENEREAL DISEASES. By STEPHEN YELDHAM, M.R.C.S., Eng. Fourth edition. Edited with additions and an original chapter on *Spermatorrhœa* by HENRY WHEELER, M.R.C.S., Eng. London: E. Gould & Son.

We are sadly disappointed at the appearance of another edition of this work on venereal diseases, without any apparent improvement or any real revision; for the original chapter on the treatment of *spermatorrhœa* is entirely unworthy the name. It is the same old tune, set to the music of alternating routinism; and the Homœopath who pins his faith to the directions here given will be very apt to conclude, as many have already done from following such advice, that the law of the similars is not a universal law and that the treatment of these diseases is *one* of the exceptions. If the author had taken a chapter from Hahnemann's *Chronic Diseases*, he might have given us a work on which we could depend. But, instead, he even fails to tell us why Mercury does not cure every case, a fact which Hahnemann long since pointed out and which no Homœopath should fail to learn. He acknowledges the tendency of Mercury to produce phagedenic ulceration, yet he does not hesitate to recommend two grains of the first, or from five to ten grains of the second decimal trituration, three times a day. And in addition to this, just think of it, Oh! Homœopaths of America! the local application of "fuming Nitric acid" and "Arg. nit., in its solid form," and then call this "homœopathic treatment of venereal diseases." No wonder English Homœopathy needs a revival! It will require something more

regenerating than the tracts of the Homœopathic League to convert the profession, ere they in turn undertake to convert the people of Great Britain.

A REPERTORY OF GONORRHŒA WITH THE CONCOMITANT SYMPTOMS OF THE GENITAL AND URINARY ORGANS. By SAMUEL A. KIMBALL, M.D.

We have examined a copy of this work with much satisfaction. It supplies a want which has long been felt by healers who have had much to do with this troublesome (we had almost said *most* troublesome) disease. The intelligent and conscientious practitioner has heretofore been compelled to wade through "a wilderness of symptoms" without aids of any kind in search of his simillimum for his case, and often the search has been a long and a weary one because intelligence and conscience compelled to this, forbidding resort to empirical means which only suspend the secretion of the morbid product, and the dysuria, while they effect no cure. To all such the advent of this little book must be most welcome. It shows pleasing evidence of care and faithfulness in its preparation which many large works fail to show, a lack of which has made them so nearly worthless as helps in an administration of practical therapeutics. It comes to us in a modesty and simplicity wholly admirable. The simplicity of its arrangement is such as renders its practical use free from embarrassment. We have been especially and favorably impressed by the lucid instructions of its preface. The importance of the principles here given for our guidance is not to be undervalued or overlooked by reason of the modesty of the manner of their statement. These principles being acted upon and loyally obeyed, a gonorrhœa may be cured; but if neglected or rejected—never.

P. P. WELLS.

ATLAS OF VENEREAL AND SKIN DISEASES. By PRINCE A. MORROW, A.M., M.D., Clinical Professor of Venereal Diseases in the University of New York; Surgeon to Charity Hospital, etc., etc. Fasciculi iv, v, vi, and viii. New York: William Wood & Co.

This work is to consist of fifteen parts, imperial folio; will contain seventy-five chromo-lithographic plates with several hundred figures, in flesh tints and colors, many of them of life size, and from sixteen to twenty folio pages in each fasciculus of a practical treatise upon venereal and skin disease. Like the parts which have preceded these, the plates are life-like and true to nature in their coloring, and the text and description, the differential diagnosis, clinical peculiarities, course and termination, are remarkably complete, and ought to insure a large sale.

It is one of the best works on this subject which has ever been produced in America, and every practitioner who aims at being an expert in diagnosis will find this atlas invaluable.

FIFTY REASONS FOR BEING A HOMŒOPATH. Given by J. COMPTON BURNETT, M.D. London: The Homœopathic Publishing Co. 12 mo., pp. 175. 1888.

For these "Fifty Reasons for Being a Homœopath" we are indebted to a young allopath, fresh from the continental schools, "full of scholastic conceit," and as innocent of everything pertaining to true therapeutics as a

freshly loaded M.D. from a New York Post-Graduate school. The "reasons" are fifty clinical cases, cures made by the author, and described in his charming yet convincing style. Written in the technicalities of Allopathy, to convince an Allopath, each case presents, nevertheless, the clear indications for the homœopathic simillimum, and the book forms one of the best missionary volumes which has appeared in our school for many a year. In our opinion The British Homœopathic League can do no better work for their cause than by placing this book in the list of their series of admirable tracts. Every homœopathic physician in America should have a few copies in his library for missionary purposes, as few books are better calculated to convince either layman or physician of the truth of the law of the similars. Here is a specimen from the Introduction:

"Dining last January with a very genial M.P., residing, when in town, at Royal Kensington, a fellow guest was Dr. T. A. K., a nephew of mine host, who had just returned from a medical tour on the continent of Europe, during which he had visited Paris, Heidelberg, Vienna, Berlin, and other places of medical interest.

Over the almonds and raisins I slowly became conscious that I had been really entrapped by mine host and patient into dining with him in order that said medical nephew and I might go over the various pathies together, the uncle being very anxious that his doctor-nephew should come out as a Homœopath.

Things went on quietly and smoothly at first, but presently we both waxed warm, I lost my temper, and—did not find it again that evening. Indeed when I heard the whole body of Homœopaths stigmatized as quacks I did not mend matters by adopting the *tu quoque* line of argument. The protestations that the obnoxious epithet was not meant to apply personally to me I could not accept, for I affirmed it to be a necessary sequence that if the Homœopaths as a body are quacks, it must follow that I—the individual Homœopath—must also be the same. Be that as it may, I wound up by saying to Dr. K., "My dear fellow, your mind is as full of scholastic conceit as an egg is full of meat, and you are therefore a doomed man so far as scientific medicine is concerned; your cup of knowledge is full, but full of knowledge of the wrong sort; your knowledge is like those Neapolitan walnuts there, which have been dried in a kiln, and thereby rendered sterile; plant them and they will not germinate, and it is just thus with your scholastic learning: all you know was first dried in the kiln of the schools, and has been rendered sterile—incapable of germinating. Kiln dried walnuts have a certain value as food, but they are *dead*; your knowledge has a certain value as mental food for other students if you like to turn teacher, but it is scholastically dried up and sterilized. You have no living faith in living physic—so far as the really direct healing of the sick is concerned all your medicine is *dead*, as dead as a door nail."

"Perhaps so," retorted Dr. K. "I suppose you mean that yours is the only true way to medical salvation; that is just like you Homœopaths, and let me say that that is the very reason why we regular practitioners do some-

times call Homœopaths quacks—there, do not flare up again. I tell you I do not apply the term to you personally.”

“Precisely,” said I, “the old, old story of abuse and slander of the absent, but no *reason*. Why I could give fifty reasons for being a Homœopath, that if not singly at least collectively would convince a stone.”

“Fifty reasons for being a Homœopath, my dear doctor, pray let us have them, I have never heard one good reason yet; here, uncle, you go on to bed, I am going to stay up and have these fifty reasons that are going to show me how to cure all the diseases under the sun, including my *morbus scholasticus*, my ‘scholastic conceit,’ and all of course in strict accordance with the canting formula, *Similia Similibus Curantur* (turning towards me), my dear Doctor, even if each one be only a tiny globule!”

“By this time I was in the hall, and bade a “Good night, all!”

But you must read it yourself to thoroughly appreciate and enjoy it.

HOSPITAL AND DISPENSARY CLINICS AND THE ART OF PRESCRIBING. By PROSPER BENDER, M.D., Boston, Mass.

This is a very instructive address delivered before the Hahnemannian Societas, B. U. S. M., in which the author details some of his early failures and warns his hearers to avoid the quicksands of empiric guessing. On page 5, in recounting his early experience—an experience in which many sympathise—he says: “Occasionally, with the aid of Hughes, Hempel and Laurie I made a brilliant cure, but oftner, when moving solely by these lights, failure occurred. Then, besides, I never felt certain that my prescriptions would succeed; now, however, when I have found a remedy which covers the aggregate of symptoms, I can look my patient in the face, and say: “That will help you;” or, “that will cure you,” according to the nature of the case. There is comfort, there is gratification, with such work, which if you wish to experience, master your *materia medica*. Prescribe according to the totality of the symptoms whatever the name of the disorder, and all will be well with you and your patients.” Why can we not have a few more such addresses?

A CYCLOPÆDIA OF DRUG PATHOGENESY. Part VIII. Vol. II. *Cantharis-Iodium*.

This part completes Vol. II. and it is expected the entire work can be finished in two volumes more. Of the 400 copies subscribed for by the American Institute, there was a deficiency this year of \$223.68, which represents something over two hundred of the 400 subscribed for, a decided falling off in individual subscriptions of members. This fact speaks for itself. Those who have tried it as a working *Materia Medica* in looking up a case, pronounce it a failure. It is written on a pathological plan by those who have always complained of the defects in the works of Hahnemann; but although beautiful in theory it is worthless in practice. Is it wise for the American Institute to sink any more money in the venture even if there be a surplus in the treasury? As a monument to a one-sided view of our *materia medica* and our law of cure, it stands alone in the literature of our school. A work which no private publisher would undertake to bring out the authors

have foisted upon the American Institute and the British Homœopathic Society. We regret exceedingly to be compelled to write thus plainly, but justice to our readers demands plain writing. And we are not alone in our view of the case. In the August issue of the California Homœopath the veteran editor, S. L., who knows something of materia medica, thus frees his mind:

"Poor Treasurer of the American Institute, who has over 200 copies for sale, and it seems nobody wants them. Even some physicians who took the first parts of the work became disheartened and stopped their subscription. Why this lukewarmness for a work issued under the auspices of the B. H. S. and the A. I. H., when of Farrington's *Materia Medica* 1600 copies were sold within a year and the demand is still kept up. There are several reasons why our physicians think they have no need for such a work:

"1. It is of no earthly practical use at the bedside.

"2. It fails to satisfy the demand for a *true* drug pathogenesis, and thus fails to please either wing of the homœopathic school.

"3. It neglects many drugs, especially the antipsorics, and gives too much space to drugs which are far less frequently used in the daily practice of our physicians. Thus in part viii, Graphites fills one page, while to Hyoscyamus are granted over twenty pages. In fact, there are too many extracts from the London Lancet, Virchow's Archives, Schmidt's Jahrbucher and other allopathic sources and too little Homœopathy. It does not satisfy our allopathic physician searching for the physiological action of a drug, and he who tries to prescribe according to Hahnemann will fail to find even the simile from such a pathogenesis."

But when S. L. says: "We do not blame the editors, as they were handicapped from the start in giving us a trustworthy drug pathogenesis. The whole work was conceived with materialistic ideas, and the dynamics, which is the very essence of Homœopathy, had to be considered a forbidden fruit," The only error in this is that the editors, Dr. Hughes and Dr. Dake, handicapped themselves. They are responsible, and they alone, for the rules under which the work has been brought out.

SPINAL IRRITATION. By WM. A. HAMMOND, M.D., New York. Detroit: Geo. S. Davis. Paper, 25 cents; cloth, 50 cents.

The facts presented by the author in the chapter on the Causes of Spinal Irritation, are well worth the careful perusal of the busy practitioner. We regret that we cannot commend his medical treatment.

HOW TO STUDY MATERIA MEDICA. By CONRAD WESSELHÆFT, M.D. Three Lectures delivered at the Boston University School of Medicine.

This book professes to instruct the student in the most approved method of studying the *Materia Medica*, and recommends the beginner to first study the *Cyclopædia of Drug Pathogenesis*. If this be not sufficiently confusing, in addition to other text-books he recommends the U. S. Dispensatory and Taylor on Poisons, and finally, Hughes and Hale. In our opinion, this is just the way not to do it, and we would advise every homœopathic student to let this

plan severely alone if he ever expects to master the *Materia Medica* or become an artist in the healing of the sick.

THE RELATION OF ALIMENTATION TO DISEASE. By J. H. SALISBURY, M.D. Octavo, pp. 343, with nineteen pages of illustrative plates. Price, \$5.00. New York: J. H. Vail & Co. 1888.

This book is the work of an enthusiast in a special line of study, in the elaboration of which he has devoted almost his entire professional life. The conclusion at which he arrives after years of extended experiments, is that organic diseases are largely, if not solely, caused by the continuous use of foods and drinks undergoing acid fermentation.

On page 100, the author says: "No one can hope to handle consumption successfully by change of climate or by medicinal [allopathic] remedies. It is a disease arising from long-continued unhealthy alimentation, and can only be cured by the removal of the cause. This cause is fermenting food, and the products of this fermentation (carbonic gas, alcoholic and vinegar yeast, and vinegar) are the more important factors in developing the peculiar pathological symptoms, conditions and states in this complaint, which is generally and erroneously believed to be incurable. Consumption of the bowels can be produced at any time in the human subject in from fifteen to thirty days, and consumption of the lungs within three months, by special, exclusive and continued feeding upon the diet that produces them."

The tabulated results of exclusive feeding with "baked beans," "oat meal," "Army biscuit," etc., are both interesting and instructive, and furnish food for thoughtful, progressive physicians not wedded to their idols. The book contains much that is new and novel and will repay perusal.

DISEASES OF THE HEART AND LUNGS. By JAMES R. LEAMING, M.D., Emeritus Professor of Diseases of the Chest and Physical Diagnosis in the New York Polyclinic, President of the Faculty, etc. etc. Second Edition. Octavo; pp. 300. New York: E. B. Treat.

The author of this treatise has made the diseases of the heart and lungs his special study for many years. His careful investigations as a practitioner, his observations in public hospitals and private consultations were occasionally embodied in papers, read before the Academy of Medicine or published in medical journals, and this work consists of a collection of these monographs, revised by the author and prepared for permanent preservation. We are pleased to see that the author takes his stand firmly against the contagiousness of consumption and the facts which he presents in support of his position are simply incontrovertible. The bacillus tuberculosis of Koch and others he considers an effect not a cause, and in this agrees with the conclusions of Gregg. The author says, page 170: "But the bacillus is not necessary to explain the occurrence, cause and course of phthisis—fibroid or tubercular. All but a very small number of cases commence as fibroid—that is, with plastic exudation within the pleura, in which the bacillus is not a factor. This primary condition of phthisis may be the result of depressed vital power from various causes—long-continued and violent emotion, anxiety, worry, grief, or disappointment—more than from catarrhal causes."

And sooner or later we will all have to come to Hahnemann's theory as to the all-important influence of the mind—mental impressions, shock, etc.—in the production of many of the malignant affections.

PREMATURE BALDNESS IN THE UNITED STATES: The Customary Treatment of the Hair Considered in Relation to its Remarkable Prevalence. St. Louis: Published by Arthur R. Deacon. 1888.

This small book of 20 pages, professes to be written by an English gentleman of more than ordinary powers of observation, while on an extended business tour in this country. He arrives at the conclusion that "in the large cities of the United States there is a greater percentage of prematurely bald heads than in any nation upon the globe; that it is the most common among the more fashionable of the professional and business men; that it is largely due to the barbarous methods of the American hair dresser; and increases in exact ratio with the amount of *soap* and foreign substances applied to the hair and scalp; that amongst those—the lower strata of society—whose occupations do not require a very strict attention to the toilet, premature baldness is almost unknown. Here is food for thought.

INFECTIOUS DISEASES. By KARL LIEBERMASTER, Professor of Clinical Medicine in Tuebingen, Germany. Two vols., pp. 269. Being Nos. 8 and 9 of the Physicians Leisure Library. Detroit: Geo. S. Davis.

These two volumes form a standard work on this subject, and coming as they do from the pen of this celebrated German teacher, are certainly authoritative.

THE THREE ETHICAL CODES. THE ILLUSTRATED MEDICAL JOURNAL Co., Publishers, Detroit Mich. Cloth, 55 pages.

In this little book is reprinted The Code of Ethics of the American Medical Association, with its Constitution, By-Laws and Ordinances, brought down to 1888; The Code of Ethics of the American Institute of Homœopathy, and The Code of Ethics of the National Eclectic Medical Society. Altogether, it is a handy little book for reference as occasion may require.

PUBLICATIONS OF JOHN B. ALDEN. NEW YORK. 1888:

THE UNITY OF THE TRUTH, IN CHRISTIANITY AND EVOLUTION. By J. MAX HARK, D.D. Pp. 288; price, 80 cents.

This may be considered a companion volume to Drummond's Natural Law in the Spiritual World, but the author does not appear to be so over-anxious to make out a complete case. After cutting loose from the traditions of the schools the author has apparently done his own thinking, and the book is written in a frank and earnest tone rather than partizan and dogmatic.

DIVINE HEALING OR THE ATONEMENT FOR SIN AND SICKNESS. By Captain R. KELSO CARTER. Pp. 189, cloth 50c.

As the author of the article in the Century Magazine for March, 1887, on the Mind Cure, Capt. Carter is perhaps well known to many of our readers. This is his latest and complete work on the subject.

A SHEAF OF SONG. By BENJAMIN F. LEGGETT. Pp. 154.

Contains over 100 short poems on various topics, many of them very readable.

TRAMP THROUGH SWITZERLAND, by the same author, is a very entertaining record of a three weeks' tour in Switzerland.

JUDAISM ON THE SOCIAL QUESTION. By RABBI H. BERKOWITZ, of Mobile, Ala. Pp. 130; cloth, 50c.

The contents of this book first appeared as a course of lectures, and are the first expressions from the Jewish pulpit on the socialistic problems of the day. The author is a trenchant writer and presents his subject in vigorous English.

A PESSIMIST IN THEORY AND PRACTICE. By ROBT. TIMSOL. Pp. 204, cloth 30c.

This is one of the first attempts of the publisher to produce a volume of "the worthiest fiction that *American* authors can be tempted to produce." It is a reprint from *The Novelist*.

ALDEN'S MANIFOLD CYCLOPEDIA: Calvin-Cervennes. Vol. vii., pp. 606. New York: John B. Alden. 1888.

This work appears with great regularity and fully sustains the promises of the earlier volumes. So confident is the publisher in the quality and character of the work that he offers to send specimen volumes, on receipt of price, which may be returned if unsatisfactory. Cloth, 50 cents; half morocco, 65 cents.

THE LAND OF THE PUEBLOS. By SUSAN E. WALLACE. Pp. 285; 12 mo, cloth, illustrated. Price, 75 cents. New York: John B. Alden.

Every one who has read *Ben Hur* will be anxious to read the present volume by Mrs. Wallace. The story as here told of our ancient American civilization—which if not as old as that of Egypt, is even more deeply shrouded in mystery—should be familiar to every American reader. The author is well known as one of the brightest and most instructive writers of the day, and few will fail to be interested in these charming sketches.

The Century keeps up its custom of making the August a "Midsummer Holiday Number," and well sustains its previous efforts. The frontispiece of the August Century is a portrait of George Kennan in his study, drawn by Henry Sandham, and shows the celebrated traveler at work on his Siberian papers. The article giving a sketch of his life is by Miss Anna Laurens Dawes, daughter of the Massachusetts senator, and from it we learn that the great traveler is from Norwalk, Ohio. Kennan's own article in this number describes his "Meeting with the Political Exiles." The *Lincoln History* deals this month with Tennessee and Kentucky, and gives a new and clearer idea of Lincoln's relations to the early military movements in the West. The chapter headings are "Halleck," "The Tennessee Line," "Lincoln Directs Co-operation," "Grant and Thomas in Kentucky," and "Fort Donelson." On page 517 a very interesting letter from President Lincoln to Governor Morton of Indiana is published for the first time.

Editor's Table.

H. F. Biggar, M.D., performed Cæsarian section on a woman in Summitt County, O., Aug. 6, removing the child and a twenty-three pound tumor.

The McMillan and Newberry free hospital of Detroit is rapidly approaching completion, and will be opened for the reception of patients about November 1st.

Dr. J. Milner Fothergill died recently at his home in London. He has long been regarded as a somewhat original thinker and a pleasing, entertaining and instructing writer.

Married.—Dr. Frank F. Casseday, dean of the Kansas City College, and Mrs. Elizabeth Watson Rogers were married at Colchester, Mass., July 26, 1888. Congratulations.

E. A. Ballard, M.D., has been appointed chairman of the bureau of materia medica, I. H. A., vice H. Hitchcock, M.D., resigned. The doctor is now in Colorado and reports his health improving.

Died.—At Pasadena, Cal., Aug. 18, 1888. D. J. McGuire, M.D., late of Detroit, Mich. This is the brief, sad, yet not unlooked for announcement which we receive as we go to press. We hope to give an extended notice in our next issue.

Wm. Jefferson Guernsey, M.D., and the public school board are having a misunderstanding on the question of "compulsory vaccination." We admire the Doctor's pluck and wish the law was expunged from our statute books. Malandrinum is a much better and infinitely safer preventive.

E. H. Pratt, M.D., announces that, "a class in orificial surgery will be held at the Chicago Homœopathic College, Sept. 10, at 10 A. M. The entire week will be spent in a thorough discussion of the orificial philosophy in all its details." This may be a little *infra dig* but it is the way to gather in the shekels.

A Text-Book of Gynæcology by Prof. A. C. Cowperthwaite of Iowa City is now in press, and will soon be issued by Gross & Delbridge. Coming from a teacher of materia medica the therapeutics of these diseases ought to receive special attention. Although not so voluminous as some of our works, we are assured it will be a complete text-book in all its details.

Dr. Julia F. Button has removed to Beaumont, southern California, to take charge of Dr. Fellows' Sanitarium, and writes: "Beaumont is an undeveloped gold mine to the invalid suffering from lung trouble, asthma, catarrh, nervous prostration, etc., etc., where altitude and water cannot be excelled in southern California, and the Sanitarium and hotel are complete in all their appointments."

How to Cure Stammering.—During the first week of treatment the patient should go through methodical exercises of reading and recitation for a certain number of hours daily. The reading at first should be from a second or third reader where the words are of one syllable. The patient should read slowly and deliberately. In a few days use a fourth or fifth reader, and finally a book containing many compound words. When not reading, he must remain perfectly silent and isolated from his friends. In the second week he is allowed to speak to his attendants and friends, but he must speak very slowly and pronounce each syllable distinctly. In the third week he may converse freely, but slowly and deliberately. Next!

The

Medical Advance

VOL. XXI.

CHICAGO, OCTOBER, 1888.

NO. 4.

Societies.

THE EXAMINATION OF THE PATIENT FOR A HOMŒOPATHIC PRESCRIPTION.*

P. P. WELLS, M.D., BROOKLYN, N. Y.

The first duty of the healer in his clinical office is to ascertain what there is in the present condition of the patient which he is expected to cure; to acquaint himself thoroughly with all the facts of the case, with all their concomitants. This duty is not only first in the order of proceeding, but is second to no other in importance in its relation to the issue of his labor. It is a *sine qua non* in every case of specific (i. e., homœopathic) prescribing. Till this knowledge is obtained no other step can be taken, as all other and subsequent steps are based on this. It is this knowledge of the facts of the case which enables the prescriber to proceed from these to his materia medica and in the facts of this record to find the simillimum to the facts of the sickness. To search here for a curative of any case, without this prerequisite knowledge, is to hunt in the dark for a simillimum to an unknown quantity. We speak here, of course, of prescribing under the guidance of the law of *similars*. Prescribing outside of this law, whatever may be arrogated to it by false claims of its "scientific" character, is only, and ever, mere guessing, and always guessing in the dark. There is no thera-

* Transactions I. H. A., June, 1888.

peutic light available to man except that which comes to him through this law. The arrogance and conceit of old physic only serve to blind the minds of its votaries, and delude them with the conviction that their guessing is, somehow, sanctified and justified by their baseless claim that this blind struggling in the regions of the unknown, to grasp phantoms only existing in their own imaginations, is the practical embodiment of all there is of the "scientific" in practical medicine. It is certain that guessing is all they have to substitute for a *science* of therapeutics, and as this is so conspicuously poor in itself, and in its results, they seem to be without other resource than loud clamorings, in their claim for their guessing of a "scientific" character! "Scientific" guessing! Is ignorance or conceit capable of a greater absurdity?

In the two schools of practical medicine of to-day, this first duty is equally recognized as paramount. But there is this radical difference in the views of the two as to their reasons for this. To the one it only suggests a *name* for his case; to the other the points gathered are indices pointing to the curing agent. The one ceases inquiring when he has gathered sufficient facts to justify his name, however few these may be. He stops here because he has no further use for facts. With the few he can make his *diagnosis*, i. e., give his name to his case, and this name suggests to the prescriber certain internal conditions, which, in turn, suggest certain drugs as likely to benefit these supposed conditions. These given, and the circle of old-school therapeutic duty is complete. This series of *guesses* it is, which constitutes the all there is to that which is so boldly and blatantly proclaimed to the world as the whole of "scientific" medicine! And perhaps the most remarkable fact in this connection is, those who thus clamor the loudest seem to be wholly unconscious of the emptiness of this silly pretense, and appear to be not at all ashamed of it, though there is no "science" in it, but only guessing and a Greek name.

As opposed to this, the other school cannot stop inquiries till *all* the facts are brought out, because if any part be omitted from the record, it may be that in this omission are the facts most important in the *diagnosis of the remedy*. At this point, in this first and paramount duty, we have the two schools as far apart from each other as possible. The one investigates for a

name, the other for a curative. The one is content with *few* facts, if these justify his *name*; the other must have *all*, because *all* are necessary to determine the remedy for the case. This necessity is one of the underlying principles of the philosophy of specific medicine, and without this no practical superstructure founded on law can be raised. The elements, and *all* the elements, of the sick condition must be known before any other step can be taken for its cure.

We have said, gaining this knowledge is the first duty of the practical healer. We add, it is the most difficult of execution; and this difficulty is only equalled by its importance. All in specific healing depends for its successful issue on the faithfulness and thoroughness with which this duty is performed. The difficulty and importance of this duty are so great that no care or labor devoted to it can exceed the demands true philosophy and intelligent conscience make for these in its discharge. These are so great that no margin is found here for haste, carelessness or indolence. Nothing can be left to chance, hazardous or guessing. The difficulty is so great that it can only be overcome by endeavors guided and controlled by the most perfect and orderly system of procedure. *Systematic* is the word which should characterize these endeavors from the beginning to the end. This necessitates a plan of procedure at the beginning, which shall ensure the survey of the whole field of symptomatic facts before this duty can be accepted as complete, or as a proper basis upon which to search for a curative.

When Hahnemann recognized the relationship of law between sickness and their curatives, as existing in the likeness of the facts of the one to that of the record of the facts of the other, he saw, and was the first to see, the absolute necessity of a knowledge of *all* the facts of the case to be cured, because till this was gained there could be no such comparison of factors as will disclose the likeness which the natural case of cure demands, before any drug can be selected as the specific curative of any case. It is indispensable that this knowledge of *all* the facts of a case shall be in possession of the prescriber, and be made the basis of his therapeutic proceedings before any treatment of his can be brought into the category of homœopathic prescribing. Any attempt at this with partial knowledge of these necessary facts is only a sham, and if it be claimed for this

that such practice is of the homœopathic school, the claim for this sham is but a false pretense.

The necessity of a systematic plan of procedure in endeavors to compass a knowledge of the facts of sicknesses before seeking for curatives was clearly seen by Hahnemann, and he gave in his *Organon* a sketch of such plan which no subsequent teacher has supplanted or greatly improved. Some, who would be teachers, and have been ambitious of the reputation of models of homœopathic healers, have abandoned this plan and have gone rather for the shorter and easier method of old physic, like this, making names the objectives of their inquiries. They have not been those who by their practical successes have contributed to the evidence which confirms the truths of homœopathic philosophy, nor have they been of the number who have added ought to the power which has extended the triumphs of this through the world. It is rather among this number that a want of partial successes has caused discouragement and doubt, and these in the end have led to apostacy in the few instances where this has disgraced those who sought for homœopathic successes by a neglect of its philosophical principles, and substituting for these, often, a very poor imitation of that easier method which, without law, is content with guessing, while the imitation quiets his conscience, if he has one, and his self-complacency, if he has none, with the boast that "he will use all possible means for the cure of his patients"; not caring to remember, or not knowing, that it is not necessary, in any curable case, to use "all possible means," but only "right means" for the cure, and that these are always and only found in the most similar record of some drug to the phenomena of his sick case. This he presents as evidence of broad "liberality" which knows no prejudice and is confined to no narrow bounds. He would have this accepted as evidence of his superior knowledge of means of healing, whereas it only proclaims his inability before the problem of the discovery of the *right* means for his desired cures. This found, and no others are needed or useful.

The systematic plan of procedure for the discovery of the facts of sickness which, under the guidance of law, discloses the true curative, first observes all which is perceptible to the prescriber in the appearance, manner, and action of the patient.

If in bed—his position; is he quiet or restless; does he change his position often, or does he avoid all motion; his respiration, is it hurried, or normal in frequency; is it in due symmetry with the frequency of the pulse, and in the duration of inspiration and expiration? The expression of the outlook—is it tranquil, excited or desponding; or what, if any, is the change from that which is natural to the patient. The eyes—are they bright and sparkling or dull; are they injected or clear; are the lids swollen or natural; is the face pale or red, or neither; is it hot or cold, wet, damp or dry. The general surface—it is hot, warm or cold, perspiring or dry; if there be eruption—of what kind, not how has it been named, but how does it look, what are the morbid phenomena attending it; the name is of no consequence to the prescriber in the duty he is now supposed to be engaged in. The voice and spirit—how are these affected, if at all; and what, if any, are the modifications of their normal character. The moral and intellectual functions are to be noted as to all aberrations from their normal state. Has the disposition become, since the sickness, querulous, angry, complaining, easily taking offence, weeping, or sad, as it was not before? The intellect—is it more active or dull than has been its wont; are its perceptions and judgments clear and normal, or are these under the false impressions of delirium? If so, what is the form the aberration assumes? Is the delirium mild or violent, talkative or reticent; is the speech clear and distinct, or is the enunciation imperfect; are answers given promptly or are they delayed and slow, or are answers wholly refused; is the imagination vivified by visions which have existence nowhere else; does this delusion talk to, or reach out to imaginary objects in the air? In short, whatever in intellect or disposition which is a departure from the natural state of the sick one is a necessary part of the case to be examined into, and is to be, in exactness, a part of the record which makes one side of the equation in every homœopathic prescription, which solves the problem of a cure when it has found in the *materia medica* record the counterpart of the recorded facts of the sickness to be cured. In this record the aberrations of intellect and disposition are to have a conspicuous place, and careful consideration, before the solution of the specific remedy is decided.

When the perceptible phenomena of the case have been

recorded, and not before, then the prescriber will listen to the history of the case, from the patient first, if possible, and then from the friends, if they have additional facts to contribute. Never allow the two to talk at the same time, or either to create confusion by interrupting or correcting the statements of the other. If the case in hand be a chronic disease, it may be necessary to carry the inquiry into the history of the case back into that of the patient's ancestors, in the endeavor to reach a knowledge of the true origin and character of the case under examination. For example: What diseases have been prevalent in the family of the patient? What were the sicknesses which have carried off those who have passed away, if there have been deaths of relatives. This knowledge is often of the utmost importance in discussions of the treatment of such cases. For some diseases are transmitted from parents and grandparents to their children, and the like proclivity to certain forms of sickness are found in individuals of a common ancestry and the clue which leads the true healer to a knowledge of his simillimum is not seldom found in the health history of some progenitor of the patient. In pursuing this inquiry it should be kept in mind that inherited sicknesses often pass the first generation of descent to reveal themselves in the second, or, perhaps, in one even more remote from the original sufferer. The true healer will therefore be very careful and persistent in his inquiries into the origin in the remotest ancestry, if need be, of the chronic case he is to treat.

It may not be necessary to carry the inquiry into the history of uncomplicated acute cases into that of the patient's ancestry. But in cases complicated with the action of aroused chronic miasms it may be of the utmost importance to do so. Cases are met sometimes where the clue to their simillimum is only found in this inquiry. This followed up, and not unfrequently the cure of the acute attack and of its complicating miasm may be found in the same remedy.

In uncomplicated cases, the inquiry may begin at the first element of the sickness which the patient or friends noticed as the initiatory of the attack. What were the circumstances and conditions in which this appeared and the modalities which accompanied it? And the same inquiries are to be made as to

each of the succeeding elements, as also as to the order of time in which they appeared, till a knowledge of all is gained.

The questioning of the history being completed, that of the aberrations of functions in the sick case may begin. And here systematic procedure is indispensable to the required thoroughness and accuracy of the inquiry. This must have a beginning, middle and end, and all between must be surveyed, that no fault of function may escape detection. Each aberration is to be questioned as to time of appearance, circumstance and condition attending this, and with the modality which have accompanied its history, with especial reference to all causes, conditions and circumstances which aggravate or relieve suffering.

With this plan of procedure, where shall we begin? There is no better order for the prosecution of this plan than that of the scheme adopted for the record of the *materia medica*. This begins at the head and from this follows a natural anatomical arrangement of succession to the end.

The mental and moral symptoms which we have noticed under the divisions of objective phenomena may perhaps as well, or better, have their place here with the other brain symptoms. After these, the pains or heat, whatever of abnormal sensations may be present in the head, as vertigo, throbbing; noises, as the chirping of insects, etc.; fullness, tension, etc. The pains are to be questioned as to the kind and exact location of each. Then the phenomena of the scalp, if any, are to be noted. Then the organs of the special senses, as of sight, hearing and smell, both as to function and change in appearance or tissue. The face, as to color, expression, or pains. The mouth and throat, including teeth and tongue, as to appearances which are abnormal, and pains or unnatural sensations, together with whatever modifications there may be of speech, as difficulty or fluency, hoarseness or shrillness, or total loss; of taste, as sweet, bitter, sour or a total loss, or diminished or exalted state of this function. Then of the digestive function—note all abnormalities as to appetite, thirst, desires and aversions as to various articles of food and drink; all pains or morbid sensations developed during the process of digestion; all eructations, regurgitations, nausea and vomitings connected with the food or drink, or which particular articles of these. Then pains or other morbid sensations in the stomach or its

associate organs in the process of digestion, not originating in the food or drinks, or in the process of this function. If there be nausea, independent of the digestive process, what is the exact seat of this, as in the abdomen, epigastrium or throat? What aggravates or relieves this? If vomiting, what are the substances ejected, and by what is this excited or relieved, and by what concomitants is this attended? What of the hypochondria as to pains or other abnormal sensations, swelling or sensibility to pressure? What of change in the hepatic organ, if any? The external abdomen, what as to its form? Is it full and round, or flat and sunken? Is it distended? If so, is it by gas, water or morbid growths, or by retained fecal intestinal contents? If there be pains, what is their exact character and location? How are these affected by circumstance and condition, and what are their concomitants? What of the function of defecation? Is this retarded? If so, what is the character of the evacuated material as to color, form, large or small? Is it dry and hard or the reverse? What is the character of the impediment: is this in the nature of the material to be expelled, or in a diminished force of the expelling power? What, if any, are the concomitants of the constipation, as hæmorrhoids or fissures, or other morbid process in anus or rectum?

Then the urinary organs and functions. Pains in these organs, if any, are to be investigated as to their exact character, location and concomitants. The secretion, as to quantity, frequency of calls to discharge this or the reverse, color, odor, sediment; the sensations while passing the water, their character and location, whether in the vesica or urethra?

The sexual organs and functions are to be questioned as to integrity of tissue and normality of function.

The respiratory organs and air passages are to be investigated as to pains and abnormalities of function. The respiratory act—are inspiration and expiration in symmetrical proportion? Is this performed chiefly by the diaphragm or the intercostal muscles, or by both? Is it accompanied by pain, and if so, what is its character and location? Auscultation and percussion, though of value chiefly to diagnosis and prognosis, are not wholly useless to therapeutics. For example, in pneumonia, if these disclose the fibrinous exudation or that process already accomplished, certain remedies are excluded from the treatment,

being no longer curative of this inflammation after it has passed this process, no matter what other symptoms there may be. If there be cough—what is its character? Is it dry or loose, with or without expectoration? If with, what is its character, and is it raised with ease or difficulty? Is the cough seldom or frequent or constant? Is it short and slight or violent and in protracted paroxysms? What are its conditions and concomitants?

The exterior conformation of the chest—are the two sides in symmetrical developement? Are the sub-clavicular spaces rounded out or hollow? Are the intercostal spaces distended or normal? Are there pains—if so, what is the character and location of them? Are they increased or unaffected by respiratory or other motions?

The spinal column is to be questioned as to deviations from normal structure, as to pains, if there be any, as to their exact character and location, and conditions of aggravation and relief. If there be any other abnormal sensations, as sense of heat or cold, these are to be carefully noted.

The extremities are to be questioned as to whatever of pains or embarrassments or loss of motion.

The skin—as to eruptions or modifications of its transpiratory function, temperature, etc.

Sleep—sleepiness—sleeplessness, with causes and concomitants. Dreams, as to their character.

Febrile phenomena, as to time of accession, and concomitants. The symmetry of the elements of the paroxysm, or the predominance or absence of either.

The general phenomena, as to temperament, disposition to take cold, or to be especially affected by any particular cause of sickness, or habits of body which predispose to any particular forms of sickness, as for example, rheumatism, neuralgia, or spasms of any kind, causes which aggravate or relieve general pains or sufferings. The special character of general pains, as pressing, burning, boring, drawing, shooting, fixed, etc. The period of exacerbation. Acuteness, dullness, or loss of general sensation, or whatever change there may be in this function. How are the general phenomena affected by change of air, i. e., in the open air or in a room? How by motion or repose? How by eating, drinking, sleeping, or by the performance of any

bodily function? Whatever of sick phenomena which are dependent for existence on the change of function of no particular organ. And these general phenomena are not to be overlooked, overshadowed, obscured, or their importance underestimated, because some particular local suffering, or derangement of some particular function has chiefly had the attention of the patient or his friends, and has by them been regarded as the one object of the prescriber's attention. To relieve the suffering of patients is, of course, one objective of the physician's endeavors of great importance, but as indicia pointing to the means which most certainly and speedily relieve these, the greatest pains are not always the most important. On the contrary, these are not unfrequently found in the general symptoms, where they are so easily overlooked.

Having by this process of examination of functions and general phenomena gathered the requisite "totality of the symptoms" of a case, how shall we proceed, through them, to find our specific curative? There are two methods practiced by doctors who equally claim to be recognized as practitioners of specific medicine. One is to infer from the gathered facts a certain general condition of the patient or of certain of his organs or of their functions, and having some regard to the law of similars, infer that a certain drug or drugs produce similar conditions, and therefore this, or these are the similar agent or agents the law requires for the cure. This *inferred* or *imagined* condition of the patient this doctor calls the *pathology* of his case, and having proceeded thus far on the basis of the totality (and having, probably, been satisfied with less of examination, and fewer symptoms than a strict compliance with the demand of the law required), he is fully satisfied he has fulfilled the duties of a *specific* and "scientific" practice. The two are here so beautifully harmonized and brought into such perfect fellowship, he is more than satisfied; he is delighted. The *truth* is, in all this, the prescriber has not been loyal to either. He has given in this proceeding so much to guessing as demonstrates his falsehood as to loyalty to *specific* medicine; and has shown so much, though but a partial, regard for the law of the similars, as to thoroughly disgust the myrmidons of old physic, from whom, by this clumsy imitation of their method, we seem to have been seeking "recognition." This is the *wrong* method.

The *right* differs from this in that it takes this whole group of facts, clean and naked, stripped of all theory and inference, and goes to the materia medica record for the most similar group, in the recorded proving of some *one* drug. This found and given, as the law demands, and all has been done for the case which specific medicine requires, and all which is needed for the cure of any curable case. This is what it is to practice, in a word, with the homœopathic law; which practice, with aught added to or subtracted from, this is not. Such practice, before the simplicity and truth of pure Homeopathy, is no better than the thrice beaten straw which is cast out to be trodden under foot by the most stupid and filthy of animals.

At the conclusion of the reading of the paper, Dr. Wells stated: "I did not read this paper to you because you did not know it, but because you did."

Dr. Gee.—I consider this a very able paper, and one of practical importance to all of us. As the Doctor said in the beginning, an article of a similar character, that is, on the same subject, is found in Dunham's Therapeutics, presenting, perhaps, a scheme somewhat after the same plan, but not going into the details as fully and deeply as Dr. Wells has; and certainly a paper of this sort on our desks in the shape of a slip or card would be a very great help to all of us in the examination of the patient, as we are apt to overlook some things perhaps in the order of questioning. One thing in Dr. Well's paper occurred to me which perhaps needs a little explanation, and that was his allusion to the excellent remedies in pneumonia. I don't know that we can draw a line that is distinctly marked and say that after the exudation has taken place any remedy or set of remedies may not be indicated. I can see that in a nervous disturbance calling for a remedy—just as the key of a Yale lock is necessary and the only thing that will open the lock—that remedy may be called upon. I can hardly see that we can exclude a remedy without some explanation. Perhaps the Doctor did not make it as clear as he could.

Dr. Wells.—That point was put down understandingly, and to illustrate I would state that after the deposit of fibrin has taken place, Aconite is never indicated, and never has been since the world was made; it is of no use and never will be.

Meeting the points suggested by my friend Dr. Gee, of nervous symptoms calling for a remedy. Now these are best met by remedies which are related to these symptoms, and the *condition* of this stage of pneumonia, which is revealed by auscultation and percussion. These revelations *are symptoms* which it is not wise to overlook or neglect. The remedies which are so powerful and beneficent in the first stage, i. e., that of the deposit into the lung tissue of the inflammatory product, are now no longer in place, and if their use be longer persisted in, the result will often be pernicious and always attended by loss of time. It may be we sometimes restrict the meaning of the word *symptom* or symptoms to too narrow limits. *Objective* symptoms are *facts* equally with *subjective*, in which class are found the revelations of auscultation and percussion, which, in best treatment of pneumonia, are never neglected.

Dr. Gee.—It seems to me he is misunderstood ; that borders very closely on pathological prescribing. We do know that patients suffering from pneumonia have a nervous anxiety, an anxiety that will be indicated by the expression on the face ; the heart will show weakness. Such a condition might indicate Aconite, and if so, I would certainly give it.

Dr. Wells.—I think the only difference between my friend Dr. Gee and myself is that I am attempting to take in the whole view of the case and he seems to take in only a part, and that seems to me the difference. Aconite seeming to be indicated has led me into that blunder a hundred times, and a hundred times has led me to disappointment. But to find a remedy necessary for these new accessory symptoms, you must secure a remedy for them, and it is better to secure it at one stroke, than to go around the corner for it.

Dr. Kent.—Take a case of pneumonia that has advanced to the stage of exudation and let that patient get a little cold sufficient to arouse him to a state of mental anxiety. With a superficial examination you will find Aconite indicated, but just as sure as you give it you will fail. Give Sulphur at once and you will cure your patient. Never mind the fact that Aconite has the superficial show, I say in ninety-nine cases out of one hundred give Sulphur. When I first commenced to prescribe I gave Aconite and I never had anything but failure, and have been disappointed many times by giving it.

Dr. Allen.—Do you prescribe Sulphur in the second stage, or rather in the exudative stage, when the patient has taken a little cold and become nervous under those conditions?

Dr. Kent.—No, sir.

Dr. Nash.—If the Aconite symptoms are present, are we taught anywhere to ignore them and base our prescriptions on the fact that the disease has passed to the second stage? I think not. I think, as Dr. Wells says, that we will very seldom find indications for Aconite there, and that we should look further. It may be Sulphur, as sulphur is a remedy used in the exudative stage. So we must ignore Aconite and look further, and we will find wherein our failure arose, and that this very superficial examination that seemed to indicate Aconite we will find covered up. It is a fact that many patients that come into our offices can be prescribed for at once. A patient may have eaten too much ice cream, and we know at once the cause of their trouble, and we know in a short examination what they require, and we can prescribe for them very quickly. That was a peculiarity of Dr. Lippe; he could take in a case quickly. When we have chronic cases and we find the case cropping out again after we thought we had cured it, then it is absolutely necessary that we must go through this very process that the Doctor has been describing. One of the best rules I have found is one that Hahnemann gave for examining a patient, and that is, "Never ask the patient a question that can be answered yes or no," because if we undertake to obtain the picture and ask questions, such as, "Have you a pain in the head?" especially of a nervous person, they always have it, and you could ask them if they had a pain almost anywhere and they would always have it. But if I call on them to tell their symptoms in their own language, and not allow them to answer yes or no, I have found it a very great help.

Dr. Holmes.—This paper of Dr. Wells' has been a paper that I wanted to hear. I am a new member of this society, and I have come a long distance to attend this meeting, with the hope that I might learn things that would be of great advantage to me. Now the question, the examination of the patient is a point that I must confess I am a little lame on. The great trouble in my mind is how are you going to find time to do this. Supposing a man has afternoon office hours of only two hours'

duration, or an evening hour of one hour's duration, and in that time crowds in twelve, fifteen or twenty patients, and perhaps out of that number there are two, three or five patients that need just such an examination? To me it has been impossible to do it. I am not, like Dr. Lippe, a flash prescriber. Another thing, we do not get paid so well where I come from for that work. Say we get fifty cents for that work [Laughter], and it takes the whole time to examine the patient, and we cannot give the time and attention to other patients that are waiting.

The President.—I think in reference to the examination of a patient, that as the younger members of the profession become more and more acquainted with the manner of meeting a patient, their time spent in an examination will be less long than when they began. I believe, too, that the examinations and the value of them will improve as they grow older and more experienced in listening and in asking. I know that my own experience has been very similar to yours; that the time required for first examinations seemed excessively long; but the older I grow and the more chronic cases I have to deal with, the more positive I am that the time spent in the first examination is the best spent time. Hahnemann tells us that when the first examination is well made two-thirds of the work is done. It is unfortunate that any one who represents so fine and so beautiful a profession as Homœopathy should be placed under conditions where such poor compensation is received as most of us do receive and particularly the younger members of the profession. To many it is a matter of bread and butter, of course, but there is a higher motive than bread and butter, and that is to learn how to do that thing correctly; improve yourself, and get yourselves in positions where you can become so proficient as to command proper compensation for your work. My advice to the young men is not to slight your chronic cases, but rather say to your patients, if you are pushed for time, come to me on Sunday morning and I will give you an hour or more, even if you pay me nothing for it, and if I find the remedy and I cure you that will be compensation enough for me. What I was going to say in regard to the quickness and rapidity of decision, or insight of some prescribers, or some men who have grown with their work, is this. I once saw my father, who was in a very great hurry to go somewhere, when a

young, thin and lank man came to him and said: "Doctor, I want to see you." My father replied, "I have no time now; you must come again." "But I want you to attend to my eyes right away; I have some very sore eyes here, and I want them attended to." "How long have you had them?" "Only a week." "Let me look at them a moment," and with a rapidity that was perfectly marvelous, my father told him what was the matter with him. The young man had symptoms and my father showered them on him, and they suited so well that this man stood in consternation and said, "Who told you all about me?" That was artistic. He cut that thing short. Of course it was the wrong way to do it; but it was the way he did it at that time. He did not ask that man, have you got this and that, but he said you *have* got that; you are worse in the morning; you are cross, irascible—a cross fellow—and he said I will give you a powder, and he gave him *Nux vomica*. Of course, I do not recommend that to you; I only wish to cite that instance of a person who knows a remedy, that is *materia medica*, and how he can get quickly at a set of questions without making direct questions that will cut short an examination very much; and, as Hahneman once said—he never printed it—show me the examination of a sick person and I will tell you if the man knows anything about *materia medica*. This little story I have just told I don't want to be anything more than only an instance of the knowledge of a remedy and going right at it in a very quick way, in a way I do not wish or advise any one to imitate or prescribe on, I only wish to show how quickly you may take such a patient and go through his *Nux vomica* symptoms. All these things that you learn by careful examinations is not lost time.

Dr. Biegler.—I would like to add a word or two to the foundations that Dr. Wells has given us for our work. The manner in which Dr. Wells has given us this outline to do our work by, is invaluable to all, but especially to the young man. If they, the young men, will take this as a foundation for their work, I will guarantee that it will not be very long before their fees will be largely increased, and that almost voluntarily. The first prescription made right, based upon the foundation of work, and he can afterward sleep and remain quiet, with his conscience and his mind will be quiet also.

Dr. Wells.—I want to say to this young man [referring to Dr. Holmes] and every young man: get no more work than you can do well. Do it well and take time enough for it.

Dr. Nash.—And charge enough for it.

Dr. Wells.—There is always time to do work well.

Dr. Allen.—I think that Dr. Holmes has struck a very vital point. It is certainly a puzzling point to a young man. My attention has been very forcibly called to this very point within the past month by a conversation I had with a professor of *materia medica* in one of our homœopathic colleges. A couple of years ago I endeavored to show him by a long and entertaining correspondence, based upon a case already reported in a medical journal, that there was a better way than the way he was doing, and he appeared to be a willing and apt student to learn this better way. A month since I met him at a state society and, after a conversation, he says, "I have faithfully tried Hahnemann's method of taking the case, and it won't do for me. It takes too long; it takes up too much time; it don't pay. It may do for somebody else, but it don't do for me." Now, that question that Dr. Holmes put is right to the point, and we must get over it somehow and in some way, and I do not know of any better way than that which Dr. Wells suggests, and that is, that there is always time to do work well, and if Dr. Holmes will turn over a new leaf, and instead of taking ten patients an hour, will cut it down to one or two, and charge them properly, he will have more to do and make more money, and learn his *materia medica* faster.

Dr. Wells.—I wish to say in the interests of humanity, of all we love most, that when we come to a sick man, a sick woman or a sick child, we should confine ourselves to the fact and be conscious of it, that we are engaged in so great a duty that money has no place there. [Applause.]

Dr. Stow.—It does pay to be careful and as accurate as it is possible for a human being to be in the examination of, and in the prescribing for, the sick. There is this thing in it, if nothing more, if at first you expend much time and get small pay and perhaps lose some because you take so much time, depend upon it that the experience you get in looking carefully into the case will make you so expert that you can take care of twice or thrice the number of cases in a very short space of time, and

the public will find it out too. That is one great fact that should be instilled in the minds of all that have doubts in adhering to Hahnemann's rules. I believe it, because I have seen it verified in my own practice time and time again, and I am satisfied that the little success I have had in the practice of Homœopathy has been due to the very fact that where an important case comes in that I do not see into at first sight, I take my pen and paper and record everything about the case—every symptom.

Dr. Ballard.—I have had some little experience which goes to justify a man for the time he may spend in the first examination. The question which Dr. Holmes puts is a vital one, and it has not been answered satisfactorily to the side of the bread that has the butter on. But I have worked that way and I have worked the other way, and I find that the other way is the shortest way after all. I had a case of neuralgia of a lady, situated on the left side of the face, and I made an examination for the case as it presented itself, and this case too will sustain Dr. Wells in his Aconite business. I went carefully over it all externally, and I prescribed for it, and so I went day after day, day after day. I went over these same symptoms—all skin deep. I worked over it for two months. Her friends were all the time telling her why not take Morphine. As for that, I told her that if she resorted to Morphine she would likely become a chronic sufferer; it would not cure. I went over the case more or less superficially, until finally I went to see her one evening and said: "There is something about your case I have not found out yet, and I want to find it out." She could not tell me anything. I went into her history—her private history. She was a widow, a very estimable lady, and I asked her something about her husband. I spent some three hours in that examination. I asked her about her husband, and I learned that he had been a sea-faring man. I asked her if she had ever had any eruptions of any kind, and she said no. I then went from the scalp to her feet over and over, I examined her finger nails, the hands, the palms of the hands, and I saw three little spots there, and I said how long have they been there, and she said, I don't know; but I have had them a good many years; she then said that skin seems to get dead and peel

off. I gave her a dose of Thuja. She had a paroxysm in a little while, the worst she had had. Suffice it to say these paroxysms became less and she would suffer at longer intervals, so that within a week she was all right. She then complained of a sore throat, and on examination I found on the inside of each tonsil as pretty a picture of a chancre as a man ever saw. Two months were thus wasted in trying to cure that neuralgia because I did not spend the proper time in the first place.

Another case: I was called in to see a child. The child lies in its cradle. If you step up to it it snaps. The skin is hot and dry, but not harsh. The child did not want to be spoken to. It had no wants for anything only to be rocked. The cradle must be kept in constant motion. The child would once in a while rise up in that way (describing). I gave Cina, expecting in twenty-four hours the case would be well. The symptom remained. I gave Cina higher, the symptoms all the time continued. The child must be kept in violent motion, i. e., rocking. But these same Cina symptoms became more prominent all the time. The trouble was at the first prescription, I did not properly take my case. I prescribed what seemed to be indicated superficially. My Cina having failed me I go back and find I have a patient fourteen or sixteen months old that never walked; is fair and plump. How has the child's health been? I went back to the very beginning, learned the peculiarities of the child in every way; that if the child could get an egg she would eat it; some months before had blisters on the body, which coalesced in a large ulcer. I said: "How have the child's head and ears been?" "Oh, soon after that it had a discharge from both ears." "Did the doctors cure that?" "Oh, yes; injected Carbohc acid and that cured him." Now we have the case. The tubercular meningitis which is presenting itself, is but the suppression of the disease. I gave Calcarea which restored the discharge from that child's ears, and with that the amelioration of the brain symptoms, and that was all that was required and the child was cured. These cases simply illustrate what Dr. Wells says, that you may have a case which at your first seeing your Aconite is indicated. But stop! You find there is something that says, "Don't give Aconite"; there is something else needed. Look deeper and you will find it.

Dr. Hawley.—I have one suggestion to make to young men. You should learn in the first place that your patient is not going to die in a minute, and if you can't get your case through to-day give him some Sac. lac., take his fifty cents, and have him come again.

Dr. Wells.—To any young man in the room I would say, I knew a young man once who began as others do to try and practice Homœopathy; he did not know anything about it; he had only the Organon and materia medica to rely on. I have known that young man to study cases a fortnight, and then he would cure them. Take the time, stick to it, and then you will cure.

Dr. Holmes.—I have come over five hundred miles to attend this meeting. I came to learn something, and I feel that I have been amply repaid for my trouble by this one discussion, and I am very thankful.

Dr. Allen.—I want to make one suggestion, or rather a confession. I have been in Dr. Holmes' boat, and I know just how he feels. I believe that all that have practiced ten years can testify to this, that nearly every blunder we have made has been in this taking of the case. For a number of years I have learned to do just what Dr. Hawley says, prescribe if you must, but give them Sac. lac., and give them positive directions about taking it, and tell them to come next day, and the next day, until you are sure of your case, and then prescribe.

Dr. Ballard.—I have done that for a month.

Dr. Allen.—I began with intermittent fever in that way. It pays infinitely better to do it than it does to make a chance prescription that is more likely to miss than to hit. A short time since a gentleman from central Michigan wrote me a long picture of his case. I asked for more particulars, and another long letter came, and still I was not satisfied, and I asked for more particulars. The characteristic symptoms were these: When walking in the house, on the street, on his farm or anywhere, suddenly as though struck by a hammer or by a club, would be a blow on the right side of his head, that would always throw him to the left. The remedy I sent him did not cure him. I then wrote to him to come down and see me (he lived some two hundred miles away), which he did, and I spent one-

half day with him to the neglect of my other patients; but I got what I thought was the picture of his case. I finally found it in *Tabacum*, and two doses of tobacco zooth has made a very different man of him.

Dr. Fisher.—We always say in regard to Homœopathy that if it does not cure it certainly won't kill you. I wish we could say the same for our opponents. These gentlemen have been speaking of having refused to prescribe. Do they pretend to say that in prescribing in the meantime, even if it did not hit, it did any harm?

Several members.—Yes, sir.

Dr. Wells.—Next to the importance of taking the case and the selection of the right remedy comes the right use of it. Now I told some one I was not coming here again, but if I do, I will bring a paper on the right use of the remedy. I want to say now, that I have not half learned that lesson. It has been the most difficult lesson of my life. You remember a year ago, when we were down at Long Branch, we went into the discussion of the treatment of suppressed gonorrhœa. I had a young man come to me about three months ago and he came in with a cane, limping, and he could just step and that was all. He had pains in his feet and ankles and he could not walk, and he had been under what was considered homœopathic treatment for two years. He had taken *Bryonia* and *Rhus*, and was no better. I had a suspicion about that young man, so I asked him a plain question, and he said "yes." I gave him three months ago one dose of *Thuja*, zooth, and I have given him nothing since but sugar of milk and he is cured. He got that one dose and no more, and the secret was in letting that dose alone.

The President.—Was there any reappearance of the original symptoms in that case?

Dr. Wells.—There was a return of moderate urethral discharge.

Dr. Ballard.—You may remember at Long Branch last year, that Dr. Gee called on me for a case I had under treatment, and I said it was improving under a single dose of *Psorinum*. That man has never had but that one dose and he is a well man.

THE ORGANON.—SECTION THREE.*

WM. S. GEE, M.D., HYDE PARK, ILL.

(§ 3). "The physician should distinctly understand the following conditions: What is curable in disease in general, and in each individual case in particular; that is, the recognition of disease (*indicatio*). He should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons, in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in a patient; that is to say, he should adapt it so that the case is met by a remedy well matched with regard to its kind of action (selection of remedy, *indicatum*), its necessary preparation and quantity (proper dose), and the proper time of its repetition. Finally, when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly, and to the purpose, as a true master of the art of healing.

The first thought which occurs to our minds after reading these words from the master Hahnemann is that the prime requisite is *knowledge*. General knowledge and special knowledge.

The general knowledge must be of: *First*, The healthy body; else how could the physician recognize disease? He must have studied anatomy that he may know the relationship of organs; physiology that he may know the functions of the organs in their complex relationship; chemistry that he may know the composition of the body and thus acquire an understanding of its requirements; hygiene that he may know how to preserve its usefulness, etc. The farther he pushes his studies in these branches, the better knowledge he acquires of the healthy body with all the aids afforded by microscopy, histology, urinary analysis, the sphygmograph, the thermometer, ophthalmoscope, æsthesometer, etc.; the earlier in its digression from the normal course will he be able to recognize such variations. By all these aids he may form some idea of the fluctuations of the health limit. He will recognize that what is normal in one individual is at variance with the healthy condition in others. His *general knowledge* must also include an understanding of "diseases in general." This will include the laws of heredity, the degeneration of the race, temperaments, the course of diseases after their inception, probable cause near and remote, exciting influences, termination and whether avoidable or una-

* Transactions I. H. A., June, 1888.

voidable death results. "He should clearly comprehend what is curative in drugs in general," not necessarily a theory as to *how they cure*, but such facts as are of practical bearing upon the cure of the sick.

He recognizes: *First*, That all drugs are poisonous to the healthy. That they are not required for the health of the individual as all do not require them. *Second*, That it is through the power of drugs which creates symptoms (poisonous effects) on the health, that they exert a curative effect upon the sick. His knowledge of physiology, hygiene and chemistry will teach him the former and experimentation the latter. The theory upon which drugs are administered does not enter into this *general knowledge*. These facts should not be received in a passing way, for Hahnemann says: "He should clearly understand," etc.

Added to this *general knowledge* must be *special* or "particular" *knowledge*. This must apply to the case presenting for treatment. The laws governing the body apply to the given case, but there are individual peculiarities which make special knowledge necessary. He must know the normal peculiarities of the individual to be able to detect the abnormal. No rules apply to individual peculiarities. What is meat for one may be poison for another. One man has a movement of the bowels every second day and is apparently healthy. From this apparent abnormality he suffers no disturbance; another has two movements per day with the same apparent health. One lady has menstruated every three weeks for over thirty years and has not been ill during that time. Another menstruates but once in six weeks with no disturbance therefrom. No two individuals are alike in health, not even twins born to the same parents, nursed by the same mother; her food furnishes the milk for both, yet the most pronounced individual peculiarities may here exist.

The peculiarities in health are present with individuals when sick and without a "particular knowledge" of the healthy individuality, we might seek to remove from him that which was normal. With this knowledge we may then, having a thorough knowledge of normal life, of "what is curable in diseases in general," be able to recognize what is curable "in each individual case."

If the patient mentioned above should have six movements in one day it would be decidedly unnatural. Even one movement per day might be so regarded but in a less degree. The peculiarities in health do not always remain the same when he is sick. For instance, an individual will say that he never could drink milk when well, but if he makes an attempt to drink it he finds milk the best diet during his illness and derives no discomfort from it.

This particular or special knowledge is of "each drug" also. "He should possess a perfect knowledge of medicinal powers." His general knowledge of drugs is not sufficient for the individual case. He must ascertain what each will do and the way of using it to accomplish the desired effect. This knowledge can come only by experimentation. It is generally conceded that a knowledge of drug action upon the healthy is of value. The power in the given drug which produces symptoms on healthy individuals is capable of removing symptoms when such drug is administered to the sick.

Hahnemann has told us that the curative power of a drug can be shown only when administered on the law of the similars. (Organon, § 24.) Having found the symptoms produced by the given drug on the healthy—the only recognized manifestation of its power—we apply the same for the removal of the similar symptoms in the patient. It thus follows that we recognize the sickness of the patient by the symptoms and that the totality of his symptoms when compared with the normal condition represents the whole sickness and the only evidence of his sickness. (§ 70.) The complete records of symptoms produced by the given drug gives us the only knowledge of its capabilities in the cure of disease.

Hahnemann further says: "He should be governed by distinct reasons, in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in a patient." Our teacher is not content that we shall stop with the selection of the remedy for he says: "He should adapt it so that the case is met by a remedy well matched with regard to its kind of action (selection of the remedy, *indicatum*), its necessary preparation and quantity (proper dose), and the proper time of its repetition." By "kind of action" we think he referred to "curative" and not suppressive or toxic.

In § 70 (5) we read: "The only really salutary treatment is that of the *Homœopathic* method, according to which the totality of symptoms of a natural disease is combated by a medicine in commensurate dose, capable of creating in the healthy body, symptoms most similar to those of the natural disease."

Accepting the fact that the law of similars is the foundation for our selection, the question of "dose" is yet undecided. As long as patients vary in disease, resisting power and susceptibility to drug influence, so long will the "dose" problem be unsolved. The "commensurate" dose is the one required. The importance of this matter is portrayed in § 275: "The fitness of a medicine in a given case of disease, does not depend alone upon its accurate homœopathic selection, but also upon the requisite and proper size, or rather, minuteness of the dose. *Too strong* a dose of medicine, though quite homœopathic, notwithstanding its remedial nature, will necessarily produce an injurious effect." § 276: (*) "Too large a dose of medicine, though homœopathic to the case, will be injurious; not only in direct proportion to the largeness of the dose, but also in proportion to its homœopathic similitude, and to the degree of potentiation of the medicine. § 277: (*) Because a medicine is of great efficacy when it is quite homœopathic to the case, its curative power will be wonderfully increased in proportion to the reduction of the dose to that degree of minuteness, at which it will exert a *gentle* curative influence."

§ 278: (* * *) "To determine the dose of each particular medicine for this purpose, and how to render this dose so small as to accomplish its purpose gently and rapidly at the same time, is a problem which, obviously, is neither to be solved by theoretical conjecture, nor by sophistic reasoning. Pure experiments and accurate observation alone can solve the question; and it were folly to adduce the large doses of the old school (destitute of homœopathic bearing upon the diseased portion of the body, and affecting only the sound parts,) to disprove the results of actual experience in regard to the minuteness of doses requisite to perform a homœopathic cure."

The "injurious effects" of too large a dose are frequently dangerous as to life, besides occasioning unnecessary pain and prolonging the illness. § 276 says, it will prove "far more injurious than an equally large dose of unhomœopathic in every

respect unsuited (allopathic) to the disease. In that case, the so-called homœopathic aggravation, i. e., the artificial and similar drug disease, called forth in diseased parts of the body by the excessive dose, and the reacting vital force (§§ 157-160) will rise to an injurious height; (142) while the similar drug disease, *if excited within proper limits*, would have gently effected a cure. Although the patient will no longer suffer from the original disease, which has been homœopathically cured, yet he will have to endure the exaggerated drug disease, and unnecessary loss of strength."

The "why not give more medicine?" is difficult to explain to the satisfaction of students. The old theory of "the more the better" of a good thing, is hard to supplant. Illustrations are not lacking, however, for in our early experience we met them almost daily, but did not recognize them. We expected to see the original trouble aggravated, when it is not the rule even when aggravations occur. When we hear physicians state that they have practiced a number of years and never met an aggravation, we must say they reflect upon themselves, as observers, for such is not the experience of physicians who prescribe according to explicit rules of Hahnemann. He tells us that even the "curative" dose "is capable of causing a slight intensification of symptoms of the similar natural disease." §§ 279, 159, 160. Is there any likelihood of the dose being too small? § 279: "*Experience proves that the dose of a homœopathically selected remedy, cannot be reduced so far as to be inferior in strength to the natural disease, and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease.*" Now there are conditions in which these circumstances are changed, and this curative aggravation may not be seen, as "where (acute, chronic, or complicated diseases,) these depend on serious deterioration of some vital organ, or where the patient is not protected against extraneous medicinal influences" It is in these cases where an aggravation is of a dangerous character. The patient, with "serious deterioration of some vital organ," may not have strength to react against the new similar force, and succumbs in the storm. In the baby—the typical Calcarea baby—the stomach may be quieted, the bowels

checked, but in a few hours or days there appear a large number of boils to pain the little one, and retard its recovery for months.

Unfortunately there are no pronounced proofs, which appeal to the uneducated observer, of sufficient weight to convince the obstinate. Such evidence as this may be adduced, however, and the close observer will not disregard it. *First*, The patient does not react promptly and progress uninterruptedly to recovery from the illness. New changes and symptoms appear, and although not usually the same, they may, in the main, be found in a full proving of the remedy which proved curative. For this (and other) reason it is best to study the remedy last given when changes occur. *Second*, The physician finds a very slight response to remedies given subsequently.

The case presents new features, but he finds great difficulty in finding a remedy to which there is a satisfactory response. It will frequently be found necessary to give a remedy which is antidotal to the one previously given or bears a close "relationship" to it. The symptoms wear away from day to day as a person recovering from chronic drug poisoning, and do not disappear with the quick response when administering the curative remedy for disease symptoms.

How shall we know when the dose is too small even of the similar remedy? The answer is very simple. The disease progresses uninfluenced by the medicine. This very rarely happens with potentized remedies.

In *Chronic Diseases*, volume i, page 152, Hahnemann says: "There are three mistakes which the physician cannot too carefully avoid; the first is to suppose that the doses which I have indicated as the proper doses in the treatment of diseases, and which long experience and close observation have induced me to adopt, are too small; the second great mistake is the improper use of the remedy; and the third mistake consists in not letting the remedy act a sufficient length of time." And further: "Nothing is lost by giving even smaller doses than those which I have indicated. *The doses can scarcely be too much reduced*, provided the effects of the remedy are not disturbed by improper food. The remedial agent will act even in its smallest quantity, provided it corresponds perfectly to all the symptoms

of the disease, and its action is not interferred with by dietetic transgressions."

We now come to another important part of § 3, viz.: "And the proper time of its repetition." This is one of the most perplexing points in our philosophy. The steps, as we progress, seem to become higher and more difficult of ascent. The remedy selected and the dose "commensurate," when shall we repeat?

In volume i, page 153, we read: "The *third* great mistake which Homœopathic physicians cannot too carefully avoid in the treatment of chronic diseases is the too hasty repetition of the dose. § 156: * * * The whole cure fails if the antipsoric remedies which have been prescribed for the patient, are not permitted to act uninterruptedly to the end." § 157: "By means of a single dose of a carefully selected remedy, the homœopathic practitioner often produces an improvement in the state of his patient, which continues even to the restoration of health." * * "Every hasty repetition of the same remedy, or every new dose of another remedy, would produce an increase or morbid symptoms and interrupt the process of cure."

We have directions concerning the second dose on pages 160 and 161: "A second dose of the same remedy may be given *immediately* after the first, when the remedy had been chosen with strict regard to its homœopathic character, and had produced a good effect, but had not acted long enough to cure the disease. This occurs but seldom in chronic diseases; but it frequently occurs in acute diseases, and in those chronic diseases that border upon the acute. The same remedy may be given a second time '*when the improvement which the first dose had produced by causing the morbid symptoms gradually to become less frequent and less intense, ceases to continue after a lapse of fourteen, ten or seven days; when it becomes, therefor, evident that the medicine has ceased to act, the condition of the mind is the same as before, and no new or troublesome symptoms have made their appearance. All this would show that the remedy is indicated.*'" § 247, Organon: * * * "In chronic diseases assuming an acute form, and demanding greater haste, these spaces of time may be abbreviated still more, but in acute diseases the remedies may be repeated at much shorter intervals; for instance,

twenty-four, twelve, eight or four hours, and in the most acute diseases at intervals, varying from an hour to five minutes."

In note 126 (to § 246), page 217: "In acute diseases, the time for the repetition of the proper remedy is regulated by the rate at which the disease runs its course." * * * "Thus, in case of cholera, the most rapidly fatal disease known to us, it is necessary in the beginning to give one or two drops of a weak solution of Camphor every five minutes, in order to insure speedy and certain relief." It is not safe to repeat the dose without "distinct reasons," and only with the greatest watchfulness on the part of the physician. In our day of greater facilities for developing the curative power of drugs, and a better knowledge of the potencies, we find fewer occasions requiring the repetition of the dose at short intervals. In Hahnemann's time, lower potencies were the only ones available, and the rules were made according to experience with those preparations. It is a conceded fact by most observers, that the higher the potency, and the nearer the remedy approaches the totality of symptoms, the less probable will a second dose be required. (On "The Repetition of the Dose," we advise all to read our friend Dr. Lippe's paper, found in volume i, "The Organon," page 286. Published by Thomas Skinner, *et al.*, July, 1878.)

Hahnemann concludes this wonderful section with a deduction, which may be taken as a standard of comparison of true homœopathic physicians, with those who are thus only in pretense. He says: "Finally," after all the preceding requisites had been fulfilled, "when the physician knows in each case the obstacles in the way of recovery, and how to remove them"—does any one now consider that a Hahnemannian physician can neglect any collateral science?—"he is prepared to act thoroughly and to the purpose, as a true master of the art of healing."

Who but Hahnemann himself can fill these requirements? Might he not well have said, that the calling of the ideal physician is the greatest among men? Can a shiftless loafer expect to become a successful homœopathic physician? "There is no excellence without great labor," and "when we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it, becomes a crime."

DISCUSSION.

Dr. Wells.—There is one point I wish to say a word on. I hear very often, and I read very often, about a large and a small dose. I object to that adjective so used; there is no such thing in Homœopathy as a large or small dose. You might as well talk of a large or small dose of gravitation. Homœopathy means simply the dynamic in nature, a force, and you cannot talk of a large or small dose of that force. That force is the agent we use. We are using no such thing as matter. Now you are going to use a small dose, and you get a small effect, is the idea. I declare the most severe aggravation I ever saw in my life, came from a dose of the five millionth of Lachesis, given in a case of periodical headache; it almost killed the patient. What is a small one? I dislike it, the large and the small, in the dose. A high dynamization is not necessarily small.

Dr. Butler.—Almost everything that has been said, almost every proposition that has been made, while it has covered the whole ground that Dr. Gee endeavored to cover, has been said before by Hahnemann. Somebody has said, and said very well, that ministers and bumble bees are biggest when first made. That is especially true of doctors, when first graduated. [Laughter.] In the first few years of our practice we find we have to abandon more *theories* than to do anything else. The more we study and practice, the more we are forced back by our own experience to see that the experience of Homœopathy is the experience of Hahnemann.

Dr. Gee.—About Dr. Wells' remark on the dose, I think Hahnemann did not refer to material when he said small dose; I think he said small quantity. We certainly can have too large a quantity. What I mean to say is this, that if you gave one powder of the five millionth, and in another minute another powder of the five millionth more, you have given too much of the potency.

Dr. Campbell.—I would like to ask Dr. Wells what terms he would substitute for "*large*" and "*small*"?

Dr. Wells.—I would not have a substitute.

Dr. Nash.—As Dr. Campbell says, what terms shall we use? Why do we use the ten thousandth in preference to the thirtieth? I once said to Dr. Lippe, why to you prescribe the ten thousandth of Ipecac and cm. of Lycopodium? Is there more

power in one than the other? Is there no less power in the cm. than the ten m.? He said I cannot tell you why, only that I know I have this result, that after an action arises I often get good effects by treating it in a higher potency. It is a hard thing to always put into words what we know in fact.

Dr. Allen.—Has not a large amount of this matter become hereditary with us? Have we not largely imbibed it, professionally, with our mother's milk? Dose is the ordinary meaning of the word as used in the allopathic school to refer to quantity of drug, and then when we come up to the homœopathic standpoint we adhere to the old term after all, without stopping to think what we are talking about. It is simply a general term without half the meaning we wish to attach to it. I am glad that Dr. Wells has put in a protest against it, because to-day it is dividing our school on the question of potency, which is nothing more than another term for dose. It is the high potency man and the low potency man, and the question between the men is the question of dose. I wish that was all done away with. I wish all could see that in doing that they are not following Homœopathy as laid down by Hahnemann.

Dr. Wells.—My objection is not to the word "*dose*" but to the words "*large*" and "*small*." You can keep the word dose.

Dr. Allen.—I don't want anything to do with it.

Dr. Holmes.—It seems to me there is a misuse of terms in regard to potency. If I understand the writings of Hahnemann the word potency is almost always improperly used, and I have noticed that in this discussion it has been misused many times. I understand it as this: Hahnemann spoke of the first, second, and third attenuation. He says the first attenuation corresponds with the tenth, the second to the one thousandth, and the sixth decimal attenuation corresponds with the one millionth. But as to the question of dose, I do not see how we can drop the word dose. A gentleman comes to me and details a case of his to me, and I say to him, what dose. Of course I mean attenuation.

Dr. Ballard.—The word attenuation is the great trouble. The term attenuation is wrong. What potency did you use is proper. If we were allowed the word attenuation, then the dose, large and small, would be proper.

Dr. Nash.—After we talk a long time, we generally have to

come right back to Hahnemann's terms. What can we get better than potency; there are different powers of a drug, and I do not see any better term.

Dr. Wells.—There is no difficulty on this matter; you have only to say, the thirtieth, the two hundredth, or the thousandth, and you have an idea.

Dr. Butler.—I move that the future consideration of the subject of this bureau be postponed until this evening. (Seconded and carried.)

Upon motion, meeting adjourned to 8 p. m.

THE QUESTION OF DOSE.*

HAMILTON EVANS, M.D.

One of the greatest stumbling blocks in the way of those beginning to take an interest in Homœopathy is the question of dose. By this expression, I wish to be regarded as intending to include, in this paper, the whole subject of potency and dynamization. I can distinctly remember, that for years after I had seen the superior results of the new system, I still refused to adopt it, being stopped invariably by this one obstacle. How, I would say to myself, can the thousandth or billionth of a grain of a drug produce any curative result in our systems, when we are constantly absorbing, through our lungs and skin, and in other ways, much larger quantities of them? I can even now recall to my mind the very spot on which I was standing, when a medical friend of mine, on hearing me state these objections, said to me, "O, never mind the quantity or potency, give as much as you like, but follow the law of similars and observe the result." These few words had such an influence on my future course, that I must believe my friend was in the right, in placing the fundamental law in the first place, and the other questions far below it. It seems certain that Hahnemann must have made his first experiments with crude drugs, and equally certain that he must have achieved more or less success by their use, otherwise, it is hard to conceive why he should have gone on with his investigations. This being admitted, it must neces-

*Canadian Institute of Homœopathy, June, 1886.

sarily follow, that the lower potencies, and even the undiluted drug, may be curative, when given according to the law of similars. On the other hand, many practitioners, after having achieved more or less success with such means, have been led to try the effect of his higher potencies, and have found them equally satisfactory, and, in some instances, apparently more so. Without entering into the question, which has, perhaps more than any other, divided our ranks, as to whether we should preferably use the mother tincture, the third, or the twelfth, or the thirtieth potency, or even the two hundredth or the millionth, it seems to me that we must admit that results, more or less satisfactory, have been claimed from all the potencies that have so far been tried. This being admitted, it seems to me that we ought to be willing to listen to the results reported by others of successes obtained by potencies differing widely from those which we have found efficacious. It may appear superfluous to suggest the propriety of doing what seems so proper, but, as a matter of fact, we find a spirit manifested in the correspondence in our journals, by some writers, of opposing, tooth and nail, all potencies differing from those used by themselves. I may as well say, I have felt the same inclination myself, and so can, with a good grace, criticize this tendency. I think we ought, in the first place, to be guided by the law of similars, in the selection of the remedy, but that our own experience, assisted by that of others in whom we have confidence, should direct us as to the matter of potency. And while we claim the right to regard our own experience as our best criterion, let us not refuse to others the same privilege, nor yet allow ourselves to consider their deductions as fallacious, because they differ from ours. The word Homœopathy has come to be regarded as implying something very small; many persons speaking of minute quantities of anything as Homœopathic quantities. We ought to have it understood that the question of quantity, however important it may be, is really a secondary one. The one point which we should keep in view, as our polar star to guide our navigation over the ocean of medical science, is the law of similars. Hahnemann, as I have said before, must have begun with the lowest potencies. He appears to have reached the 30th centesimal at the time of his death, and is said to have declared, somewhat arbitrarily I must

say, that this was the limit, beyond which we should not go. On this account many of our colleagues say that no one can be regarded as a follower of Hahnemann, who uses any potency higher than the 30th. I must say I do not see the force of this argument. If he, in the course of his life, went from the crude drug to the 30th potency, I cannot see why his followers should not, provided their experience justifies them in so doing, go from the 30th to those much higher in the scale, always supposing them to follow out the same principles which guided him in his course of inductive reasoning. And here I may be permitted to give my own opinion, only desiring that it may be received as a text for the discussion of this question. I find myself inclined to give the lower attenuations, in cases where the symptoms are obscure or mixed. When on the other hand the symptoms observed in the patient correspond clearly with those of the drug, I have no hesitation in giving the highest potency attainable. I am inclined to agree with the late Dr. Jahr, that the higher attenuations, which were limited in their application, are more intense in their action. I further observe a tendency in myself to make the following distinction in the use of these potencies. The higher I go, the less often I repeat the dose. Whether this is correct practice, or whether it is a mistaken idea, having its origin in a lurking distrust of the efficiency of the lower dilutions, I am not prepared to say at the present time, this brief sketch having been designed to introduce a discussion on what I regard as a point well worthy of being thoroughly ventilated, and not dogmatically to instruct my colleagues in the performance of their duties.

Dr. P. P. Wells.—I will make a remark on a single point: our friend has used the word potency (in his paper), What is the meaning? No man can practice Homœopathy until he comes to a proper meaning of that word. It does not mean the drug. We see *that* in the drug which God put there for the relief of the sick and suffering, *not the drug*; experience has fully demonstrated this as a fact; it is not that which makes them sick, it is the immaterial forces which prevail. We should know nothing about them unless we see the effect. You can no more get hold of that which cures in the remedy, than you can the cause of disease. In a case of scarlet fever, where the indicated remedy was given in the 30 c. and 200th and both failed, the

five millionth cured the case speedily, which proves that which cures is not the material of the drug. Potency is not a mere mechanical division of drug particles, but some element that is released and intensified in preparing your potency.

Dr. Butler.—I rose from the lower to the higher potencies. By giving the lower dilutions you change the face of the disease; if the indications are not clear, better wait until they develop themselves, then you may expect favorable results from the higher potencies.

Dr. Gee.—The drug possesses two qualities, toxic and curative, and within that drug is laid up a spirit just as within our bodies is a soul. As an illustration we may take two pieces of board or iron, weigh them, noting exactly the weight, and begin with friction, and soon there is developed a new power, *heat*, conscious, and yet the weight does not change. There is no increase or diminution; just so the succussion and trituration of the drug liberates a new power, and the further this is done the greater the power, the greater the liberation of it, until this is done to such a degree as to get the full power of the drug. The rule in using the dose has been given by the author of the paper; no rule is unvarying because of the varying susceptibility of our patients: one may be susceptible to Rhus, others not so, and a different potency is required. The same rule we have all used is, the more nearly the remedy is indicated in the "totality of symptoms" or in any one *peculiar prominent symptom*, in the absence of others (one symptom fully developed is of value, but if there are others they are of importance,) we are justified in using the higher numbers. Take pains in the indication of the remedy and dose.

Dr. Sawyer.—It is said that Hahnemann objected to giving above the 30th potency, but there is evidence of his giving the 40m. of Arsenicum, in Hahnemann's own handwriting. There were some things his followers could not altogether follow.

Dr. Wells.—Hahnemann did not limit dynamization to the 30th potency, but his defense was, in confining the limit to the 30th, to observe uniformity of prescribing.

Dr. Carleton.—I had a patient of Hahnemann's who frequently spoke of what he had said and done, referring to medicines of the *hundredth* potency which she had taken from Hahnemann.

Dr. Allen.—I think, if we overlook our prejudices, the dose is a mere matter of experience from the beginning. Hahnemann gave us a beautiful defence when he said: "Put this system of mine to the test and publish the facts to the world, and see whether it cures or fails." Many of the higher potencies act better than the lower and *vice versa*. In one case *Podophyllum* seemed to be the indicated remedy. I gave the 1m. (B. & T.) with no result. I repeated the dose, still convinced of the right selection of the remedy. I only gave the 30th; no result, then the 3x, of which she received one dose and went to sleep and had a good night's rest. It is a mistake to repeat the dose often or give a lower potency when the case is not clear; better wait until the case develops. As long as improvement takes place do not repeat the dose. One dose is often enough to cure the patient if we get the remedy.

Dr. Campbell.—Those who give the high potencies commenced low at first. The present susceptibility of the patient would decide the potency to be given.

Dr. Butler.—The repetition of the dose has been a study with me for many years, both when I used the lower and now when I use the highest, and I have arrived at this conclusion: in a given case of disease, having decided upon my remedy, I give one dose and watch the case; after the first dose if there is no improvement I don't repeat without a careful re-examination (of the case) and if convinced that the first remedy is the one indicated, I give it in repeated doses until the symptoms either aggravate or improve. I protest against the spirit of the drug as a separate entity which can be separated from the drug; it is more unthinkable that the individuality (of the drug) can be preserved without matter than there can be power without matter. I contend there is something of the substance itself.

Dr. Wells.—All who loyally follow Hahnemann will give a dose, and improvement observed, give no more; but if in doubt, there is a dangerous point. Don't move until you know; in case of doubt don't repeat, wait, and time will solve whether the patient is progressing or no.

Dr. Fisher.—Get rid of potency or dose; you can do with a needle what you cannot do with a crowbar.

R. HEARN, Secretary.

BUREAU OF OBSTETRICS, A. I. H.

The bureau of obstetrics was convened in the large hall promptly at 3 p. m. The chairman, Dr. George B. Peck, of Providence, R. I., read Typhoidal Complications, by Edward P. Scales, M.D., of Newton, Mass. The only discussion which ensued upon this paper was by J. B. Gregg Custis, M.D., of Washington, who related his experience touching the matter under consideration. Following this the chairman read Cardiac Complications, by L. P. Sturtevant, M.D., of Conneaut, Ohio.

Dr. Phillips related one experience which he had had relating to the advisability of preventing marriage and child-bearing in those having organic heart trouble. Within the year he had had a child die, one apparently healthy in all particulars, and die without a moment's warning. On closer questioning of the mother it was elicited that in her earlier years, about the time of puberty, she had suffered severely with heart complications. The peculiar feature of this case was that as soon as the child died the mother developed a decided valvular disease of the heart and is now herself in a precarious condition.

Dr. Sheldon Leavitt, of Chicago, then presented his paper on Surgical Complications of Pregnancy.

Dr. L. C. Grosvenor, of Chicago, was interested in the cases cited, but in the matter of abortion it recalled to his mind a case which occurred to him a year or two ago of miscarriage in the seventh month, with regular pains, os regularly dilated, footling presentation, the sac presenting into the world. Gave her Srapnia, or Bigelow's purified Opium, and not only arrested the miscarriage for the time but succeeded in deferring it to two months later when at full term, and with a vertex presentation. In regard to the use of Chloroform, he had used it extensively and always with good result. He preferred it to Ether, and did not believe it predisposing to hæmorrhage.

Dr. Southwick, of Boston, differed with the last speaker in that he preferred Ether.

Dr. Emily V. D. Pardee, of South Norwalk, Conn., then read Nervous Complications of Gestation.

Dr. Leavitt said in regard to the chorea of pregnancy that he had had one such case occurring in the sixth month of pregnancy. The patient had been under old-school treatment. She could scarcely lie upon the bed; her writhings and contor-

tions were of the most violent kind. He expected to have a serious time at labor but was agreeably disappointed, the chorea disappearing entirely.

Dr. French said he had had two cases of monstrosities, one resembling a mermaid and the other a dog's head, both super-induced by fright sustained by the patients, and the continued dwelling on the theme until delivery. He argued that it was practically impossible to do anything for such cases.

Dr. Grosvenor believed that these could be helped by the physician if he will use his moral force with the patient and take her mind off the disagreeable topic, having first used the best remedy to counteract the fright.

Dr. Phillips had seen one case of chorea during gestation and that in the last month of pregnancy; it was confined to the lower limbs, worse always during sleep but present night and day; this was cured by Cuprum aceticum.

Dr. L. L. Danforth, of New York, recalled to mind a case of pseudo-pregnancy where there were very marked choreaic manifestations of the abdominal muscles. This was mistaken even by her regular attendant as a pregnancy—the husband declaring that the foetus was “kicking like a mule.”

Dr. J. B. Gregg Custis presented Placental Complications of Gestation.

No discussion.

The chairman read Pulmonary Complications, by Dr. T. F. H. Spreng, of Buchanan, Mich.

Dr. Grosvenor remarked that he had had a case of pneumonia in a gestating woman in the seventh month; but by proper attention in time she was carried to term and safely delivered.

Dr. T. G. Comstock, of St. Louis, had never seen a case of pneumonia under the circumstances narrated by the essayist. He had seen it following abortion in young women. It had been his experience that pregnancy temporarily arrests the disease.

Dr. Peck then called for remarks under the head of General Considerations, which was responded to by Dr. Grosvenor calling on Dr. Comstock for his experience in placenta prævia.

Dr. Comstock had never seen but two cases of the kind in his large and extended practice and did not seem overly anxious to meet many more. He was opposed to giving Ergot in such

cases. He recommended a tampon made of candle-wick sublimated. He was also very decidedly in favor of conservative methods in such cases, and rather leaned to the opinion that placenta prævia was treated too much instead of too little.

Dr. Grosvenor had had two cases during the last year, one in consultation. In the one case fed the patient on Murdock's Liquid Food to sustain her, but when labor set in such a hæmorrhage supervened as almost to carry the patient off. He used a soft sponge for tampon. In the other case he delivered with forceps by placing one blade through the placenta and the other to the side. The Doctor also related a case which had been mistaken by the attending physician as a placenta prævia. He said it was the only case of placenta prævia he had ever seen without hæmorrhage.

Dr. Nickelson, of Adams, N. Y., had had the misfortune to strike a placenta prævia as a young man. He used podalic version and delivered a dead child. This was a case of placenta prævia lateralis.

Dr. Middleton considered the procedure adopted by the last speaker as exceedingly hazardous, owing to the delay in delivering.

Dr. Southwick had witnessed a good many cases. He simply punctured the membranes and frictioned the uterus. The two great things to remember are, loss of blood and shock. He would usually turn the child by the Braxton-Hicks method thus making a natural tampon. Other tampons convey septic infection. Neither was he admirer of the high forceps operation. He deemed it exceedingly difficult to perform and there is not a little danger to the child's head and the mother's soft parts.

Dr. French had lost a case in his early practice, a case of placenta prævia, simply because he was unable to diagnose it in time. When he arrived at the case he failed to touch anything on digital examination and believed the case not serious. On a later examination he found the head in the right fossa with the two hands presenting.

Dr. Susan Edson, of Washington, had one case of placenta prævia. For tampon she used some soft cloths wetted in hot water. I had attended her in previous labors which had always been normal. She gave a dose of Gelsemium and also several doses of Caulophyllum, punctured the placenta and delivered

the child without forceps, but child was dead. This patient has since been confined at full term and normally. In another case she loosened the adherent parts on the side and made rapid compression. Here also she gave *Caulophyllum*.

Dr. Southwick added that you can always turn before you can put on your forceps, and certainly the application of the forceps was subjecting the patient to needless danger. He believed that it required less dilation of the os for the purpose of introducing the hand than the forceps.

Dr. Comstock said that instead of tampons, as he had already suggested, he sometimes used Allen's surgical pump.

Dr. J. C. Wood, of Ann Arbor, had had three cases of placenta prævia and was successful in saving the mother in all the cases but not the children. He preferred the Barnes' dilators, using several sizes, and he also employed the Braxton-Hicks method of version where practicable. He recommended the use of hot milk in exsanguinated women instead of stimulants, which latter tend to increase the hæmorrhage. He gave, in some instances, as much as a gallon in twenty-four hours, and in all instances as much as the stomach will tolerate.

Dr. Leavitt said that when the subject of placenta prævia came on for discussion there seemed to be a proneness of some to relate an excessive number of cases. He had only had two cases. He realized that they are exceedingly dangerous and hard to manage. He believed that in simple cases the treatment was to rupture the membrane and allow the *liduor amnii* to escape, as this will in any case control the hæmorrhage. It is one thing to perform version with the membranes unbroken and filled, and quite another with them broken and empty. He had never yet seen an occasion for a complete tamponing of the vagina.

Dr. R. C. Allen, of Philadelphia, had also had but one case in twenty years' practice. He had listened to the advice given by the several speakers touching the introduction of hands or forceps into the os; but his case had been one where the os was rigid absolutely. He placed his patient upon the left side, and on the proper indications gave *Ipecac 100*, in tincture, five drops in half a glass of water, every five minutes until the hæmorrhage ceased. The contractions set in shortly and the

usual mode of procedure for such cases was adopted. His point was the controlling of the hæmorrhage with Ipecac.

Dr. Peck gave his own paper, American Women Childing, being a resume of all the statistics gathered by himself touching the practice of obstetrics by our practitioners during the past year.

Surgery.

SURGICAL NOTES.

J. G. GILCHRIST, M.D., EDITOR.

SYPHILIS AND CARCINOMA.—The July number of the Clinical Reporter (St. Louis) contains a paper on "cancer" read by Dr. Donnelly, of St. Joseph, Mo., to the Missouri Institute of Homœopathy at its late session in Kansas City. The paper is remarkable from two points of view: First, the insufficiency of the evidence furnished, and second, the misinterpretation of many essential points in pathology and histology. The Doctor has probably had the privilege of seeing many cases of "cancer," but has unfortunately given us but three as a basis for his theory, and, singularly enough, but one of these can be considered "cancerous," the others being, one an epithelioma, and the other a uterine fibroid without a single "cancerous" characteristic. The fact is not established that the first case was one of cancer, far from it, but the diagnosis will be conceded. Now the Doctor asks a good deal of the profession, when he basis a revolutionary theory on such a slender clinical foundation. Even a man in large special practice would scarcely deem his individual experience sufficient for such a purpose; he would seek for aid on all sides. The second point, the misinterpretation of histological and pathological facts, is shown in this statement: "In examining the secretions of syphilitic ulcers, microscopically, I found the same characteristic, irregular cells that can be found in the sloughing cancer." It would be interesting to know just what these peculiar cells are, particularly as "cells are cells" at all times, and a cancer cell is the same thing as any other kind of cell.

The microscopic characters of both syphilis and carcinoma, are in the *tissue*, not the cells. And this suggests another error into which the Doctor has fallen, shown in the expression "sloughing cancer." Both cancer and syphilis are constructive processes; when destruction of tissue occurs the products, as seen in the discharges, are alike in *all* necrotic degeneration, and the Doctor could readily have greatly lengthened his list, by adding everything in which degeneration or gangrene is a factor. When we consider that the clinical history, the pathology, the known factors of etiology, the histology, and every feature known to the profession by which one disease may be differentiated from the other, are as different in cancer and syphilis as in typhoid fever and measles, surely the Doctor will be far from asking general assent to his proposition on the evidence presented. There are few who will be willing to concede any relationship between carcinoma and syphilis, certainly not until the evidence is of a character to command attention. The Doctor seems to recognize the weakness of his case, for in his closing paragraph he says: "While I am satisfied in my own mind that I have, *by chance*, struck the *key-note* in cancer, I do not offer my observations as conclusive, but rather as suggestions for further investigation." It is incumbent upon *him* to prove his case; give us drawings of those "characteristic cells," and tell us how a "well-defined scirrhus cancer" can be "pedunculated," movable, and a "fibroid tumor" at the same time. Scirrhus is an infiltration, and can never occur where there is nothing to infiltrate. It may help the Doctor somewhat to know, however, that he can find plenty of literature on the subject, the matter being *very* ancient, and long ago supposed to be put at rest.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Chas. E. Sajons, M.D., and seventy associate editors. F. A. Davis, Philadelphia. Five volumes.—This is a grand work! It is the first successful attempt to put the literature of the day, the latest teachings of the best men, in the hands of the profession in a condensed form. The work is known, probably to every medical practitioner who could make any use of it, and it is hoped possessed by all of our readers. For these reasons a lengthy notice is not needed at this time, but the completion of such a labor as is represented in these five handsome volumes

should not be allowed to pass without comment and congratulation. If there are any who have not subscribed, that may read this notice, it may be hoped that they will immediately do what they should have done long ago. We cannot as Homœopaths be indifferent to the progress of medical science; being part of the great medical brotherhood, we should be found liberally aiding in any enterprise of such value as this. Still it was with a feeling of disappointment that not a word was found of Homœopathic parentage, notwithstanding the agent who took our subscription stated our literature would receive due attention by competent editors. He was evidently misinformed. The surgical part of the work is of the utmost value to all having to do with surgery; the chapter on cerebral localization, etc., being the best and most comprehensive presentation of the subject with which we are familiar. Nothing of any value, in any part of the world, seems to have been overlooked, the record being brought down to the commencement of this year. The only thing lacking, and this is a most serious thing—is homœopathic therapeutics. Cannot our Philadelphia brethren do something to correct this in future issues?

ANTISEPTICISM.—Again the consistent Homœopaths find themselves on the side of victory. When "Listerism," with its extravagant claims, burst into bloom, there were many weak brethren who feared the successor of Homœopathy, surgically considered, had come. The results that *were* to be secured were far superior to anything the most uncompromising Hahnemannian could show, and our occupation seemed to be gone, or going. The time of reaction has arrived, and as one who has nothing to "take back," never having yielded to the infection, the writer may direct attention to some suggestive literature that has been timidly creeping into prominence, and just now is more vigorous and threatens to make trouble for some of our colleagues. Volume iii, *Manual of Universal Medical Sciences*, (p. 552), Dr. Chas. Wiegman, of Philadelphia, calls attention to the dangers of pure antisepticism, in an article on *Surgical Dressings*. He shows how drainage, compression, and removal of coagulæ may retard repair, and set up undesirable morbid action. He also lays great stress upon the dangers attending the use of many of the popular antiseptic agents. He gives a

word of warning in the same line as that taken by Dr. Clifford in the August *ADVANCE*, viz., that the agent must fit the case; what would kill one form of parasite would stimulate another. But the hardest blow yet given is in the house of its friends. A journal was projected some nine months ago, with the title, *International Journal of Surgery and Antiseptics*. The third number has an editorial on *Poisonous Antiseptic Dressings and the Craze for New Antiseptics*, in which the following remarkable statements are made: * * * "Most of the antiseptics now used are capable of producing toxic effects, or are dangerous to life if used in sufficient strength. It is the business of the physician or experimental scientist to determine upon the proper percentages to be used. This question of safe percentages of poisonous antiseptics (and as we have stated, nearly all of them now in use are poisonous) can only be scientifically and satisfactorily settled by observing the influence and effects of definite and different percentages of antiseptic dressings, applied to the different tissues of the body under the varying conditions of surgical interference. We are not informed of any such extended experimental researches having been made as yet. Such experiments should be made on the lower animals and upon man, and should be carefully planned with a view to eliminating sources of error. All observations should be recorded and subsequently studied before the experimenters permit themselves to express positive opinions; for fallacies once thoroughly rooted in the mind of the profession are difficult to eradicate." * * * "In conclusion, it may be remarked that everything points to the fact that the antiseptic which will ultimately replace all others is one that, while destructive to the lower forms of life, is practically non-poisonous to the tissues of the highest forms of life." What a commentary on the history of the past few years! One of the leaders in the craze, after years of the wildest kind of expectant methods, suggests a study that should have preceded all practical use! My weak-kneed homœopathic brother, these are your "scientific" practitioners. Out upon such a prostitution of the word. The Homœopath who strays from the fold after these strange gods has always been and *will* always be, to use an expressive vulgarity, "left."

CASES FROM PRACTICE.*

E. CARLETON, M.D., NEW YORK.

CASE I.—UN OPERATION DE COMPLAISANCE.

The subject of this paper was a beautiful woman moving in fashionable society. She besought me to remedy the signs of age on her face, by a surgical operation. I tried to dissuade her, but to no purpose; and finally did as she desired, in the spring of 1884.

The patient, then between thirty and forty years old, a handsome blond of good figure, was distressed at the sight of folds of skin, showing plainly at the outer angles of her eyes. These folds drooped and slanted off, similar to the overlapping folds on the upper eyelids of many elderly people. The effect was unmistakable; the patient saw that she was, on their account, beginning to look aged; but did not think that time was justified in placing such a mark upon her yet; hence her desire to be rid of the overplus of integument.

The amount of the surplus was about enough to be easily pinched up between my thumb and forefinger. The offending folds I did not think best to remove, themselves. It seemed better to remove a portion of the skin at a little distance from each one, so that when I should approximate the edges of the wounds thus made, the folds would be obliterated by being drawn smooth.

I decided to excise at the base of the nose, on both sides, in such a manner that the lines of union, after the operation, should correspond with the inner borders of the orbits. This was done. The skin under the canthi was pinched up with a forceps, and the almond-shaped pieces, of proper amount, were taken away with scissors, each one by a single stroke. After applying dilute Calendula to the raw surfaces, and sponging them dry, approximation of the edges was accomplished by means of three interrupted sutures to each wound. The needle that did the sewing was half curved and exceedingly small, made for me by Tiemann. It carried silk fine enough to match the needle. Of course this part of the operation was attended to with the most painstaking care. Nothing was added but little pieces of isinlass plaster over all.

* Read before the Homœopathic medical society of the County of New York.

Union by first intention followed. The stitches were removed four days after the operation, and then we realized that our most sanguine hopes had been exceeded. The loose folds had disappeared entirely, and the sites of removal were barely discoverable.

One would have to look closely, to perceive the scars. She looked years younger. The lady being otherwise well preserved and youthful, her beauty was fully restored. As the operation was done in my office, without other assistance than that of my wife, it is quite probable that she succeeded in her desire to have it private. None of her social acquaintances, even if they noticed the sudden improvement in her looks, could have surmised that the change was brought about by a means so wholly artificial.

A recent inspection of her features discloses no reiapse.

These days, one must be careful how he claims originality. I can say truthfully, that I do not know of this particular method of preserving a woman's beauty ever having been made use of before.

CASE II.—FIBROUS EPULIS.

The patient, a middle-aged lady, first presented herself for examination, Dec. 20, 1887, bearing a letter of introduction from her physician, my friend, Clarence Willard Butler, M.D., of Montclair, N. J. At that time the alveola process of the left superior maxillary bone was involved, the morbid growth being about the size of a robin's egg, its outlines being clearly defined, embracing three teeth at most. It was symmetrical, tough, hard, inelastic, not painful, insensitive and of pale color. The adjacent structures had no unnatural appearance. The fact of its existence she had carefully concealed from her family and physician, until the latter had discovered it in the course of a careful search and at once insisted upon counsel.

I diagnosed epulis, and advised immediate and thorough removal. Naturally enough this was dreaded and postponed, until increasing size had forced the mouth open and the mass hung mostly outside, about the size of a large goose egg. Numerous teeth, even the incisors of the right side, the alveolar process and much of the body of the bone, were included. Operation was decided upon, and preparations made for it.

March 22, 1888, ninety-two days after our first examination,

removal was effected at the residence or the patient, Drs. Butler, Wilson, Krause and Lannin being present and assisting. Ether from the Packard Inhaler was used for anæsthesia, at first, very satisfactorily. I had seen this inhaler used the day before, at a consultation in Boston, to which I had been invited, at the homœopathic hospital, and then decided to adopt it. But later in my operation, when the retracted cheek obstructed one nostril entirely and left but little space in front of the other, it was found necessary to relinquish Ether and its apparatus, and substitute Chloriform, breathed from a folded napkin reinforced with a back of stiff paper, the two being pinned together. The mechanism and method are Dr. Butler's, and were used with great success. The head was raised and turned to the right. A curved incision was carried from the angle of the mouth to the orbit, a few arteries tied with silk cut short, and the cheek dissected from its attachments and turned back. Hæmorrhage into the mouth was removed with the finger and sponge-mop. The remaining hæmorrhage, though somewhat excessive, was kept under control by pressure and sponging with dilute Calendula. The most effectual instrument in removing the diseased portion, was the "*pince incisive fort*" made by Collin, of Paris, with which I could reach high enough to include healthy tissues; besides, it left a clean-cut wound; in fact, the situation would have been full of embarrassment had these pliers not been at hand. Bleeding practically ceased, as soon as riddance of the bad part had been effected. Three hare-lip sutures and three interrupted sutures of silk made good closures of the face wound. I would call attention to the fact that nothing was done to the wound but to sponge it clean with Calendula and water and then to sew it; also that the silk ligatures, which had been applied to the arteries and were necessarily closed in when the cut surfaces were approximated, were never seen or made manifest in any way afterwards, union by first intention succeeding all along the line. A compress and bandage completed the toilet.

The stump healed quickly. She is able to eat without special inconvenience. Only slight deformity is noticed. No evidence of relapse can be found, so far.

The Packard Inhaler, the bone cutting instrument and the tumor are exhibited for your inspection. The latter was sent

immediately after the operation to Charles McDowell, M.D., for identification. He pronounced it a fibrous epulis.—N. A. Journal of Homœopathy.

Gynecology.

PAINLESS PARTURITION.

MRS. W. T. COUPE, WHATCOM, W. T.

In appearing as an advocate of the doctrine that painless parturition may be secured by the majority of women, the writer of this article is well aware that she is running counter to the deeply rooted and almost universal belief that the birth of a human being must necessarily and unavoidably be attended with great physical agony, in consequence of the fiat which went forth nearly five thousand years ago; "in sorrow shalt thou bring forth children."

Even those who make no theological objection are skeptical as regards the possibility of such a thing. In a manual now at hand, intended for the prospective mother, the preface states that one of its objects is to "make her more docile and patient under her *unavoidable* difficulties and pain." Nature is kind to her children, and painless parturition is the rule, when she is unhampered by the artificialities of what is called civilized life. Do not the lower animals bring forth their young without pain? and the more nearly the human female approaches a state of nature, does she experience a like blessed immunity.

Among our Puget Sound Indians parturition is regarded as an ordinary circumstance, about which no apprehension need be felt. An eye witness of the advent of an Indian baby thus relates: Immediately upon its birth, the mother arose and, taking the infant in her arms, walked with it into the water, where she thoroughly bathed both herself and child. Shortly after she joined with her companions in a hearty meal, every movement showing that she had simply passed through a, to her, very ordinary process of nature, from which she experienced not the slightest after ill-effects.

If God created both the white woman and the Indian, each a descendant of Eve, why should the former suffer so fearfully under the curse, while her uncivilized sister goes scot free?

But it is upon personal experience alone that the writer bases her belief that excessive pain is not a necessary attendant of parturition. Always a delicate child, in womanhood sadly lacking in even ordinary physical strength, afflicted with an extremely sensitive nervous organization, and having nearly attained the age of thirty years, which last alone, would naturally much increase the pangs of child-birth, she anticipated her first confinement with great uneasiness and apprehension. Just four months before the completion of the allotted period, a thoughtful friend aware of her physical weakness, sent her a little volume entitled "Parturition without Pain." Ready to seize upon anything which promised to emancipate her from the perils which seemed to threaten her, she immediately conformed in every particular with the regimen therein prescribed, of which the following is a summary: "In proportion as a woman subsists during pregnancy upon aliment, which is free from earthy and bony matter, will she avoid pain and danger in delivery; hence the more ripe fruit, acid fruit in particular, and the less of other kinds of food, but particularly of bread or pastry of any kind, is consumed, the less will be the danger and sufferings of child-birth."

The almost immediate effect of this was wonderful. All physical uneasiness and distress passed completely away. Before the lapse of another month, she became as active and light upon her feet as she had ever been in her life. When the eventful time arrived, an attendant was summoned only one hour before the birth of the child, and who remained just two hours after. The newly made mother performed every office for her baby from the very beginning, even to its first bathing. When the child was six hours old, she rose from her bed and sat before the fire for upwards of an hour holding the infant upon her lap. This was repeated upon the second day, and on the third morning she took a full sponge bath and dressed herself completely before eating breakfast. No after ill-effect, followed these apparently rash proceedings. No displacement, no female weakness. Indeed, on the contrary, the general health was

always better after that, than ever in former years. And the child thrived.

Six years elapsed before the responsibilities of maternity were again assumed. This time a more thorough trial of the practice was given. For eight months the prescribed regime was most faithfully adhered to. The result was all that could be desired through the whole period, and at the critical moment. A short half hour of very slight pain brought the baby into the world, leaving the mother more vigorous and less exhausted than she generally felt after doing her weekly Saturday cleaning when in usual health. In both cases the children were boys, of very large frame, but quite thin. The health of each was perfect. They required and received less than half the care usually bestowed upon the average baby. They were never nursed at night, not through premeditation, on the part of the mother, but for the simple reason that from the first they slept naturally through all the hours of darkness. At the age of four months each weighed a little more than twenty pounds undressed. The elder, now thirteen years old, towers above all his companions of the same age, while the younger, aged six, is sturdier and possessed of more endurance than is usual. All this proves that the fruit diet is no drawback to the future welfare of the child, and disproves the statement to be found in a treatise published by a physician, which is: "If a mother wishes her children to be large and strong, she must eat largely during gestation of graham and other foods, containing bone making material."

In conclusion: there are those fastidious ones, who deem an open discussion of the fundamental principles of our existence, most unfitting. Let such take unto themselves the reproof administered by Sir Charles Grandison to the Prude—"Wottest thou not how much indelicacy there is in thy delicacy!"

The Fabiola Hospital of Oakland, Cal., was formally dedicated April 28, 1888. The permanent organization of the hospital was effected November, 1887, and under the auspices of a corp of indefatigable ladies, the Alameda County Homœopathic Medical Society has been steadily pushed to its present successful issue. "It is sufficiently liberal to allow patients of different schools to be brought into its wards under the care of their own physicians." The value of the building (unfurnished) and grounds is \$30,000, and will accommodate about fifty patients. We congratulate the members of the society on their enterprise and perseverance.

Materia Medica.**SYMPTOMS OF THE FEET.****LEFT.**

Antham.—Burning tearing in the left little toe.

Carburetum sulph.—Tearing in left foot, particularly the tarsal bones; violent pains in ankle-joint, as if broken.

Spigelia.—Fine tearing in the muscles of left foot.

Argentum.—Pain in the corn of left little toe.

Phosphoric acid.—Boring stitch in the left little toe.

Euphrasia.—Tickling creeping in the left toes.

Arum.—Cramp in the left toes.

Ledum pal.—Fine tearing in the left toes especially underneath.

Calcarea carb.—Cramp in the toes and sole of left foot.

Cannabis.—Drawing to and fro in the left foot from the toes to the ankles.

Mercurius sol.—Itching stitch at the root of the two last left toes during rest.

• **Crotalus.**—Spasmodic sensation in the left little toe as if turned about.

Mezereum.—Tearing in the middle toe of left foot, also in ball of left small toe and sole.

Agnus.—Tearing in the fore joint of the left toes, most violent when walking.

Argentum.—Tearing in the backs of the middle toes of the left foot.

Camphora.—Tearing in the tips of the left toes and under the nails when walking.

Mezereum.—Contusive pain in the tip of left middle toe.

Drosera.—Itching stitch in the balls of the left toes when sitting.

TOES GENERALLY.

Pain in toes at night.—Amm. c., Kali c., Ledum, Natrum c., Platina.

Ignatia.—Pain in the corn when sitting.

Calcarea carb.—Sore burning pain in the corn.

Ruta.—Painful drawing in the toes.

Mercurius.—Spasm in the toes, especially the backs.

Fluoric acid.—Pain in all the toes.

Sulphur.—Itching of the formerly frozen toes.

- Taraxacum.—Sweat under the toes.
Baryta carb. Cramp in toes when extending the foot.
Sulphur.—Cramp in the toes when extending the foot.
Carbo an.—Frequent cramp in the toes in the daytime.
Ranunculus bulb.—Cramps in toe joint suddenly as if sprained.
Bovista.—Inflammation and itching of both little toes.
Kali carb.—Tearing in the toes.
Mercurius.—Jerking tearing in the tips of the toes.
Carbo veg.—Tearing under the toe nails.
Mercurius sol.—Swelling in all the toes.
Carbo veg.—Redness and swelling of the toes as if frozen.
Causticum.—Burning tearing in the toes and under the nails.
Graphites.—Swelling of the toes and balls of the toes.
Dulcamara.—Stinging burning of the toes.
Kali bich.—Heat and throbbing pains in the toes.
Carbo an.—Cutting burning in the toes.
Arnica.—Violent stitches in the toes when walking.
Ruta.—Burning sore pains in the toes.
Camphora.—Pain in the knuckles of the toes, and corns.
Pulsatilla.—Pain in the toes as if the shoe pinched.
Carbo veg.—Tearing pain in toes, worse when walking.
Drosera.—Pain in the toes obliging him to limp.
Cocculus.—Gnawing pain in the toes.
Mercurius.—Stitches in the toe joints.
Sabadilla.—Pricking in the toes.
Aconite.—Hot pricking in the toes at night.
Kali carb.—Tittillating stinging in the tips of the toes.
Taraxacum.—Lancinating in the toes.
Graphites.—Soreness between the toes with itching.
Ranunculus bulb.—Soreness and stitches between the toes.
Thuja.—Drawing in the toes.
Colchicum.—Drawing with pressure in the toes.
Lachesis.—Spasmodic drawing up of the toes.
Cuprum.—Spasmodic contraction of the fingers and toes.
Kali bich.—Throbbing heat and pains in the toes.
Phosphorus.—Formication in the feet and toes.
Colchicum.—Tingling in various toes as if frozen.
Kali carb.—Tingling in the toes and sole.
Staphisagria.—Tingling under the toes as if asleep.
Pulsatilla.—Tingling in the toes as if frozen,

- Carburetum sulph.—Feet pain: under part; hollow of foot; soles of feet; tenderness and bruised feeling in hollow of foot.
- Nicotinum.—Itching of the heel and little toe.
- Peonia.—Burning itching of the toes.
- Staphisagria.—Burning itching of the little toes, painful when touched.
- Clematis.—Itching of the toes in the evening in bed with sweat between the toes.
- Secale.—Contraction of the lower limbs; the patients have to walk on the tips of the toes.
- Agaricus.—Painful soreness of the toe and corn; itching burning and redness of the toes as if frozen.
- Kreosotum.—Tearing drawing and lacerations, from heels through the sole and toes.
- Chamomilla.—Cramp-like contraction of the toes with tearing pain in the limbs.
- Conium.—Pain under the toes when sitting, ulcerative pains in the tips of the toes.
- Rhododendron.—Pain in the toe balls and hollow of the heel as from chronic chilblains.
- Moschus.—Burning in the toes, as from the pressure of tight shoes.
- Paris.—Drawing boring underneath the toes, especially in the evening.
- Nux vom.—Itching boring burning of the toes, as if frozen, especially in a warm room.
- Cuprum met.—Sensation in the toes as if wind was rushing out.
- Mercurius sol.—Burning pain in the tip of the third toe during rest and motion.
- Phosphoric acid.—A nail which had grown into the flesh causes inflammation and pain.
- Thuja.—All the toes are inflamed, shining red, and swollen; itch and burn after walking.
- Cantharis.—Tearing in the toes with lacerations towards the tips.
- Cinchona.—Jerking tearing in the tarsal and metatarsal bones, also in the toes.
- Muriatic acid.—Swelling and redness of the tips of the toes with burning pain.

- Carbo an.—Inflammation and swelling of the foot, breaking open near the toes.
- Pulsatilla.—Stitches in the soles of the feet and tips of the toes during rest.
- Capsicum.—Stitches through the tips of the toes.
- Cinchona.—Boring stitches in the tips of the toes.
- Spigelia.—Boring itching stitch in the balls of the second and third toes.
- Mercurius sol.—Visible twitching of the tendons of the toes in the evening, with chilly shuddering, tossing him off his seat.
- Nux vom.—Burning pain on the sides of the foot and top of toes; pain in the roots of the nails when touching, as if they would come off by ulceration.
- Berberis.—Pain as if sprained in the metacarpal joints of the toes, with a sensation of swelling; pains in the toes as if ulcerated.
- Nitric acid.—Redness, inflammation and swelling of the toe, with burning pain after the foot had got wet.
- Phosphoric acid.—The balls of the toes and heels feel sore when pressing them to the ground; soreness between the toes.
- Taraxacum.—Drawing from the little toe along the tibia; violent itching on the back of the fourth toe of each foot.
- Pulsatilla.—Burning jerking pain in the balls of the little and second toes, with itching after becoming warm in bed. Itching and stinging in the feet and toes.
- Ranunculus bulb.—Stitches in the backs of the toes; sore pain in the tips of the toes.
- Aurum fol.—Severe stitches in the dorsum of the foot between the toes.
- Ambra gris.—Tearing in the *margin* of the left foot.
- Alumina.—Pain in sole when pressing it to the ground, as though it were soft and swollen.
- Ignatia.—Itching pain on dorsum, during rest. Itching jerking pain in ball of heel, especially in morning in bed.
- Magnesia sulph., Graphites, Prunus spin., Cantharis.—Pain in soles of feet.
- Spigelia, Sulphur, Pulsatilla.—Pain in soles when pressing them on the ground.

Zincum met.—Ulcerative pain in the soles and heels.

Pulsatilla.—Numb pain in soles of feet and ball of the toe.

Argentum fol.—Numb pain in heel when pressing the foot to the ground.

Arsenicum.—Numb pain in right foot, with inability to raise it when sitting.

Thuja.—Pain in the heel as if gone to sleep, on rising from bed.

AGGRAVATIONS.

From beginning of night to break of day.—**Colchicum.**

From 4 or 5 P. M. to dawn of day.—**Syphilinum.**

At 1 A. M.—**Arsenicum.**

At 2 A. M.—**Arsenicum, Benzoic acid, Lachnanthes.**

At 3 A. M.—**Calcarea, Euphrasia, Kali c., Pariera, Staphisagria, Thuja.**

At noon.—**Arsenicum, Cistus can.**

From 3 A. M. to 3 P. M.—**Thuja.**

From 3 to 4 P. M.—**Apis.**

Until 4 P. M.—**Mercurius iod.**

From 4 to 8 P. M.—**Helleborus, Lycopodium, Magnesia mur.**

From 4 P. M. to 3 A. M.—**Belladonna.**

At 9 P. M.—**Bryonia.**

From 3 to 5 P. M.—**Clematis.**

From 6 to 7 P. M.—**Hepar, Rhus.**

From 4 to 10 P. M.—**Platina.**

At 12 M.—**Argentum, Carbo veg., Sulphur.**

At 11 A. M.—**Cactus, Gelsemium, Sulphur.**

At 12 M.—**Kali bich., Lachesis.**

CHARACTERISTIC SYMPTOMS.

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

Patients in low fever want to be mesmerized, they are starving for vital energy.—**Phosphorus**; sometimes **Calcarea.**

Deep furrows in forehead and face with flapping nostrils in pneumonia or bronchitis.—**Lycopodium.**

Vomiting and purging with cold, blue, dry skin.—**Camphor.**

When the fever is present or when there are pains in the abdomen he covers up, but after these (both fever and pains) pass the skin becomes cold and he uncovers.—**Camphor, only.**

Eyes fixed upon the dark side of the room away from the light; violent speech with wrinkled face.—Stramonium.

Sudden blindness followed by convulsions.—Cuprum.

He goes into a rage when he sees the doctor, saying: "Go home, I am not sick, I did not send for you."—(Apis) Arnica.

Shining face, impotency, prostatic dribbling.—Selenium.

Old misers with wrinkled faces, when they get sick need Lycopodium.

She cannot go to sleep because things in her room are out of place, and the room is not tidy.—Arsenicum.

Always theorizing.—Apis, *Cannabis ind.*, SULPHUR.

Copious, thin, brown, horribly offensive, acrid leucorrhœa.—

Kali ars.

Headache goes to the side not lain on.—Calcarea ars.

Headache with ball in forehead and hollowness in occiput.—Staphisagria.

[Copy these into your materia medica so as to have them where you can find them when needed.]—Ed.

Clinical Medicine.

ON THE REPETITION OF THE DOSE.

AD. LIPPE, M.D.

It has often been asked by beginners of the practice of Homœopathy, as well as by students, how often a dose of medicine should be repeated. *A priori*, no rules for the repetition of the dose can be laid down. In very acute diseases, one single dose may suffice, or it may be necessary to repeat the dose at very short intervals; in chronic diseases, one dose may act for days, weeks and months, or it may become necessary to repeat the dose daily or oftener for a day, a week, or even for months. In all this the practitioner must be guided by his individual judgment. Individual judgment must not be mistaken for, or confounded with, individual opinion, individual whim, or individual caprice; these mistaken notions of inalienable rights to indulge in a licentious freedom of medical opinion and action are adverse to the scientific and sure guidance to

which individual judgment submits. Individual judgment implies in this, as in every case in which a practical application of fundamental laws and rules is to be made, that the practical application left to the individual judgment of the practitioner of a science must positively be in harmony with the laws governing that science, and with the rules already established governing their practical application. In chemistry, as well as in all scientific pursuits, fundamental rules and laws exist which must be followed, if the investigator expects to reach or obtain satisfactory results.

The individual judgment implies, therefore, that the practitioner has to judge in every given case for himself how previously established laws and rules, which he is supposed to have accepted when he attempts to practice, shall and must be applied. It will be clear to his mind that the very first rule laid down by Hahnemann, and accepted by his followers respecting the repetition of the dose, is: *The dose must not be repeated till the action of the LAST DOSE administered has been fully exhausted.* Accepting this as a sure guide, other questions present themselves to the thinking practitioner.

First.—What are the infallible indications showing the favorable action of a dose administered?

Second.—What are the infallible indications that its action has been exhausted?

After the administration of a properly potentized homœopathic remedy, given singly and in a single dose, we see its effect in an acute disease very soon, often in a few minutes, and the more acute and the more severe the attack, the sooner may the development of the action of that dose be expected. The close observer will perceive, very soon after the administration of the dose, some auspicious symptom showing him the action of the dose administered. Great distress and pains may suddenly, and for a short time, be aggravated, or may cease and sleep set in, or the stomach be relieved of its contents when it had been overloaded and suffering was caused by it, or mental anguish give place to quietude, the pulse may change for the better, the thermometer may show an improvement. If the action of the dose administered has once begun, and if even the improvement is slow, but steady, then we know that the dose administered continues to develop its curative powers, or we may infer that the *vis medicatrix naturæ* once set to develop

its health-restoring office, is still at work and wants no other aid by medicines.

In chronic diseases the action of the dose cannot develop such sudden effects; this would be contrary to the nature of a long-existing and deep-seated disease. If such a sudden exhibition of the drug action follows its administration, if the improvement of the case is very rapid, then either the remedy acted as a palliative only, or was not rightly chosen; or, if very similar and carefully chosen, such sudden improvement *generally* forbodes no good, a repetition rarely ever produces a perceptible improvement, and other ever-so-well-chosen remedies will cause rapid but short-lasting improvement. It is especially in chronic diseases that aggravations frequently follow the administration of a truly homœopathic remedy, and if new symptoms appear of which the sick complained previously, then we may infer with almost positive certainty, that the remedy is developing its curative powers. A very perceptible improvement, such as is acknowledged by the sick, very frequently does not take place in acute diseases before the third day; this is to be accounted for, not by any pathological deductions, but by the fact that the sick-making powers of a single dose of a well-potentized drug, when taken by a healthy person, very frequently do not begin to show their effects until the third day after it has been taken; the very attentive observer will in such cases have perceived very soon after its administration to the healthy the same auspicious symptoms he has learned to observe on the sick. A repetition of the dose before the one previously administered has developed its effects, or before its effects are exhausted, causes an interruption of the internal, hidden, curative process in the interior of the organism, having for its object the restoring of the sick to health, therefore must be avoided; and furthermore, such an untimely interference is invariably followed by results retarding a recovery, and may even at times so derange the action of the organism, striving to combat the existing disturbances, that the recovery may not only be retarded but be made very doubtful.

We know that the curative powers of a dose administered have been exhausted when the improvement comes to a perfect stand-still, especially in acute diseases; a repetition of the same remedy may become necessary if the existing symptoms still indicate it. It was Hahnemann who advised us, in his Chronic

Diseases, then to administer *a different potency*, but if new or other symptoms present themselves, then *another remedy* has to be chosen. In chronic diseases especially will it happen that the symptoms for which the remedy has been administered have been entirely removed, but that in the course of time, often after some weeks, the same previously observed symptoms reappear in a modified form; in this case the action of the previous dose still continues and a repetition would materially interfere with the cure. This can be accounted for by the fact, that persons who have suffered from a succession of symptoms from a single dose, found these symptoms disappear for a time, but that after days and sometimes after weeks the same symptoms reappeared in a modified form, without a repetition of the dose of the drug first taken. If a repetition of the dose becomes necessary because the effects of the last dose administered have been fully exhausted, it must again be left to the individual judgment of the physician in what manner this repetition should be made. If a dose has acted for a long time, in acute diseases for days, in chronic diseases for weeks or months, we may reasonably judge that it would be best to again administer one more single dose; but if the action of the dose has lasted only a comparatively short time, has been rapidly exhausted, especially in acute diseases, and a repetition appears still advisable, then it would almost always be better to dissolve a single dose of the remedy now to be repeated in some few ounces of water, and continue its administration in broken doses till it becomes evident that the action of the dose given in this manner has fully set in, and the symptoms for which it was given are yielding to it, becoming lessened in every respect; in chronic diseases the physician may administer the remedy in daily doses or in many doses a day for a length of time, till it becomes evident that the symptoms are materially relieved, and then the action of the repeated doses will scarcely ever be exhausted in a short time, but will probably last for weeks and months.

The greatest care should be taken not to repeat the dose, or administer another remedy, till the effects of the dose last taken have been exhausted. This dose may be, and often is, a single dose, or it may be a dose dissolved in water and given at short intervals till some effect of this dose is apparent.—Organon.

[That much time was given in the preparation of this paper no one can doubt who scrutinizes each sentence. No ambiguity exists and no room for a twist in the language can be found. Others might express the ideas in more beautiful language with less appearance of repetition, but I doubt if others could speak with greater confidence and authority and leave the meaning more clearly expressed. The text is plain, written by a master's hand and is at once authoritative. No one will doubt that Dr. Lippe *practiced* as he advised, and his experience and study, with his close observation for so many years, enabled him to select the best after having satisfied his own mind by actual experience with other methods. I fully endorse what is contained in this article as far as my age and limited professional experience has given opportunity. That others will profit by a close study of it I do not doubt, and although this paper was published in July, 1878, it will be fresh to many readers of THE ADVANCE and will be appreciated. In my experience the length of time necessary for a dose to lose its effect depends in many cases upon the potency used. While the same rules should govern the administration of the dose in any potency, the effect usually wears away sooner in the lower potencies and the evidence of the first effect is longer delayed. The repetition, therefore, is rendered more often necessary when using the lower potencies. "Individual judgment" has a great responsibility.]—WM. S. GEE, M.D.

ALONE: YET NOT DISHEARTENED.

M. DILLS, M.D., CARLISLE, KY.

Often as a weary traveler in a foreign land longs to meet a familiar face or an individual, who can share and appreciate his surroundings, so a follower of a certain sect or profession longs to meet one of his own kind, and thus become strengthened and renewed in the inner man.

Your readers, who are living in a community surrounded by friends of the truth you are advocating—fellow colleagues to lend their lives to the cause, thus strengthening your hands day by day for the work before you—imagine yourself in a com-

munity, surrounded, as were the "Israelites," by despotic rulers, who refused to relent their opinions, despite the most wonderful miracles and visits of desolation; not one of your kind within twenty miles, no fraternal voice to speak a kindly word for your efforts, none to cheer and encourage you to pursue with untiring energy the grand path in life which you have chosen; nothing but sneers and doubts at your cures. I ask, if it would not try the faith of a good many, who imagine they are free from temptation; and again I ask, if the results from the infinitesimal dose and the indicated remedy, acting in some cases despite the will of the patient and discouragement of the old and false prophets—is it not sufficient *per se* to stimulate a follower in this scientific practice, to take courage and go forward? So much by way of introduction. Now, if the reader will bear with me, I will give a little experience of one who never had a preceptor in studying Homœopathy, no one to develop and show the points of supremacy over the old and crude notions of Allopathy. I was led to investigate Homœopathy by a cure preformed upon myself by a homœopathic physician, whom I accidentally met while traveling; the relief was so marked and cure so complete—especially after a failure of the old school, embracing some of Cincinnati's most eminent physicians in that line—that I was constrained to look into the merits of the "little-pill business." I ordered my book man to send me everything he had pertaining to the science and theory of Homœopathy—he sent Hahnemann's Organon and Hempel's Theory of Homœopathy and these I read, I must confess, Thomas-like. However, there seemed to be so many strong points in them I still pursued the goal and suffice it to say: I have indeed reached the "promise land," though at times covered with doubts and mystified by what I conceived to be false prophets. I am convinced beyond the shadow of a doubt, that the goal of truth, and all that is good in medicine and the healing art, is found in strictly following *similia similibus curantur*. I am fighting the battle alone and unaided; the voice of conscience, love of humanity and profession, prompts me to go forward and administer to those in pain that speedy, gentle, and permanent cure, which is known only to the zealous followers of Homœopathy, and I hope I will not be misunderstood, when I say, that I am more than pleased with my results and now the way

is being made more clear every day to the people, that there is something in the "little pills" and "*glass*" that bring the much desired results. Still the "old wise acres," "Pharoah like," refuse to relent; nevertheless the good work goes on and on. I take the position, that if Homœopathy offers the remedy to meet every indication (and I believe it does), why not adhere to its principles and know no compromise. When I peeped into the medicine case of a Homœopath (which I have done) and found a hypodermic syringe, a vial of black pills (gelatine-coated), a vial of Quinine and Calomel, *ad nauseam*, I used to feel shaky and doubtful of my undertaking; but now I can see no need for such things and certainly the very appearance of them in our cases is a reproach upon the cause we are advocating. I have long since "burned the bridges," and if I find a case that puzzles me, I simply give the closest indicated remedy and study the case. If a patient is suffering with pain, to whom I would formerly have given Morphia, I administer a dose of a remedy the nearest similar I can find and study the case until I can exclaim "Eureka!" and continue it as long as the case shows improvement or even holds its own. It may seem very simple to one brought up under a competent preceptor and all the advantages of their school to pursue the practice without much effort; however that may be, a man reared under the old-school theory who practices it for several years and then attempts to trust a case to the single remedy and the cm. or even 3x or 30th potency, and if he can hold his patients and exercise his faith, he is entitled to a great deal of credit. As to the bridges referred to, I carry nothing in my case, but homœopathic remedies from the 1x to the cm., rarely ever giving in any case below 3x, and if the theory be true—and I believe it has been practically demonstrated—there is no limit as to the potency. Matter is indestructable, dynamic force is unfathomable. If this be, why doubt the curative power of the highest potencies? I can say just here, that I can verify the statements of Dr. C. W. Butler in his Quinine cure. This has occurred so frequently in my practice—though they be in isolated cases—that I can readily believe such statements. I conceive the "weak spots" to be in the lack of close and persevering study on the part of the advocates of our school and the material that we make physicians out of. Speaking of material,

I want to be heard on this: I have accepted as a student one young man out of a dozen or more applicants to study Homœopathy and I bespeak for him a representative, who will be an honor to his profession. A young man with a finished education, an investigating mind and judgment that can be relied on; such is what we want, and in this blue grass region of Kentucky, such we propose to have as our representatives. No hypodermic syringes, Calomel, Quinine, etc., etc., in cases of emergency. We are few, but want to be pure. I have about as much faith in a hypodermic Homœopath, as I would have in a minister of the Gospel with a dime novel and a guide to a house of ill-fame in his pocket. Give us pure Homœopaths, a higher plane of preparation, a strong and competent class of students, and the day is not far distant, when the flag bearing the grand old motto: "*Similia similibus curantur*" will float over every home in this country. If Homœopathy be correct, why not practice it?

Allow me in conclusion to present a case:

Was called in consultation with an old school physician. Patient, a child, age three years. Disease: pneumonia. Treatment, rigid old school methods. Found the little fellow doubled up in his cradle, comatose condition, drops of perspiration standing on forehead and face, eyes half closed, pulse 120 and very weak; when aroused very delirious, starting to jump from cradle, screaming and kicking, and fighting with hands as if frightened. I don't think I ever saw a more highly marked case of hyperæsthesia in my life; tongue heavily coated, pupils contracted. The physician had given him up to die and he was in a fair way to verify his prognosis. My introduction to the case was brief and spicy. The attending physician addressed me as follows: "Well, you have gone off after strange Gods; if you propose to give this child rain-water and sugar, I am done;" and I gracefully sailed in and took possession of the "camp." Here was a tough case; everybody watching for the child to die and everybody believed it would.

I gave Nux 30th, one dose, at 3 P. M. Called again at 6 P. M., found the little fellow resting easier, still very nervous; and jerking limbs in sleep—left Nux 30th to be given through night.

Next day: rational, knew me and asked for more "pills." Cough very loose, tongue cleaning, temperature 102°, some

appetite; still perspiring and a little nervous; gave Antimonium tart. 6x, dose every three hours. On the following morning found cough better, patient very weak and thirsty, very irritable, won't allow any one to touch him. Still perspiring, wants to be covered with blankets; thirst especially marked; the case looked as if the old prophet was correct, still I was not discouraged, and gave Arsenicum 200, with the result, that the patient began to improve at once, and is convalescing rapidly. The old Doctor says his medicine was just acting, when I came to the case. Yes, it was acting, and soon the action would have ended the little patient's suffering. I gave Nux to antidote the drugs he had taken. This I have to do in many cases before I can get the indicated remedy.

THE RESULTS OF VACCINATION.—PROMISE AND PERFORMANCE.

The following from the St. Louis Medical Journal, for July, contains some statistics, over which we may well ponder in view of the small amount of protection and the large amount of injury from compulsory vaccination.

TO THE EDITOR.—*Sir*: It seems to have been forgotten by those who are arguing for the defense and continuance of compulsory vaccination, on the ground that the vaccinators show a larger mortality amongst the cases returned as unvaccinated as compared with the vaccinated, that they are importing an element into the discussion uncertain in its nature and incapable of demonstration, and one which would have been ridiculed by the Legislature when the Vaccination Act of 1853 was introduced and adopted. The only point then considered pertinent was that of the protection afforded by the operation against both spasmodic and epidemic small-pox, which was declared on the opinion of the entire medical profession to be absolute and beyond question. Four years later the belief was formulated by Mr. John Simon, in his papers on *The History and Practice of Vaccination*, dated 1857, as follows: "On the conclusion of this artificial disorder neither renewed vaccination nor inoculation with small-pox, nor the closest contact and cohabitation

with small-pox patients will occasion him to betray any remnant of susceptibility to infection."

Now for the result. In its issue of July 15, 1871, eighteen years after the introduction of stringent compulsion, when the entire population had received the benefit of vaccination (whatever that may be), the editor of the *Lancet* thus delivers himself: "The deaths from small-pox have assumed the proportions of a plague. Over 10,000 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 small-pox hospitals, no less than 6,854 had been vaccinated—nearly 73 per cent. Taking the mortality at 17½ 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 small-pox! 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?"

The same journal of August 27, 1881, contains Dr. Fraser Nicholson's report of 43 cases of small-pox of which he had charge in the Bromley Union, viz., 16 confluent, 14 discrete, and 13 modified; two of the confluent cases died; all had been vaccinated, and three revaccinated.

On February 23, 1884, the *Lancet*, referring to the small-pox epidemic at Sunderland, reported 100 consecutive small-pox cases, of which 96 had been vaccinated.

Referring to the epidemic in London, the *British Medical Journal* for May 24, 1884, reluctantly admits that "against small-pox we cannot in all cases confer absolute immunity by any vaccination or revaccination."

The medical officer of the Taunton Sanitary Hospital reported in 1885 that there were 171 patients in the hospital, of whom 169 had been vaccinated.

And, lastly, from the *Hand-book of the Metropolitan Asylums Board* for 1886, I find that between 1870 to 1886, out of 53,578 small-pox cases admitted, 41,061 are returned as vaccinated.

The proofs of the disastrous failures of vaccination and revaccination at Montreal and Sheffield are of too recent occurrence to need recapitulation here. The history of the Jenner

ian system from its introduction in 1802 to the present time has been a continuous record of humiliation and disappointment which no ingenuity can palliate or explain away.

Yours, etc.,

WILLIAM TEBB.

LONDON, Devonshire Club, St. James'.

CLINICAL EXPERIENCE WITH SINAPIS NIGRA.

CLARENCE WILLARD BUTLER, M.D., MONTCLAIR, N. J.

ACUTE CORYZA.

CASE. I.—The patient, Mrs. D. M., is a short, stout, florid, light-complexioned widow. For the last three days she has had a severe cold in her head. Aug. 22, 1879, she presented the following symptoms: Profuse, thin, watery discharge from the anterior nares, excoriating and acrid. Wings of the nose red and sore from the discharge; she draws considerable mucus into the throat from the posterior nares. Voice thick, nasal. Frequent, short, hacking cough, painless, worse during the day, relieved by lying down. *Sinapis nigra* 12, every two hours.

Aug. 23, A. M.—Voice much more natural; all nasal discharges much less; cough better but not entirely well.

Aug. 24, P. M.—Well.

CASE II.—Aug. 25, 1880.—Mr. A., of light complexion, and nervous temperament, was caught in a thunder shower and wet through, two days ago. Yesterday morning a cold developed itself. To-day it presents the following symptoms: Nasal passages feel stopped up, while a thin acrid mucus is discharged profusely from the anterior nares. Wings of the nose red. Eyelids smart and itch. No cough, no thirst. His cold, which is annoying, does not prevent his working, nor make his labor (book-keeping) harder. *Sinapis nig.* 12, every two hours.

Aug. 27.—Well.

CASE III.—W. H. W., age 36, lawyer, of dark complexion, with black eyes, dark hair, nervo-bilious temperament, family history good; has for some years been subject to severe colds which generally run the same course; a severe acrid nasal discharge with much lachrymation and irritation of the eyelids; sneezes frequently with the coryza. Within a day or two after

the appearance of the coryza a hacking cough sets in which becomes harder and more paroxysmal later and which lasts for weeks. The cold in the head usually disappears within a week.

Sept. 2, 1881, 5 P. M.—Eyelids red and itching, eyes watery; sensation of burning and itching in the nostrils, with severe sneezing; nose feels stopped up, especially at the bridge, although he has considerable nasal discharge which irritates and reddens the skin; voice very nasal; no unnatural thirst; partial loss of taste and smell; hacking cough, the immediately exciting cause of which he cannot describe. Mind clear. Sinapis nig. 200, a dose every two hours.

Sept. 4, A. M.—No cough, little or no nasal discharge; eyes natural in appearance and without abnormal sensations; a slightly nasal tone of voice alone remains of all his symptoms.

CASE IV.—Mr. H. B., dark complexioned, gray eyes, full habits.

Nov. 13, 1887.—Acute coryza which has lasted for two or three days. Now has a feeling as if the nostrils were stopped up while at the same time they discharge profusely a thin mucus which reddens the nose and upper lip. Itching and smarting of the eyelids. Post-nasal discharge which does not relieve the sensation of stoppage of the nose.

Is continually clearing the throat and has an infrequent hacking cough. Dull frontal headache, not severe. Voice nasal. Mental exertion is not tiresome in any unusual degree. Sinapis nig. cm. (Fincke), one dose.

Nov. 14.—Sends word that he is better.

Nov. 17.—Mr. B. reports that he is well. "Got well right along" from the dose of medicine and was free of all traces of his trouble within two days, much to his surprise and gratification, since this is not his usual experience.

HAY FEVER.

CASE V.—Miss A. B., aged 13; tall, slender, dark complexioned. Has had hay fever every year for several years which commences in August and continues for about six weeks.

August 12th.—She reports that this disease attacked her about a week ago. It has not materially changed since its first appearance and now presents the following symptoms: Eyelids red with smarting, burning and itching. Slight conjunctival congestion. Much lachrymation. Frequent violent sneezing.

The nose constantly discharges a thick acrid mucus; the lip and *ale nasi* being reddened by it. Taste lost or nearly so. Appetite fair—no unusual thirst. Mentally bright and vivacious. Her lessons are learned as easily, she thinks, as before her “enemy” appeared. *Sinapis nig.* cm., one dose.

Aug. 13.—Great and prompt relief of all her symptoms, none have entirely disappeared, but all are much modified.

Aug. 14.—Improvement continues.

Aug. 15.—All her troubles have returned within the last few hours, seemingly as severe as ever. *Sinapis nig.* cm., three doses in water.

Aug. 16.—Relief followed the administration of the remedy promptly.

Aug. 17.—Still growing better.

Aug. 18.—She reports that the symptoms are all returning. I now gave her the *Sinapis nig.* cm. in water, to take a dose every two hours till better and then to stop the remedy.

Aug. 20 (two days later) she reports that she experienced decided relief from the remedy, but that, reasoning in the light of her long and mature experience that if a few doses were so good, a continuation of the dosing must be better, she continued taking the drug at two-hour intervals. Through the 19th and until the evening of that day she continued very well, but the symptoms returned during the evening. Her mother now evolved from her inner consciousness the brilliant idea that a dose every two hours was not often enough and directed her daughter to take one every hour.

The result was, as you will anticipate, a frightful aggravation. Eyes and nose very much irritated and the appearance for the first time in her experience, of asthmatic symptoms. At midnight she ceased to take the medicine because she noticed that she was worse after each dose. When I saw her at ten o'clock the next morning her symptoms had much modified and I gave her *Sac. lac.* From this time on I gave her every second night a dose of a watery solution of the drug and although she was never entirely free of her disease, she was, by comparison with former years so nearly well, that she was much pleased with the results of the medication.

Aug. 20, 1886 (one year later), she called on me again stating that her hay fever had attacked her the previous day, later than

usual, and although not yet severe she desired immediate treatment.

Satisfied that from her former experience, she could be trusted to follow instructions this year, I gave her some powders of the *Sinapis nig.* cm. to be used (in water) when her symptoms called for it, that is, by returning after having been relieved showing that the beneficial effects of the former dose had ceased. She was obliged to repeat the remedy several times but the relief upon each return to the remedy was prompt and *complete* and her attack terminated in less than four weeks—a gain in this respect of more than a week.

Owing to a misunderstanding with her parents over matters of finance, I am unable to make a further report of this case. I have information indirectly, however, that she was under the care of a New York physician for the same malady in 1887—but of its severity I could gain no knowledge.

CASE VI.—Mrs. J. B. K., age 28; small, dark complexion, nervous temperament and slender figure, called on me for treatment in 1883.

She has been subject to hay fever for eight years. It comes on July 28th of each year and stays till after the first hard frost. I saw her first about two weeks after the commencement of her attack when she presented the following conditions: Smarting and itching of the eyelids, worse toward the inner canthi. Margins of the lids reddened. Eyes are filled with tears, but they do not escape over the cheek. Nasal discharge profuse, watery and excoriating. Much sneezing, worse in the morning for a while, and on lying down at night but continuing more or less all day long. Itching, burning, tickling in the nostrils “high up.”

Frequent hacking cough during the day but none at night. Some dull frontal headache. Mentally irritable. No mental dullness, however. *Sinapis nig.* 200 every two hours in water afforded prompt relief. After two or three days, thinking that an aggravation of her symptoms was due to the *Sinapis*, I ordered it discontinued. Throughout the rest of the season she was obliged to resort to the remedy four or five days, taking it for twelve hours, but the relief of her symptoms was marked and complete on each occasion and her summer the most comfortable one for many years.

In 1884 (a year later), she came to me on the first appearance of her trouble which was at the usual time, and I supplied her with the same remedy. She was obliged to resort to it very much less often during this summer, the attack being much less severe than formerly, and in 1885 she had no return of it whatever.

In 1887 it showed itself slightly, but being in Philadelphia where her physician was, an allopath, she did not seek medical advice.

CASE VII.—Mrs. W. B. J., age 35; dark complexion, stout; married and mother of two children. Sept. 4, 1879, at 11 A. M., presented the following symptoms: Has been for two weeks suffering from her annual attack of hay fever which came on, as usual, about the middle of August. Nose swollen, *ale nasi* excoriated while the lips were but little reddened. Eyes watery, must keep wiping them. Eyelids itch. Voice nasal. Nose feels stopped up at the bridge and the posterior nares. Post-nasal discharge which she draws down in considerable quantities and expectorates; it is thick, brownish color and tastes cold. Breathing much oppressed all the time but worse at night. Every night she has attacks of asthmatic breathing, which last for a long time—an hour or more. During these attacks she must sit upright and has a dull pain from the upper part of her chest through to the shoulder-blades, and dull hard aching in her temples. She can never lie with her head low because it brings on one of her harder attacks. The attacks are more frequent in damp weather, and worse on lying down and moving, relieved by sitting up in bed with her shoulders drawn forward (round-shouldered position), and by perfect quiet. *Sinapis nig.* ʒ, in repeated doses.

Sept. 6.—Has improved rapidly and steadily. Irritation of, and secretion from, eyes and nose markedly better. Excoriation disappearing. Breathing still oppressed. No pain in chest or temples however, and she has had no bad attack of her nightly asthma. To continue *Sinapis ʒ*, as before.

Sept. 8.—Was called to see her at her home and found her sitting up in bed (her shoulders drawn forward), coughing frequently—the well known wheezy asthmatic cough—with great oppression of breathing, tired feeling in the chest, any motion aggravating her symptoms almost to suffocation. The menses

with small-pox patients will occasion him to betray any remnant of susceptibility to infection."

Now for the result. In its issue of July 15, 1871, eighteen years after the introduction of stringent compulsion, when the entire population had received the benefit of vaccination (whatever that may be), the editor of the *Lancet* thus delivers himself: "The deaths from small-pox have assumed the proportions of a plague. Over 10,000 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 small-pox hospitals, no less than 6,854 had been vaccinated—nearly 73 per cent. Taking the mortality at 17½ 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 small-pox! 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?"

The same journal of August 27, 1881, contains Dr. Fraser Nicholson's report of 43 cases of small-pox of which he had charge in the Bromley Union, viz., 16 confluent, 14 discrete, and 13 modified; two of the confluent cases died; all had been vaccinated, and three revaccinated.

On February 23, 1884, the *Lancet*, referring to the small-pox epidemic at Sunderland, reported 100 consecutive small-pox cases, of which 96 had been vaccinated.

Referring to the epidemic in London, the *British Medical Journal* for May 24, 1884, reluctantly admits that "against small-pox we cannot in all cases confer absolute immunity by any vaccination or revaccination."

The medical officer of the Taunton Sanitary Hospital reported in 1885 that there were 171 patients in the hospital, of whom 169 had been vaccinated.

And, lastly, from the *Hand-book of the Metropolitan Asylums Board* for 1886, I find that between 1870 to 1886, out of 53,578 small-pox cases admitted, 41,061 are returned as vaccinated.

The proofs of the disastrous failures of vaccination and revaccination at Montreal and Sheffield are of too recent occurrence to need recapitulation here. The history of the Jenner-

ian system from its introduction in 1802 to the present time has been a continuous record of humiliation and disappointment which no ingenuity can palliate or explain away.

Yours, etc.,

WILLIAM TEBB.

LONDON, Devonshire Club, St. James'.

CLINICAL EXPERIENCE WITH SINAPIS NIGRA.

CLARENCE WILLARD BUTLER, M.D., MONTCLAIR, N. J.

ACUTE CORYZA.

CASE I.—The patient, Mrs. D. M., is a short, stout, florid, light-complexioned widow. For the last three days she has had a severe cold in her head. Aug. 22, 1879, she presented the following symptoms: Profuse, thin, watery discharge from the anterior nares, excoriating and acrid. Wings of the nose red and sore from the discharge; she draws considerable mucus into the throat from the posterior nares. Voice thick, nasal. Frequent, short, hacking cough, painless, worse during the day, relieved by lying down. *Sinapis nigra* ʒ, every two hours.

Aug. 23, A. M.—Voice much more natural; all nasal discharges much less; cough better but not entirely well.

Aug. 24, P. M.—Well.

CASE II.—Aug. 25, 1880.—Mr. A., of light complexion, and nervous temperament, was caught in a thunder shower and wet through, two days ago. Yesterday morning a cold developed itself. To-day it presents the following symptoms: Nasal passages feel stopped up, while a thin acrid mucus is discharged profusely from the anterior nares. Wings of the nose red. Eyelids smart and itch. No cough, no thirst. His cold, which is annoying, does not prevent his working, nor make his labor (book-keeping) harder. *Sinapis nig.* ʒ, every two hours.

Aug. 27.—Well.

CASE III.—W. H. W., age 36, lawyer, of dark complexion, with black eyes, dark hair, nervo-bilious temperament, family history good; has for some years been subject to severe colds which generally run the same course; a severe acrid nasal discharge with much lachrymation and irritation of the eyelids; sneezes frequently with the coryza. Within a day or two after

had come on during the night, one week ahead of time, with a tired, dragging backache. This early menstruation and the backache she had never experienced before. The medicine was discontinued at once, and under *Sac. lac.* she improved so rapidly that she did not think it worth her while to consult me again till the 20th of September, when some return of her nasal discharge and the sensation of "tire" in breathing led her to fear a return. She now received a few doses of the same remedy and had no further hay fever during the season.

During the following winter Mrs. J. moved away from Montclair. In 1887 she returned, and I was called to attend her through a similar attack of asthma late in September. After she recovered, which she did promptly under the same remedy in the *cm.* potency, I gave her a dose of *Psorinum* and am interestedly waiting the report for 1888.

CASE VIII.—In 1887, August 21st, Mrs. I. D., aged 40, married, short, very stout, light complexioned, called at my office suffering from her annual attack of hay fever. Her eyes were suffused and itched and smarted. Her nose was swollen, and discharged continually a thin acrid mucus. She suffered most acutely however from difficulty of breathing with sensation of oppression of the chest. This sensation of oppression was as if the movements were impeded all around her chest—not a constriction, but as of something heavy oppressing her in all sides, from her neck clear to her diaphragm. She was worse at night, while lying down—indeed lying down with the head low was impossible—and from any movement.

She received a single dose of *Sinapis nig.*, *cm.*, with almost instantaneous relief of her asthmatic symptoms. She slept well through the following night. The next night, however, her symptoms returned, when three doses of the remedy at intervals of an hour again gave her entire relief. Two days later, although her symptoms of asthma had not returned and her nasal symptoms were better, she joined the "innumerable caravan which moves, each to take his chamber" in those hostelries of the White Mountains, where the pollen cease from troubling and the Schneiderian member is at rest.

CASE IX.—During the winter of 1876-7 (I report this case from memory), I had under my care Mrs. D., age 71 years, a small, dark, dried-up old woman, who had been my patient for

three or four years during and before which time she had been a periodic sufferer from bronchial asthma. I had never been successful in treating her in her asthmatic attacks, and can only understand why she continued to demand my services on the theory that the smaller doses aggravated her sufferings less than the allopathic drugging which she had formerly endured.

Her attacks would come on after free intervals of two or three months, usually, perhaps always, as the result of "cold" from exposure, and would last in spite of my attentions and medicines for three or four weeks. During this time she would not be able to spend one night in bed, but was obliged to sit leaning forward, and her only sleep was while resting her head upon a chair in front of her. I had earnestly tried to help her, for the sufferings of such an aged person were well calculated to excite sympathy on the part of the onlooker, be he ever so unsympathetic. After Mrs. D. had been sick about a week, and I had prescribed many drugs—too many in fact—I gave her *Sinapis nig.* ʒo, in water, a dose every two hours. At this time (it was eight o'clock in the evening) she presented the following symptoms: She sat in one chair, leaning her head upon the back of another. Her breathing was labored and noisy—the wheezing and rattling of mucus in her chest being plainly audible all over the room. She was anxious for death that she might be relieved of her sufferings. Intensely despondent and sure she would not recover. Indeed she had made her will during the day in view of her probable demise, and (I was present as a witness at her request) in so doing she had shown a mental vigor and clearness of comprehension which surprised both her lawyer and myself. She had now, what I had frequently noticed before, but did not attach much importance to, an acrid nasal discharge which had reddened the skin about the nose and slightly on the upper lip. In a moment of "desperation or inspiration" I now gave her *Sinapis nig.*, ʒo, a dose every hour in water. The effect was little less than marvellous. I stayed with her through the night and marked the changes with interest and delight. Before the second dose of the remedy had been administered she evidently breathed easier. Within two hours she dropped into a sleep and slept for more than an hour, her breathing improving all the time. At four o'clock in the morning she was persuaded, being so much better, to get into bed, where, propped up with pillows,

she slept again. Within the next three days the asthma had left her entirely. From this time till 1884, when she died, I was called to see her many times in beginning asthmatic attacks, and *Sinapis nig.* never failed to relieve her entirely, in from one to three days. She took it at various times in the 12, 200 and cm., potencies.

Sinapis nig. was partially proved at the New York Homœopathic Medical College during the winter of '71 and '72 by the class of that year. The charge of the provers devolved upon myself, acting with the kindly advice of Dr. Samuel Lilenthal. The provings produced many symptoms of acute coryza, and, although meagre and incomplete, gave promise of usefulness in diseases of the mucus membranes of the respiratory tract.

They are recorded in Allen's Encyclopædia of Pure Materia Medica, vol. ix, p. 46, *et seq.*

Among these symptoms may be especially mentioned the following: Many dull pains in the anterior part of the head—frontal sinuses; *no interference with mental activity by the conditions produced.* Indeed it was especially noticeable by others and by myself that we worked (mentally) easily and could bear the loss of sleep unusually well.

Smarting of the eyes with profuse lachrymation. Stoppage of the nose with discharge (scanty) of mucus which caused smarting of the skin.

Dry sensations in the posterior nares and pharynx.

Rough scraping sensation in the throat.

Hacking cough and clearing of the throat.

Cough relieved by lying down; by eating.

Throat sore (pharynx) the mucous membrane being of a *light red color.*

In the light of the proving and the above cases and of many others, I have learned to regard it as a very valuable remedy in acute coryza. It is suited to a class of cases frequently met with and cures them promptly, as the above cases will show. The symptoms I have already, to depend on, are especially:

The thin, acrid, nasal discharge.

The appearance of excoriation, worse at the *alæ nasi.*

Sneezing from irritation of several kinds (e. g., itching, tickling, etc, in nares).

Without cough or *with* a hacking cough and clearing of the throat, which is relieved by lying down.

Lachrymation: eyes watery in appearance; they smart, itch or burn, or all three. Voice; nasal.

Power of mental action, not disturbed by the cold.

In asthma, where it has aided me many times, I have never seen it accomplish favorable results unless associated with or immediately following the acrid nasal discharge.

FLOODING: MENORRHAGIA.

SAM'L SWAN, M. D.

Mrs. F. commenced menstruating July 11 (Wednesday), after the usual (with her) interval of three weeks. The flow began normal, but instead of decreasing on the fifth day (2d quarter of the moon) showed evidence of increase, and I was called on Wednesday the 18th, and found a profuse bright red flow with some clots. I learned that six years since she was thrown from her horse, had a severe concussion and broke her left arm, followed by a miscarriage (fourth month), accompanied by such a profuse hæmorrhage that her life was despaired of. She had no further trouble at her periods, which had then settled to a three weeks' interval, until two years since, when without any warning, or any known cause, there was another profuse flooding. After some surgical attention and two months confinement to her room she had no further trouble until the present time; and there was no apparent cause for this attack, having taken no violent exercise, and only short walks and riding in a carriage. I gave her Arnica cmm., one dose, which materially lessened the flow, and as the clots had ceased, and no further improvement, and the flow still bright red and fluid, I gave Millefolium, same potency. This changed the flow to dark blood, still profuse, and she got Ustilago, same potency. The flow now becoming bright red, coming in jets as if from an artery, very hot and offensive, it became alarming, and Belladonna was given, cmm., in water every hour a teaspoonful, after six hours, no improvement, and the odor now horribly offensive, like rotten fish. I gave Sanicula cmm., on the night of the 21st and on the 22d one dose of Sanicula dmm., with rapid diminution of the flow and decrease of the odor, which, however, continued till the flow ceased.

The flow did not cease under *Sanicula*, which as there would be a full moon the next day I considered that had something to do with retarding recovery. I learned that when the moon in the latter part of the night shown in the windows, the flow materially increased. As the patient had become interested in this question of the influence of the moon, the advent of the eclipse was looked for with great interest. There was no perceptible change till the disk of the moon was two-thirds covered, when from that time there was increased flow, and toward the latter part when the moon was opposite her window, there was great restlessness, nervousness and tossing about the bed. During the attack there was not the slightest pain or discomfort, but during the eclipse, there was headache and pain in the hypogastric region, passing back and forth across. The flow ceased next day, but returned slightly towards morning as the moon got opposite her window—as there was the same odor—gave *Sanicula*; a slight continuous dribbling suggested *Trillium*, and a dose of *Kreosote* ended the case on the 24th. The weakness from the great loss of blood (for she was nearly exsanguinated,) rendered her unable to stand or walk in her room till the 29th, and it was not till the 31st, she was able to go to her meals.

I am entirely satisfied with the action of the remedies, which was rapid and effective. *Sanicula* showed its value in controlling the case. What the lesion in the uterus is I do not know, though it seemed as if an artery had been ruptured—possibly this may have been the result of the fall from her horse.

P. S.—The *Sanicula* patient passed her next menstrual period at the regular time and was in every respect perfectly normal.

VERIFICATIONS.

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

PHOSPHORUS.

Miss. N., aged 19, was paralyzed in infancy, from which she partially recovered. The arm is normal but the lower limb is small and weak in the joints. *Face flushed*, body well nourished, short and stout. Has suffered mentally and was placed in an insane asylum for *many* months. Came out heart-broken and feeble-minded. Extremely excitable and full of apprehensions.

If she talks or sings much she becomes hoarse. Catarrhal symptoms of nose and pharynx; constant accumulation of mucus in pharynx and larynx. Often there are dryness and sense of burning in nose when inhaling air. Sense of soreness deep in ears, left worse. Constantly taking cold. Throat symptoms worse mornings, much mucus tasting sweetish. Menstruation ceased for four months, but has returned recently. Leucorrhœa like white of egg before menses. Slight exertion causes her to become *heated up all over*, increasing the redness of the face, and the ebullitions. Slight excitement is followed by wakefulness. Cold, sweaty feet, sometimes a little offensive.

Her mental symptoms come on after the excitement of the theatre and she becomes sleepless; then full of fear, especially at the piano; was constantly on the lookout for something to happen. The symptoms during her insane months not obtainable. Since she has been with her family she has heard voices constantly. Very hot head and face and wakeful nights.

Watching the case for several weeks without medicine, developed further symptoms: *Leucorrhœa instead of menses*; craves spices, something salty. Two hard corns painful, the pain nauseates her; shooting pain in the abdomen comes with the desire to urinate; urging to urinate, but the urine does not flow; she feels as though her limbs are separated from the body; no feeling below waist line; sour eructations; sensation as though her warm feet were cold. Violent sexual dreams and sexual excitement. Sensitive to cold. She feels that she is going to be taken back to the asylum.

Phosphorus 45m. (F.), one dose, cured every symptom in six weeks.

SEPIA.

Mrs. A., aged 33; tall, slender woman. Says she has always enjoyed good health until since weaning her last baby, over a year ago. Rough red eruptions come out mostly on the face. For some months she has been much troubled by a dry hacking cough, that comes only in the daytime.

She feels languid and unfit for her household duties.

Considerable mental depression, with inclination to weep over her declining health.

She suffers from frequent headaches on top of the head; feeling as if the top of the head would burst open; and there is

some pulsation that she feels when the pain there becomes severe; the headache is worse from noise, but passes off if she can sleep.

The most violent attack of headache is before the menstrual flow appears; during this particular time the left eye and left side of the nose are very painful with additional shooting pains back into the head.

She describes the sensation as "a dry burning" on the top of the head accompanied with throbbing as if being "hit with little hammers."

During this declining health she has had no appetite, and has lost flesh, except about the abdomen which is enlarged.

Constipation; goes a week without stool, or even a desire for stool.

Leucorrhœa; sometimes whitish, milky; sometimes yellow, but always thick.

Dull aching pain in left hypochondrium.

Sepia 50m. (F.), one dose, cured permanently all the symptoms and restored the woman to perfect health.

Correspondence.

A PRE-EMPTION PLEA: ADDRESSED TO THE HOMŒOPATHIC PROFESSION IN AMERICA.

The suppliant humbly declareth, first: that thirty-one years of his life have been devoted to the study of medicine, and that for twenty-eight thereof he hath practiced according to his light and the limitations of his ability.

Secondly: that between the rearing of children and the buying of books he hath not amassed the quantum of coupons that smootheth the path of saint and sinner alike and maketh an enpeptic philosophy a pastime.

Thirdly: that, while just on the verge of senility, to him an opening to Ophir presents the which he yearneth to pre-empt, and therefore entereth this plea.

Reasons for his presenting such a plea *in forma pauperis* are as abundant as patriots used to be after one of Lincoln's drafts

in by-gone times, but only such of them shall be given as will move the bowels of compassion in any but a constipated Christian.

First, then, Ann Arbor contains only ten thousand inhabitants (I do not say "souls"—dare not), and to get a doctor's bill out of half of them would give even Bob Ingersol a "saving faith" in miracles. Moreover, the five thousand who do, now and then, pay a medical bill have to support just $750\frac{1}{2}$ medical practitioners—the fraction represents a "recent appointment" in the university. All this, you see, makes one's living as "thin" as the oyster soup at a church raffle.

The $750\frac{1}{2}$ practitioners comprise general practitioners, ex-professors, medical students, old women, and "Professors" (composer will not omit the capital P). The Professors are "last but not least" (A fact!). Competition is lively, and in general results the old women are ahead. By "general results" I mean all such cases as you can crowd in between a colic and a confinement. For gout and gonorrhœa, of course, you must have "science," and between students and Professors there is "science" enough, but the supply of the two *g's* of civilization doesn't go half-way round. Ah, if the "erring brothers" who only need to be "washed out" with Mercuric Bi-chloride solution were only as numerous here as they are in my old friend, Prof. T. F. Allen's practice, I should be as rich as he is—but I couldn't eat custard any more!

Compassionate reader, can you imagine how sterile a soil I have to till for my daily bread?

Worse than all, the "Professors" have shamelessly "scooped" us in the matter of *Specialties*. From vertex to coccyx there isn't a square inch that some of them has not appropriated. One of these has a big thing in the *appendix vermiformis*; he says it atrophies in members of Congress because they never let any wind collect in it, and as every regent of our university expects to go to Congress, the lucky fellow has the whole board under treatment the year round—and each of them is appointed for eight years. He's got a bonanza!

And it would take your breath away to see how easily a "Professor" *gets on to* a specialty—up goes a sign and in go his victims. And the way these specialists stand by one another is touching to see. Do you suppose you could seduce the VALVU-

LÆ CONNIVENTES specialist to touch a case of atrophy of the *Appendix Vermiformis*? Ah, no! the shekels may shine their shiningest, but he only says to the patient: "I should like to treat you, but my friend Professor Pswkemin is *the* authority in that class of disease; you must go to him." But even such sinecure specialists are now and then made to realize that this is a world of sin and misery. For instance, one such specialist some time told a well-read patient that the pus in his urine *came from the supra-renal capsules*. "Then how the — does it get into the kidney?" was the prompt enquiry. The specialist-Professor was so hurt at this rudeness (he has a woman's tender heart, he has,) that he dropped the kidney specialty and took up "Diseases of the Nervous System." He will now flourish until he mistakes a chordee for a catalepsy—but some suffering student will teach him the difference.

Now I wish to guard against this fellow's infringing on *my* "specialty"—for I have one that I wish to pre-empt, if I can get the good will of the homœopathic profession in America. Here it is: THE MEDICAL ADVANCE for September contains a repertory for THE BIG TOES. In the name of a faithful wife and eight living children I implore the homœopathic profession to leave the *big* toes to me. I don't ask for the other eight; there's no hog about me. Grant me the "big toes" only and the wolf at my door shall never flesh his fangs in me or mine! Send me your Big Toe cases. If the patients can't spare time to come here, send me their big toes; they shall soon be returned in good order and at reasonable rates. Send me the Big Toe cases. It will not be giving me an undue advantage over any Professors. They don't know anything about their "specialties," nor do I about mine; so, you see, we start even.

I never before besought a boon of the profession (and yet I humbly trust I have done some work for it that will not be forgotten when I am tuning my harp), and now I plead like old Belisarius for his obolus—*Send me your Big Toe cases!*

S. A. JONES.

N. B.—Women's big toes from Chicago and St. Louis come cheapest by freight. Disinfect, and direct plainly.

[*Confidential.*]

TO THE PROFESSION.

Don't let *any one* "monkey" with your own big toes.]

OUR COLORADO LETTER.

EDITOR ADVANCE.—After a trip of tiresome length, although made much easier by the “Pullman Vestibuled Train,” than without, we reached Denver, and sampled the “butter, cream, and vegetables” at “The Windsor” hotel supplied direct from “The Windsor Farm” of two thousand acres—a short distance from the hotel.

One is greeted on almost every hand by thin, long-featured, the Phosphorus type, of invalids, and each one has a cough. The trains take them away and return with a new lot. Like the “gentle river” this seems to “go on forever.”

A visit to some of the physicians gave some hints of a medical character. A call on a classmate of 1880, who then was comparatively young looking and of medium weight, found him to be *longer* in appearance with an apparent shrinkage of other dimensions.

“Well, Doctor, how is business?”

“Oh, about as usual, not very rushing.”

“What sort of sickness seems to be most common?”

“Well, we have a great deal of lung trouble in foreign patients, not much among our citizens. Otherwise our diseases are about as in other cities, scarlet fever, diphtheria, etc.”

“Why are you not of heavier weight?”

“Well, I think I may say it is characteristic of our climate that people are thin in flesh.”

After a pleasant talk and interchange of ideas, during which the fact was elicited that he did not have a repertory, and a glance over his library showed that while he had a good selection of books in collateral branches of medicine, the most helpful to a homœopathic prescriber were not among such other choice ones as Hahnemann’s Organon and a full set of Hahnemann’s Chronic Diseases. He said he had read and re-read them and valued them very highly. He did not take your excellent journal but no doubt will join your list ere long.

A visit to another found him *in*, although much after hours. His opinion agreed as to the amount of sickness.

He stated that it was a mistake to send consumptives here after much destructive change of the lungs had taken place. Many die soon after arrival. “Asthmatics are always relieved” and most bronchial difficulties benefitted.

A ride of about three hours landed us at Colorado Springs, a city of about 7,000, and the scenery gives one a clear idea as to the reason for the strikingly applicable name of "Rocky Mountains." The elevation of Denver is exceeded at "The Divide"—a place about midway between Denver and Colorado Springs.

After a short visit to the latter city the train carried us through Colorado City—the oldest in the state and now of 3,000 inhabitants, to Manitou Springs—a distance of six miles.

After leaving the moist, heavy, but rich in oxygen, air of Chicago, one is anxious to note the changes as we journey westward. The heat increases, moisture is less, until vegetation is scarce and a *hollow* air is reached in the region of Denver. The uninitiated become nervous, tremulous, exhausted, and sleepless or drowsy most of the time. Inclination to take a long breath is not relieved for a few days and will be noticed in those asleep as well as awake. Exhaustion from the least exertion, ascending a few steps, walking a block, or taking a three hours' ride.

After a few days this feeling disappears and surprising endurance, even to climb the mountains with little or no fatigue, follows.

It is a mistake in economy, as one will readily see after a few days, as well as for health, to employ the livery or horseback to make the short trips. The patient should secure a staff and begin with short trips up the mountain side, increasing as strength will permit. The walk up and down calls into action muscles scarcely exercised when walking on the level, and the deep breathing is one of the most desirable features.

The appetite is satisfied afterward with a good meal of substantial food which is *digested without disturbance*. The variety of scenery, and the grandeur of it could not be described even by Helen Hunt Jackson (see "Bits of Travel at Home,") so as to convey a real idea of it, and the reader must see to behold the country which is deservedly becoming the greatest resort of America. The climate is all that could be desired.

Rheumatic patients and those suffering from nervous and heart diseases do not receive so much benefit here. The usual number of doctors are here and many of them "as you like it" as to the kind of treatment. One advertises "allopathic or

homœopathic treatment.” God pity his victims! for we may truly say of such men, “they know not what they do.”

MANITOU SPRINGS, Col.

WM. S. GEE, M.D.

Comment and Criticism.

AXIOM No. 2.

A proving is the aggregate effect of a poison.

REPLY TO DR. KORNDORFER.

EDITOR ADVANCE.—I do not care to get into a controversy but I desire to correct some errors and bring out a few points.

Dr. K. quotes me as saying in my July letter, that *psora* or *scrofula* may break out later in life, in the parents, as *syphilis* or *sycosis*, which is wrong.

The theories given in my letters are the result of study and observation I am not “seeking to establish” them. I am *afraid* they are true. Dr. K. does not even make any attempt to show that they are not, except as to the action of vegetable remedies; the clinical test must decide their use; and the patient's subsequent history into old age must be watched. A case of eczema capitis in a young infant was promptly cured (?) with one dose of Swan's Medorrhinum 10m, but the child died in Philadelphia five months after of marasmus. The father was, apparently, a healthy man, but in his youth had syphilis and gonorrhœa which were thoroughly treated; “he who fights and runs away,” etc. Eczema disappears from the skin of the cold and hungry poor under good shelter and diet, only to return the next winter, while the credulous and enthusiastic interne thinks his medicine has scored a victory. Disease apparently disappears on a change of residence, only to re-manifest itself with violently increased and rapidly fatal vigor on return of the patient to the former surroundings: if the *vital force* was not equal to keeping down most of our diseased

states and protecting us from inimical influences without, what would become of the race? If the origin of disease that has the power of reproducing itself, is not specific, what is it? What is eczema? it is psora. What is psora? suppressed eczema. If eczema does not come from syphilis (or gonorrhœa), where does it come from?

I shall be glad to hear from physicians who have facts for or against the conclusions I have given in my letters and will give due credit.

And, finally, let us all constantly challenge our own opinions; if correct they cannot be overthrown.

WASHINGTON, D. C.

CHAS. B. GILBERT, M.D.

"THE EFFECT OF A POISON IS A PROVING."

EDITOR ADVANCE.—As Dr. S. W. Cohen in the article, *The Effect of a Poison is a Proving*, asks, page 73, How many who have tried it can corroborate the statement? in relation to the cure of Rhus poisoning by a high potency of Rhus. I am able to corroborate the statement from several cases where I cured poisoning from Rhus toxicodendron with the 75,000th potency of Rhus venenata. The California Rhus, being the stronger poison, antidotes the weaker toxicodendron. Certainly, we have here only a simile, and not an *idem*.

Lac deffloratum is a glorious remedy in anæmia, where the head symptoms and the accompanying restlessness help to make up the tripod, on which the cure rests. Reisig deserves a niche in the homœopathic Walhalla for giving us the different milk preparations; many a case of obstinate migraine yields beautifully to one of the different milks, according to their specific indications and the pussy's milk shows especially the characteristics of that treacherous animal.

Nobody ever dreamed that Syphilinum ever cured a case of primary syphilis. But give me the child suffering from hereditary syphilis, worse and crying all night (this aggravation at night is so characteristic of syphilis), faulty dentition, unhealthy skin, and Syphilinum will so improve the case, that with the excommunication of the inborn poison the ordinary treatment will

make the child whole. The same may be said of the despised Psorinum, that great remedy in many cases of neurasthenia, which fail to yield because the psora holds the patient tightly imprisoned, and till he is liberated from this oppressor other treatment will only palliate; but for the cure Psorinum—and its provings show its indications—will be the necessary initiatory step. Will Psorinum cure chronic constitutional skin diseases? I unhesitatingly answer in the affirmative, for it has helped me over many a hard case.

Let our worthy friend try to give to a child Vaccinum and then vaccinate it with the best animal matter which one is able to procure, and the vaccination will fail to take in many, but not in all, cases. Vaccinum and Variolinum in potencies above the 30th have cured small-pox; lower potencies of nosodes spoil very easily and only the higher ones ought to be kept on hand.

S. LILIENTHAL.

NEED AN EXPLANATION.

EDITOR ADVANCE.—In reading, in ADVANCE, Dr. Chas. Gilbert's answer to Dr. Korndoerfer, I felt that some of Dr. Gilbert's statements needed an explanation. I would like to ask a few questions about the very important subject being discussed.

1. What can a homœopathic physician do but give the remedy *indicated* whether it be from the animal, vegetable or mineral kingdom?
2. Is it possible to have a change of tissue without a preceding change of function (dynamis)?
3. Is not every disease the effect of change, or result of change, of dynamis?
4. Does not dynamis control function and function control tissue change?
5. May not any remedy (drug) by keeping up a long-continued change of function effect a change of tissue?

Dr. Gilbert suggested these thoughts, and as a young Hahnemannian I want information to keep me and others from falling into error.

ROBERT FARLEY, M.D.

PHŒNIXVILLE, Pa., Aug. 6, 1886.

THE MEDICAL ADVANCE

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—**HAHNEMANN.**

A MISCONCEPTION OF FACT.—The great stumbling block in the path of true homœopathic progress appears to be the simplicity of the application of the law. Like every law of nature its action, however profound and mysterious, is based upon simple and easily understood principles. The facts of a case of sickness once ascertained are taken as the basis and to these are to be fitted the facts of a proven drug as recorded. It is not necessary to surround either with pathological guessing or to decline to administer the remedy until we can fully explain the cause of the symptoms presented by the sick or the modus operandi of the drug in the production of its pathogenesis. We are to ascertain the simple facts (the symptoms) and record them as given by the patient, not the supposed conditions as explained by our views of modern pathology; we are to administer the remedy in the minimum dose (just enough to cure) whether we *believe* in its curative power or not; and as our remedies are proved on the healthy, not in alternation but singly, we are to administer only one at a time in the healing of the sick. This simple application of law includes as the first requisite the record of symptoms, on this basis Hahnemann asked his followers to put it to the bedside test and publish the failures to the world. It is not enough to say that Phosphorus failed in a case of pneumonia, unless we first publish the recorded symptoms that others may be in a position to judge whether the cause of the failure was in the prescriber or the Phosphorus. Here is a case in point. A valued correspondent

and a successful physician asks, "Shall we alternate?" and clinches his question with the following case in illustration :

There is one disease that I have seen many times that I cannot cure readily with any one remedy I have given, and that is a dropsical condition of the throat. The uvula and surrounding parts look like a bag of water. It is not red and painful like Apis or Belladonna, and they seem to have but little if any effect. Apocynum can. does not seem to affect it, but Apocynum and Belladonna in alternation will cure it speedily.

The weak point here is the defective record. Only one symptom is given and that is not found under the recorded symptoms of Apis, Apocynum or Belladonna. Rhus has that individual symptom, "The uvula and fauces look like a bag of water," but whether the totality of such a case would call for Rhus every time can only be told after the record is made. In this case the prescriber, and not the remedy, is at fault. He is prescribing for the disease, not the patient, for a theory not a fact, and the failure of the remedies to cure does not prove the law defective.

* * *

HERE is another case of "misconception of fact" in which the neglect of a fundamental rule—the proper record of the case—as laid down by Hahnemann, as certainly leads to disastrous results as that effect follows cause. It is the direct result of the teaching of Hempel, Hughes and Hale ; and is as good a guess as Ringer, Bartholow or Lauder Brunton could make. And yet it is made by a professed Homœopath, a teacher and author of materia medica. It is with shame and humiliation we publish it, trusting it may be a warning to some doubting brother to stand from under.

The following is Dr. E. M. Hale's formula. Each pill contains

Ext. Digitalis	1-5 gr.
Strychnine sulph.	1-100 gr.
Ferrum redact.	1-5 gr.

This pill is indicated in nearly all heart disorders characterized by slow or quick, irregular or intermitting pulse, with corresponding action of the heart. It is an essential, radical "Heart Tonic."

In a recent paper in the North American Journal of Homœopathy (May, 1888), Dr. E. M. Hale reports several cases of passive hyperæmia of the brain with abnormally slow pulse cured "promptly by this medicament."

* * *

HERE, however, is an enthusiastic Homœopath, who is

“almost there.” Like many others he has evidently thrown off, one by one, the shackles of prejudice against the potentized remedy, and yet is laboring under a “misconception of fact,” when he says:

My rule in prescribing is to use our remedies accordingly as they are well proven or otherwise. By this I mean if the remedy is *thoroughly* proven give it as high as you can obtain a reliable preparation. If not thoroughly proven, or your indications are dependent upon pathological or clinical data, give it low.

This rule, however, would be just as reasonable and equally effective if reversed; but in either case it will not prevent the remedy, if given, from doing its work. The law knows no such “rule” in practice, and a bedside test will demonstrate that it exists in imagination only.

* * *

In the Transactions of the Kansas State Society, just received; we find another “misconception” which is a very common and a very erroneous one too, viz., that a large quantity or a frequent repetition of the crude drug or low powers, can compensate for defective selection. To us this is simply ridiculous. If a remedy be not indicated by its symptoms it cannot cure in any case. The patient may recover in spite of it, but not because of it.

But the high potencies, in order to be productive of good results, *must be indicated*. Does that seem a strange statement to make before an intelligent body of homœopathic physicians? Nevertheless, I repeat it: in order for high potencies to do effective, satisfactory work the indications must be clear and certain. This is not necessarily true of the low potencies. You can produce effects with low preparations when you give them in appreciable doses (2d and 3d potencies) and also where you give them in rapid alternation. * * * Now this is not true of high potencies. If they are not indicated they do not in my experience produce any effect whatever.

As Dr. Lippe used to say, this is a “fatal error.” But as it is only a theory, devoid the first principle of scientific fact, it can only be refuted by Hahnemann’s bedside test. A few practical experiments either on the sick or the healthy will demonstrate to the author that by far the most active of all are the highest potencies made. In order to obtain good results with any remedy in any potency, it must be indicated. In the same article the author says: “The only *fair* way of settling this matter is the test at the bedside. We censure the old school for ridiculing

and rejecting the tenets of Homœopathy without first investigating its claims; and yet I will venture the assertion that the majority of those who decry the effect of high potencies to-day, have never once prescribed one of these remedies at the bedside. Because we do not believe they have any effect or because we cannot explain *how* they act is no reason for our refusing to use them." If we all practiced what we preach what a different record Homœopathy would have in the world of science.

* * *

HAHNEMANN'S direct method of applying the law appears so extremely simple, so free from theory and from guesswork, that many fail to grasp its practical truths or comprehend its beauty. Unable to accept a fact on its merits our allopathic brethren have met Homœopathy at every turn with ridicule, and in the light of modern science are justly censurable for rejecting a truth without investigation, without putting it to a practical test. We ask them in behalf of humanity to try the 3d, the 6th, or even drop doses of the crude drug and they answer with a sneer that they don't *believe* it and consequently they won't try it, as if their belief or disbelief could affect the action of the remedy. But in intolerance and blind prejudice are we much behind them? When we, who have used the 3d and 6th and believe in their efficacy most thoroughly, are asked to put the 30, 200, 1000 or cm. to the same test at the bedside, decline because we do not *believe* in it, and we know that *belief* has nothing to do with it. Alas! poor Allopath, with your agnostic objections, your doubts, your fears; your unscientific inability to investigate a fact; your almost criminal negligence in accepting the *ipse dixit* of another founded only on *belief* when you can put it to the clinical test and *know*, is pitiable. And, my low-potency brother, however honest and well-intentioned you may be, let me tell you there are heights and depths and breadths in the application of the law to which you are yet a stranger. You, too, need to investigate a fact. There are not half a dozen allopathic physicians in America who have honestly investigated Homœopathy and put the 3d and 6th to the bedside test, but have adopted it as their rule of practice. There are not half a dozen Homœopaths in the world who have honestly tried the high potencies according to Hahnemann's methods but have been entirely convinced of their immense superiority, and this

too after a full, fair and practical trial with the 3d and 6th. Nearly every man who uses the high potencies to-day has used the 3d and 6th and, instead of relying on the simplicity of the bedside test, has waded through doubts and fears to reach his present standard.

OBITUARY.

"DIED AT PASADENA."

Even so; but only after a long, and patient, and brave, and intelligent struggle to avert the doom that was allotted him even before his first cry gladdened a mother's heart that a man child was born.

We know not the hour of our manumission, and all that a man hath will he give for his life if only for the sake of those who make it doubly dear, and when we feel the barb rankling we flit from place to place seeking to escape; we break up our homes, becoming exiles and strangers amongst strangers, and the inexorable fate follows, and the supreme hour cometh, and the silver cord is loosed, and the dark portals are opened, and the places that know us shall know us no more, forever.

Died at Pasadena is here written of one whom we had known in the flesh for a few brief years; one whom we had early counselled to flee from the treacherous climate of our beautiful peninsula while yet it seemed in time; one who sent for us to declare to him his doom when it was all too apparent that to linger at home was death, and, alas! to go away was only a forlorn hope that duty to dear ones demanded should be pursued to the end.

That solemn interview the survivor can never forget. The hard truth was not hidden from the stricken one: "Stay here, and you must die; go away, and you may die."

How calmly were we challenged, nay, commanded, to "speak plain and tell the worst"; and how thoroughly the well-trained ear of a mutual friend—Dr. W. R. McLaren—detected the cruel ravages, and hid them not from one who full well knew all that they meant. How could one hide anything from eyes having in them the unearthly gleam that pierces a lie like a thunder-bolt. And there was no blanching of the cheek; only the thin lips more firmly compressed as when one who gathers himself for an heroic last endeavor.

At our parting interview, an hour or so later, he would not be deluded by the hope that we essayed to paint as rose-hued as we truthfully could. How calmly he gave us to know that he looked the grisly foe fairly in the face, and as the first faint shadows of early evening were deepening around us calmly said: "Death has no terror in it for me; I have been above and beyond that long since; my only pang is leaving those who love me and need me."

It was not sick-bed cant; it was the cool, quiet courage of an earnest thoughtful man in whose unostentatious life the dead had been to the word as the echo to the sound.

We felt that, live or die, as he was going so far and there must stay, it was

not likely we should meet again on earth, and, somehow, our talk fell upon the great problem—our relations to the universe, our purpose, our destiny. Assurance he had none—who that is humble has?—but unfaltering trust in the Infinite wisdom, absolute resignation, and peace unspeakable were surely his. And the shadows grew deeper around us, and a silence came, as if it were the hush of the grave.

It seemed to him who at last arose to go as if he had seen light shining from beyond the grave, for at one part of the doomed one's talk the hectic on his cheeks made his face appear radiant, as if

“The light that never was on land or sea”

shown full upon it.

One last warm grasp from the wasted hands; one last “Good bye!”—and his the cheeriest—one last, long look, and we parted: for us the toil and trial, the dust and the sweat, and the empty plaudits of the arena, the hope and the heartache, the duty done or undone (alas, poor flesh!); for him the fitful fever forever calmed, the unbroken rest, the boon of the Infinite Compassion—that sweet secret of the Eternal Silence for which an earthly ear is all too dull. O Friend, Hail and Farewell! Thy sails are furled, thy prow is myrtle-crowned; the storm and stress are ours for yet awhile.

At such times, when Azrael's wings fan our faces and the mystery of mysteries weighs heavily upon us, a strong, firm voice, tho' singing in the dark, brings strength with it, and trust, and confidence, and even such a voice hath sang:

“Did you think that Life was so well provided for, and Death, THE PURPOSE OF ALL LIFE, is not well provided for?”

“I do not think Life provides for all and for Time and Space, but I believe Heavenly Death provides for all!”

O wife and fatherless little ones that wept so sore at Pasadena, lay it to your hearts: “Heavenly Death provides for all!”

Even so, my brother toiling with me in the yoke till the home-call cometh from the Master of the Vineyard.

He who made the marvelous chain of Evolution hath not ended with a broken link or a missing; it is only that the crowning one is so high above the mists that our poor eyes fail to see it—yet *there it shines!* S. A. J.

DAVID J. MCGUIRE, M.D., was born in Richland county, Ohio, Dec. 9, 1844. He received his literary education at the district school and at the normal school at Lexington, Ohio. His father was a farmer and was accidentally killed, leaving young McGuire at the age of seventeen the eldest of nine children and the main support of a widowed mother. However, he struggled bravely under the difficulties in which he was placed and finally began the study of medicine under Dr. Mitchell, of Mansfield, Ohio. He graduated from the University of Wooster, Ohio, in 1869, and subsequently embraced Hæmæopathy and practiced with Dr. Morrill in Norwalk, Ohio, until he went to Europe.

In 1872 he was married to Clara L., eldest daughter of the Hon. T. R. Strong, of Norwalk, Ohio, who with his two children survive him.

In 1875 he went to Germany while engaged in perfecting himself in his specialty, and in 1877 removed to Detroit where he soon obtained a very lucrative practice in diseases of the eye and ear.

WILLIAM VON GOTTSCHALCK, M.D., died at his home in Providence, R. I., Sept. 10, 1888, aged sixty-eight. He was born in Leipsic, Germany, in 1826. His father was of noble birth and owned a plantation a short distance from Leipsic. His brother was a colonel in the cuirassiers. He obtained a liberal education at Leipsic University where he became imbued with liberal ideas, was involved in the revolution of '48 and, as a consequence, exiled from fatherland. He resided for a time near Baden-Baden and then went to Switzerland where he was a druggist's assistant for a year. From there to Paris where he engaged in the March revolution and about 1852 landed in New York and opened a drug store in connection with his practice. Here Dr. Hempel called his attention to Homœopathy, which after a thorough investigation he adopted it as his system of practice. He afterwards attended at *L'École de Médecine* in Paris, devoting most of his attention to the specialty of surgery. In the latter part of 1854 he removed to Providence where from his great personal popularity he soon had a large and wealthy clientele, and where he has since enjoyed a lucrative and successful practice. He was a *working member* of the American Institute; nearly always present, his bureau was ready with a report at any time when called upon; and his genial greeting, his warm and hearty grasp of the hand, his ready repartee and splendid social qualities will be sadly missed at our annual gatherings.

A special meeting of the Rhode Island Homœopathic Society was held at Dr. Budlong's office to take action in relation to the death of the late Dr. Gottschalck. Drs. Geo. B. Peck, Sayer Hasbrouck, and John C. Budlong were appointed a committee and the following was subsequently reported by them and unanimously adopted.

"Since, in conforming with the established course of nature, it has become necessary to bid a long farewell to one who for more than a generation consecrated the best powers of his mind and body to the promotion of that cause for whose defense we are associated in a corporate body, it is fitting that we should pause a moment to consider his life work and to enshrine its record upon our archives.

"The late Dr. Wm. von Gottschalck came to this city thirty-two years ago, a friendless stranger. His capital consisted of an unwavering confidence in the stability of *similia similibus curanter* as nature's sole, and therefore universal, law of cure. Of a liberal education, in the securing of which neither time nor money had been spared; of a vigorous constitution, of an untiring energy and a grace of person and manner only possible from the harmonious blending within his veins of the choicest blood of Frank and Hun. So richly endowed, it is not strange that, despite race prejudice and clan jealousy, he found himself ere long in the possession of a clientage notable not less for its extent than for its choiceness. Having thus conquered a position, when the Rhode Island Homœopathic Society awoke from that slumber into which countless medical bodies fell during the dark days of the rebellion, he participated in its reorganization, subsequently serving three years as its vice-president and one year as its president, declining candidacy for re-election. But his sympathies extended beyond the narrow confines of

the state, and therefore, in 1870, he enrolled himself in the American Institute of Homœopathy, where by his genial companionship and constant attendance, he won the confidence of his members so completely that five times he was entrusted with the charge of the Bureau of Anatomy and Physiology, and upon as many other occasions with appointments to membership thereof. Still, it was in the city of his abode that he accomplished most for Homœopathy. Knowing its worth, and having sacrificed and suffered for the interests of the common people as few have sacrificed and suffered, he was most anxious its benefits should be within the reach of the poorest man who might desire them, and therefore advocated, in season and out of season, for long years, the necessity of the establishment of a hospital where the teachings of Hahnemann would be exemplified. To his persistent words, then, quite as much as to any single cause, is the existence of that institution to be ascribed. He served as one of its attending physicians from its opening. When he was called to his final rest it was in the midst of a term of duty. He also performed to general satisfaction the labors of surgeon to the Sixth Regiment in 1863-4, and more recently to the Second Battalion of Rhode Island Militia. At the time of his death he was connected in the same capacity with the First Light Infantry Association.

“Dr. von Gottschalck’s life will remain to us an impressive and permanent memento to do with our might what our hands find to do.”

New Publications.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, Dysentery, Cholera. Cholera Morbus, Cholera Infantum and other Loose Evacuations of the Bowels. By JAMES B. BELL, M.D. Third edition. Revised, enlarged and improved. Octavo; pp. 191, cloth. Philadelphia: Hahnemann Publishing House. 1888.

Since the appearance of this excellent monograph in 1869, it has steadily gained in the estimation of the profession. In fact, it is safe to say that no single work ever published in our school has met such general approbation, or been more universally helpful to the homœopathic physician. The present edition, with the aid of S. A. Kimball, M.D., has been thoroughly revised brought up to date and contains a most excellent repertory. Four remedies, rarely called for, Cactus, Euphorbia, Opuntia and Castoreum have been omitted and five valuable ones added, viz.: Acetic acid, Crotalus, Angustura, Carbolic acid and Valeriana. The book is uniform in size with the other monographs of the publisher, and in its new dress presents an attractive appearance. How much better for our cause would it have been had more monographs like this and fewer ponderous works on practice been published. More works teaching true Homœopathy and less teaching the treatment of diseases—aping the empiricism of Allopathy.

FEVERS, BLOOD-POISONING AND THEIR TREATMENT, With Special Reference to the Use of Pyrogenium. By J. COMPTON BURNETT, M.D. London: James Epps & Co.

In 1880 Dr. Drysdale published a small pamphlet on "Pyrogen or Pyrexin as a Therapeutic Agent," and to him Dr. Burnett gives the credit for the introduction of this truly antiseptic remedy. Dr. Drysdale, in return, says that his attention was first called to it by a remark made by Dr. Burdon Sanderson in the *British Medical Journal* of February, 1873, in which he affirms that "no therapeutical agent, no product of the laboratory, no poison, no drug, is known which possesses the property of producing fever. The only liquids which have this endowment are liquids which either contain bacteria, or have a marked proneness to their production." Dr. Burnett endorses Dr. Drysdale's terse generalization of Pyrogen as "the Aconite of the typhus or typhoid quality of pyrexia," and the testimony here offered is by Drs. Burnett, Drysdale and Shuldham, in the treatment of typhoid and continued fever, diphtheria and scarlatina, all with a persistently high temperature and all supposed to be of a septic character.

But more than ten years ago Dr. Swan potentized a drop of pus from a septic abscess, and he and several other homœopathic physicians have used it very successfully, not only in typhus, typhoid and continued fevers, of a supposed septic origin, but in puerperal and surgical septicæmia also. But like Dr. Burnett they have been compelled to use it from the unsafe indications of a clinical or pathological standpoint. Now, let us have a good proving of it, so that we may not longer grope in empirical darkness; a proving that will place this nosode in acute diseases on a plane side by side with Psorinum in chronic affections. Then the editor of *The Homœopathic World* need not fear that the "use of this substance will open up a large question," or that cures made with it will be "equivalent to curing with a nosode."

Psorinum once stood on the border land where Pyrogen now stands. On p. 195, vol. i., *Chron. Dis.*, Hahnemann says: "In the subsequent list of antipsoric remedies no *isopathic* remedies are mentioned, for the reason that their effects upon the healthy human organism have not been sufficiently ascertained. Even the itch miasm (psorin) [a drop of pus from the itch vesicle], in its various degrees of potency, comes under this objection. I call psorin a homœopathic antipsoric, because if the preparing [potentising] of psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that same identical virus. The psoric virus, by undergoing the processes of trituration and shaking, becomes just as much altered in its nature as gold does, the homœopathic preparations of which are not inert substances in the animal economy, but powerfully acting agents."

But Psorinum has been proved, and now stands at the head of our list of antipsorics. A similar reliable proving will place Pyrogen among our polychrest remedies. But perhaps many of us, even then, will treat Pyrogen as we now treat Psorinum; decline to use it because of its origin—though there are many cases, both acute and chronic, that cannot be cured without it—of which preju-

dice Dr. J. B. Bell says: "Whether derived from purest gold or purest filth, our gratitude for its excellent service forbids us to inquire or care." We thank Dr. Burnett for his cases calling the attention of the profession to this remedy, and we will thank him again when he gives us a proving on which we can rely; and we will not limit him to any potency in doing it.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A yearly report of the progress of the general Sanitary Sciences throughout the world. Edited by CHAS. E. SAJOUS, M.D., and seventy associate editors, assisted by over two hundred collaborators and correspondents. Five volumes; octavo, pp. 2768. Illustrated by numerous maps, engravings and chromolithographs. Philadelphia and London: F. A. Davis, 1888.

Dr. Sajous and his seventy associate editors with their home and foreign correspondents are to be heartily congratulated on the completion of their arduous task. When the comprehensive scope of the work is taken into consideration, "The Annual of the Universal Medical Sciences," involving as it does all changes, both advances and retrogressions, in what is known as the science of medicine of the present day, not only in America but in every part of the civilized world; the progress of a single year involves the condensation and compilation of an enormous mass of literature, and when all this is included in five octavo volumes of over 550 pages each—2,768 pages in one year—some conception of the magnitude of the work is obtained. But it is not to the editorial corps alone that all the praise is due. The publisher has given us five handsome volumes well printed, on good paper, with large clear type and well bound, with gilt title and index on back of each volume to facilitate reference.

But among the long list of associate and corresponding editors, and the titles to the various articles on all subjects pertaining to the science of medicine, we do not find the name of a single Homœopath nor a word or a line devoted to Homœopathy. No mention of homœopathic works, homœopathic colleges, hospitals or dispensaries; not a line to homœopathic literature although we have a goodly number of journals. And yet the work bears on the title page the claim of "Universal."

LEIBNITZ'S NEW ESSAYS CONCERNING THE HUMAN UNDERSTANDING: A CRITICAL EXPOSITION. By JOHN DEWEY, Ph.D. Professor of Mental and Moral Philosophy in the University of Minnesota. Chicago: S. C. Griggs & Co. 1888.

This is the latest of the books in the series of German philosophical classics under the editorial supervision of Dr. Geo. S. Morris of the University of Michigan. Like all the others of this excellent series the volume is beautifully printed and of a convenient size for ready reference. The author devotes the first chapter to a biographical sketch of Leibnitz; his early education, his university training at Leipsic and Jena, his removal to Frankfort, his travels to the various courts of Europe, his discovery of the infinitesimal calculus and his celebrated controversy with Newton, etc., before entering upon a critical review of his philosophy. His condensation is admirable, his statements clear and concise, and taken all in all, he has given us one of the best

compendiums of German philosophical thought to be found in the English language. Nor does it suffer in any particular when compared with the previous volumes of the series by such well known writers as Morris, Watson, Kedney and Noah Porter. Professor Dewey will receive the thanks, not only of his colleagues but of every student of philosophy for his excellent work.

THE STORY OF OHIO. By ALEXANDER BLACK. Being the second volume of the new series, the "Story of the States," edited by ELBRIDGE S. BROOKS. One volume, 8vo, fully illustrated, \$1.50. Boston: D. Lothrop Company. 1888.

"The Story of Ohio" necessarily pictures the beginnings of the Great Northwest—of that splendid group of states lying at the heart of the Republic—and as Ohio is this year celebrating her one hundredth birthday, the appearance of this volume is exceedingly opportune.

Mr. Black's book sketches the early history of the Ohio valley, briefly touching the romantic Indian struggles and traditions; describes succinctly the movements that planted civilization in the northwest, and brings the state history down to the present year. The author has caught "the Ohio idea," for he declares that in the matter of great men a writer upon Ohio suffers from an embarrassment of riches. The list of these men is, indeed, a remarkable one. With Grant, Sherman, Sheridan, Garfield, Hayes, McClellan and Custer among her soldiers and statesmen; with Howells among her literary and Edison among her scientific children; with Beecher among her theological graduates, and Powers, Reid and Ward among her sculptors and painters, not to mention her modest physicians, the state certainly enjoys a peculiar distinction in diverse fertility. Yet the writer has been able to do little more than "sample" the list of Ohio celebrities. But you must read it yourself to fully enjoy it.

EXCESSIVE VENERY, MASTURBATION AND CONTINENCE.

By JOSEPH W. HOWE, M.D., late Professor of Clinical Surgery in Bellevue Medical College, etc. New York: E. B. Treat. 1888.

This constitutes volume x, of Treat's Medical Classics, and is uniform in style and make-up with the preceding volumes. The type is clear and paper and binding of good quality. The etiology and pathology are up to the times and the hygienic recommendations excellent, and we sincerely wish we could say as much for the therapeutics. But, alas! it is all guess-work, when we come to that which we most need in practice. However, this work is an exception in one particular, that deserves more than a passing notice. On page 250 is found the "homœopathic treatment of spermatorrhœa and impotence," quoted from Gilman. Brief, crude and imperfect as the list is, it is given "for the benefit of those who are curious on the subject," and the author closes the chapter with the following: "It is interesting to remark that Dr. Gilman assists the action of these remedies by the persistent use of electricity." Both Dr. Gilman and the author should know that "the persistent use of electricity" is much more liable to spoil than to assist the action of these or any other remedies. And it is perfectly proper that Dr. Gilman should be thus rebuked for mixing his remedies in such an unhomœopathic manner; but

in this particular case it looks like "Satan rebuking sin," for on the preceding page the author mixes six or eight medicinal substances in a prescription, without knowing the special medicinal action of either. The author should learn that the mixing of remedies is not warranted in homœopathic practice, and consistent practice in his own school would be both more scientific and commendable.

PROCEEDINGS AND PAPERS OF THE KANSAS HOMŒOPATHIC MEDICAL SOCIETY. From the Sixteenth to Twentieth annual meetings—May, 1884 to May, 1888.

Well done, Kansas! The first state society to issue its Transactions for 1888, at least the first evidence we have received, is this volume of 127 pages. It contains many valuable papers well worth preservation in this permanent manner, and we could wish it had given us a more lengthy report of the discussions, often the most valuable and practical part of society work. Now let us have an annual volume of these papers and discussions in future. A good paper will always "draw fire"; and the way to be certain of both a valuable paper and an interesting discussion is to begin now to prepare your paper for '89.

The September Atlantic is, if possible, the richest number which this most excellent magazine has produced this year. From the first to the last there is not a dull, uninteresting page. Everybody should read the "First Year of the Continental Congress," by John Fiske.

The Century for September is largely an educational number: Here are George R. Parkin's article "an ancient school worked on modern ideas," "The Industrial Idea in Education," by Charles M. Carter; "The University and the Bible," by T. T. Munger; "Women who go to College," by Arthur Gilman; and a profusely illustrated paper on "College Fraternities," in which we miss the Psi Upsilon of Ann Arbor, by John Addison Porter. In addition, readers will find an "Open Letter" by President Seelye of Amherst on the same subject of "College Fraternities"; also an "Open Letter" on "Art Education," by W. J. Stillman, and two editorials having to do with teaching.

Wide Awake for September opens with a story of the Harrison campaign of 1840, by Mrs. F. A. Humphrey, a personal reminiscence entitled "Two Conspirators," and illustrated by Smedley. It is very *apropos* for either young or old.

St. Nicholas for September is up to its usual high standard of interest, and full of good reading.

Magazine of American History for September, has a frontispiece of Gen. Arthur St. Clair, the first governor of the northwest territory, and the opening article is "Marietta, Ohio, 1788-1888," by the editor Mrs. Martha J. Lamb. Taken in connection with the Centennial celebrations in Ohio this year, this article is full of interest.

In Scribner the Hon. Hugh McCulloch, one of the most conspicuous figures in our financial history, contributes a remarkable paper entitled "Memories of Some Contemporaries." After a public life of half a century he has recalled, vividly and with fine feeling and generous appreciation of all political parties, his impressions of eminent men whom he has known. His acquaintance with Henry Ward Beecher during his Indianapolis pastorate furnishes some of the most characteristic anecdotes. Marshall, Tom Corwin, Fessenden, Chase, Arthur, and Generals Grant, Sherman, Sheridan, Thomas, Hancock and McClellan are all briefly but graphically given.

Editor's Table.

Mr. Chatterton, business manager of this journal, takes a business trip to the principal eastern cities in the interests of THE ADVANCE, and will return about October 15th. We give this notice that correspondents who do not receive prompt replies from the manager may know why.

Dr. Jennie V. H. Baker, has removed to 512 Bedford ave., Brooklyn, N. Y.

Dr. C. I. Douglass has removed from Colby, Kan., to Salt Lake City, Utah.

C. A. Morley, M.D., we are pleased to learn, is now permanently located at 510 Cass ave., Detroit.

O. P. Baer, M.D., Richmond, Ind., the pioneer Homœopath of the state, died of tuberculosis, Aug. 10, 1888, aged seventy-two years.

Drs. Lippincott and Landis, of Memphis, Tenn., have dissolved partnership, Dr. Lippincott retaining the old office in the Masonic Temple.

Wm. Tod Helmuth, M.D., our poet-surgeon, had the degree of L.L.D. conferred upon him by Yale College at its last commencement.

Drs. Morgan and Polhemus have opened an office in the "Bon Ton" block San Diego, Cal. Ought to make a "good strong team." Success.

L. B. Wells, M.D., of Utica, N. Y., wishes a statement in our last number, to the effect that he cured a case of cancer with Arsenicum iod. cm., corrected. It was with the 30th, the highest he had. The Doctor has removed from 225 Genesee—where he has lived for 38 years—to 148 Park avenue.

The printer's devil or some one else appears to have had a hand in the editorial matter of the September issue of our esteemed contemporary The American Homœopathist. It bears the "finger marks" of the editor but is credited to "*S. L. Eaton, M.D., in the Hahnemannian.*" Something wrong in the "make-up," eh!

G. W. Bowen, M.D., of Fort Wayne, Ind., as president of the State Society and a member of the legislative committee, is after facts and statistics with which to satisfy the legislature that in Indiana as in New York, Michigan, Illinois, etc., the people are entitled to the advantages of Homœopathy in the public institutions of the state. Petitions are being circulated by the physicians and steps taken to obtain justice hitherto denied. You will never get it until you ask for it and work for it. Success to the effort.

The Minnesota Medical Monthly is dead (for a time at least); disease: lack of financial support—no one but the editor to pay the printer and —. The Medical Visitor also, bright, newsy, and with a most valuable monthly directory, is likely to follow if our physicians do not show a little more appreciation of its advantages to the busy doctor. Unless editors are millionaires they do not care to be out of pocket a few hundred dollars every year, which a little promptness in little things would render entirely unnecessary.

The Southern Homœopathic Medical Association, will meet at Louisville, beginning Wednesday morning, October 10, 1888.

Reduced rates have been obtained from the Louisville & Nashville, the Louisville, New Albany & Chicago, and the Ohio & Mississippi railroads. Certificates must be obtained at the *starting point*, which, when countersigned by the general secretary at Louisville, will entitle the bearer to reduced rates homeward. The Fifth Avenue Hotel will entertain visiting physicians at \$2.00 per day. An excellent programme has been arranged and many leading physicians from the North and the West will be present. The Southern Association, sectional only in name, most cordially invites all physicians who can, to attend the Louisville meeting. A. L. Monroe, M.D., Howard Crutcher, M.D., Charles W. Taylor, M.D., local reception committee.



Medical Advance

VOL. XXI.

CHICAGO, NOVEMBER, 1888.

NO. 5.

Societies.

SYCOSIS.*

S. L. G. LEGGETT, M.D., SYRACUSE, N. Y.

In this great mission now before us for contemplation we are to see that which has been but faintly understood either by the medical fraternity or the laity.

The word sycosis—from the Greek, meaning fig—has been known to medical literature for some time. We have had shadowy ideas that such an evil spirit was abroad, but since Hahnemann's time no two persons have found the substance of the shadow to be the same. Nor have they had any rational idea of its relation to the sick or its eventual cure. Whether this is the result of carelessness and lack of observation, or that the manifestations have been too puzzling to follow, it is hard to determine. Whatever the reasons, it is true that the subject has been left in the dark.

In the allopathic school it has been pointed out by one writer, — N —, of New York, that the woman marrying a man once poisoned and cured (?) of gonorrhœa, was never safe from infection, or from the peculiar manifestations resulting therefrom. Those mentioned being sterility, chronic metritis and perimetritis, ovaritis, salpingitis, etc.

Hahnemann himself had but little time or opportunity to

* Transactions I. H. A., 1888.

more than outline the miasm, and in his time it had been so confounded with syphilis and so mal-treated, that he did well to extricate that much from the mass of error in which it was buried. He tells us that it is a miasm from gonorrhœa, but hardly deems to recognize that it is resultant from *suppressed gonorrhœa only*. As gonorrhœa properly treated, of the most virulent kind would never be sycosis, any more than a simple urethritis, however badly abused, can become sycotic. In this it differs from true syphilis, which *will* run its course after the disappearance of the original chancre, but chancroid will never become syphilis, neither iriscutate syphilis.

Sycosis, through the indefatigable exertions and keen mental vigor, brought to bear by Prof. J. T. Kent, of St. Louis, has been studied and watched in its developments, through so many complicated cases and with such success, that the investigations, though still incomplete in the higher grades of the tertiary conditions, are of such value, that the medical profession, as represented by the thoughtful, and seekers for the truth, will welcome and make use of them to the advantage of the whole sickened world. The gonorrhœal nosode—Medor-rhinum—has been proved at the expense of the life of the provers, and verified repeatedly.

Rheumatism, fig warts, asthma, sycotic pneumonia, red pththisis, Bright's disease, heart disease, chlorosis, or sycotic cachexia, have been traced to their source (gonorrhœa, suppressed by local treatment), and in many cases cured, by bringing it back to its original disease.

The gonorrhœal rheumatism seems to attack the nerve sheaths, producing chronic sciatica, contractions of the joints of knees, fingers, etc., great soreness of the bottoms of the feet, in many instances compelling locomotion upon the knees.

The fig warts grow upon the mucous membrane of orifices of anus and genitalia of both male and female. They have also been found about the orifices of the head. The smooth, red shining warts found upon the cuticle of any part of the body, are sycotic.

The asthma is humid, paroxysmal; worse in warm, moist weather, following unduly cold, or in the spring-time, after a long, cold winter.

The chlorosis or gonorrhœal cachexia is characterized by a

waxy, shining, pallid, greenish-gray countenance, with staring eyes, weakened or enfeebled mouth and chin, hollow cheeks and voice, a picture of suffering and despair that once seen is never forgotten.

The immediate results of suppression in the woman has been inflammation, even suppuration of the ovaries, sciatica, phlebitis or milk leg, contractions of the muscles of the knee joints, followed by chronic inflammation of the uterus, prolapsus, anteversion, sleeplessness, neuralgias, fornications, nervous prostration, and a general *malaise* and wretchedness, both mental and physical, making life one prolonged torture.

In the male a sycotic cachexia has appeared, accompanied by rheumatic pains and lameness across the loins or sacrum; pains and lameness of the lower extremities; chronic pains in the right hypochondrium, or in the lungs; neuralgias of the head, resulting in nausea and vomiting, sciatic pains, etc.; mental aggravations are strong and peculiar, suicidal thoughts and desires, anxieties, irritability, nervousness, an impossibility to hold himself to any mental occupation, even reading; continued thoughts about himself and his sickness, fears, vertigo; a magnifying of his own complaints or a fear of them; gleet; weakened sexual function; impotency. The system may immediately take on symptoms resulting in more rapidly fatal diseases. Bright's disease, heart disease, red phthisis, asthma, epithelioma, excrescences, fig warts, etc., are among results.

The children of a marriage of a sycotic man will develop such conditions and diseases as pernicious anæmia, humid asthma, sycotic pneumonia (?), cholera infantum, and it may be many more diseases still to be traced. The result of such marriages is often sterility, and rarely more than one child.

Medorrhinum has proved to be the only remedy capable of curing some of the diseases dependent upon this miasm. In cholera infantum of very young babes, it is sufficient for its cure. In gonorrhœal rheumatism and sycotic asthma it has cured this manifestation, developed or rationalized the symptoms of the existing sycosis, bringing it within the realm of the anti-sycotic remedies. The treatment and cure of the miasm, homœopathically, is in many cases possible and probable; but the choice of the remedy, the patience needed in the prescriber, the evil resulting from hasty prescriptions, from frequent and

rapid repetition of the dose, or from an illy-chosen second prescription, is in no place more apparent, or more able to ruin all chance for recovery, than in this terrible miasm.

Sycosis seems particularly susceptible to states that are dependent upon atmospheric conditions; hence, we find its victims readily take on malaria, and are subject to the more violent forms of intermittents; the pallor, waxyness, lividity, the greasy shining skin much resembles that in sycosis, and is often combined with it.

The results of vaccination have been supposed by many eminent practitioners to belong to sycosis, they are so well covered and cured by Thuja, which is a typical sycotic and gonorrhœal remedy. This is *not* true, although in many cases closely resembling it. The condition is the result of vaccine virus and not of true gonorrhœa, and is therefore but a simulation of sycosis, even as Tartar emetic may be made to produce a pustule so closely resembling that produced by vaccine virus as to be indistinguishable to the ordinary observer.

Sycosis, then, is the basis of that evil manifestation called fig-wart gonorrhœa, whose ravages and pathological conditions are still so imperfectly understood by the majority of practitioners whose lifetime is supposedly devoted to those investigations. Ignorantly and carelessly they treat a disease with injections and caustics, whose suppressing may be followed by dire results to the organism, producing stricture—which, by the way, gonorrhœa never by itself produces—and the consequent sycotic miasm, as broad as either syphilis or psora and having greater mental and nervous disturbances than either. Psora has more complete blood and tissue disorganization, with the consequent soreness resulting therefrom. Syphilis with great blood and tissue disorganization is characterized by great bone pains with nightly aggravations, yet a certain lack of sensibility to the pains of the condition, which admits of the pursuit of the usual occupation when the organism is far advanced in disease. Sycosis, resulting also in blood and tissue disorganization that is hardly as deep, is characterized by far greater disturbance of the nerve centres, greater mental disturbance, greater sensitiveness to pain, and greater pain than the other miasms. As the organism may take on one after another of these great miasms, it is easy to see how difficult the treatment

of such a complication must be, but as the activity in the case presented to you is usually produced by one miasm, and as the totality of symptoms of that miasm as then presented is the only possible base of cure, the carefully selected remedy in accordance with the facts and symptoms—in curable cases—must lead to restoration.

A clearer understanding of the sphere of our many well-proven drugs is widening and developing the possibilities of cure to an extent never before known, and few good Homœopaths now dare to say *incurable*, until they have tested the matter through the action of a homœopathic prescription. No doubt many observers outside the medical fraternity have wondered at the phenomena where a sick miasm was seemingly produced by physiological causes, and had come to accept it *as a fact* that it should be so, not realizing how contradictory the conclusion must be. All must have seen facts repeatedly before them of marriages between apparently healthy couples, where one or the other were sooner or later mere physical wrecks, and have attributed such effects to the wrong source. Usually it was the woman who suddenly took on a weakly aspect—a chlorotic appearance—and the good old family doctor, and all the friends, often attributed this sudden ailing, this continued illness, to some accident at the birth of a child, or result of the pregnancy (she usually has but one child), as if that condition were abnormal, and not a physiological fact.

Sometimes it was the man whose health failed him. If the woman was naturally healthy, with strong resistance of the vital force to all sick-making influences, she might escape; but he would continue to manifest weakness, illness, and finally death.

We have *seen* these things before us for centuries, and have given them no attention, except to say, sexual excess, too frequent child bearing (no account being made of the fact that the conditions were more frequently present when there were *no* children than when there were many), traumatism occurring at child birth, and so on.

Men have noticed of themselves, that they have never had as perfect health since certain venereal infection; but, although being able to date their sufferings, so little was known of the working of the miasm, that it was never dreamed as possible to have it suppressed. Even in our own school, in the face of the

facts taught by Hahnemann, we frequently hear clever, aged, practitioners, arise in medical societies and virtuously affirm that they have never known much of gonorrhœa, and cared little to know more.

My dear friends, you who have devoted your lives to the healing of the sick, what do you do for the sufferers from this terrible miasm so common in this country? Do you mean to say you prefer to cure it blindly, *if by chance* you cure at all, rather than study its effects upon the human system? Why is it so common in this country? Simply and wholly because you, as medical men, have not pursued the subject, and given the results, the truth, to the world. And there is still a prevalent opinion abroad that it (gonorrhœa) is nothing, a mere bagatelle, easily taken, and easily cured by local treatment. Did it ever enter those wise heads of yours, that such delicacy of structure as we find in the generative organs, organs that elaborate so mysterious a product from blood plasma as will create the future being, should need the very richest and healthiest food of any organ of the body. And that in proportion as that food is unhealthy and pernicious, so will it interfere with the whole physical being of both this and coming generations?

**HAHNEMANN'S ORGANON, SECTION 153.—
SELECTION OF CHARACTERISTIC
SYMPTOMS.***

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

A careful translation of § 153, with the sentence just before it, reads as follows: "Among the symptom-lists of many medicines, it should not be difficult to find *one* out of whose separate pathogenetic elements it is possible to arrange a picture of a curative artificial disease, very like to the sum total of the symptoms of the natural disease, and this medicine is the most desirable remedy. In this search for a homœopathic specific remedy, that is, in this comparison of the total signs of the natural sickness with the lists of symptoms of available drugs, in order to find among these *one* bearing a pathogenetic power

* Transactions I. H. A., 1888.

corresponding to and resembling the disease to be cured, the *striking, remarkable, uncommon and peculiar* (characteristic) signs and symptoms of the case of sickness are to be especially and almost exclusively brought before the eye; for *these especially must be very like the drug that is being searched for in the symptom-lists*, if this is to be the most suitable for the cure. The general and indefinite, such as loss of appetite, headache, weakness, restless sleep, discomfort, etc., if they are not more closely defined, deserve little attention, for one finds something about as indefinite in almost every sickness, and caused by almost every drug."

As Dr. Wells showed several years ago, in a paper read before the Central New York Homœopathic Society, this section is a corollary to Section 18, which reads as follows: "From this not-to-be-doubted truth, that outside of the assemblage of symptoms, there is no way to find out anything about diseases, by which their need of assistance can be declared; it follows, undeniably, *that the totality of all positively known symptoms*, in every single case of sickness, must be the *sole indication*, the only hint in the choice of a remedy."

Here is an apparent, but not a real contradiction, for paragraph 153 only shows us how to *use* the totality of symptoms. If we would successfully select the characteristic symptoms of the case and of the medicine, we must not shut our eyes to that which is general and universal, we must *see the totality*, and *use* it with the *peculiarity*.

Dr. Lee having prepared a paper for this meeting on the Characteristics, as understood by Hahnemann, this paper will only give some thoughts on the ways of looking for and recording characteristics, with a view to the gradual improvement of the working value of the materia medica.

First we must, as Dr. Lippe often asserted, understand pathology, that we may know how to examine the patient intelligently; but we must be careful not to let our minds rest in merely pathological expressions, or we shall lose much that is of the highest value, besides wasting our time in referring symptoms to pathological states, and perhaps, after all, do this erroneously.

Dr. T. F. Allen, in defending his retention of the Hahnemannian arrangement of symptoms, said it would outlive all

theories, for it was a plain record of observations. In taking notes of a case of sickness, or of a proving, we want only the exact record of phenomena observed. What matters it how many cases of pneumonia or of rheumatism we have seen get well? Would that information help us to treat the next case of either? But if the condition of mental anguish, thirst, fever, and restlessness, as caused by Aconite, has always been cured by Aconite, when existing as a similar condition in the sick, is it not our quickest and surest plan to note and remember this coincidence, and exhibit Aconite *whenever* we encounter similar conditions?

Pathology is of use to all physicians, every day, but it is not of much value in the exact recording of symptoms, and nearly all conditions of the sick can be better described without referring to its terms and idioms.

To illustrate some of the real difficulties that lie in the way of a satisfactory selection of symptoms that are to be considered characteristic, the results of experience in the writer's practice for the month of March last, may not be unprofitable, although they involve confessions of weakness, not always easily accounted for.

In the aforesaid month of March, 663 prescriptions were made, of which only 22 escaped record, leaving 641 to be considered.

In 367, or a little more than half of these, the indications found were vague, that is to say not clearly characteristic, and therefore not wholly pleasing. The reasons for this unwelcome vagueness are to be classified under several heads:

I. Insufficient information; the symptoms being furnished by letter or messenger, or occurring in those who were not of a proper age or state of mind to bear cross-examination. Sometimes the most careful questioning and examination elicited nothing beyond the first general statement of condition. (On this head see § 176 to 180, where Hahnemann directs the nearest possible remedy to be given, which he says will develop the latent symptoms of the case, ready for a new prescription.)

II. Confused state of questioner, by reason of haste, fatigue, impatience, distracting noises, preoccupation of mind, or possible laziness.

III. Insufficient knowledge of *materia medica*, by which possibly prominent characteristics escape notice.

IV. Imperfect state of, or too hasty use of, the repertories, by reason of which partly remembered symptoms escaped the searcher. This condition will be greatly mitigated on the appearance of Dr. Lee's forthcoming Repertory of Characteristics, but the conviction of the writer is strong that every one should write a repertory of his own besides.

Of these 367 vague prescriptions, 179 helped, or seemed to help, the patients who took them; 104 failed, more or less conspicuously, and the remainder, 84, have not yet been heard from.

There were 101 prescriptions of placebo, on account of visible improvement from previous prescriptions.

The remaining 173, less that one-fourth of the whole number, presented clear characteristics, satisfactory at the time to the writer; of these, 147, or nearly all, succeeded in bringing relief, generally with great promptness; only ten failed, as far as heard from, and sixteen remained unreported.

Leaving out the cases receiving only placebo, we have a total of 540 (representing 198 separate cases of sickness) in which the writer's average efforts were exerted to find the appropriate homœopathic remedies. That only 173 were clear, and that ten of these distinctly failed, is not very encouraging, except as an incentive to better work in the future. Of the 147 cures by means of characteristics that were encountered, only ten presented striking symptoms that were apparently new to the drugs used. These new symptoms cured were the following:

Actea racemosa 1000.—“The recently delivered uterus becomes actually jammed into pelvis, with great pain.”

Arsenicum 1000.—“Daily nosebleed, mornings.”

Belladonna 1000.—“Head aches worse and *hurts* if leaned against anything.”

Carbo animalis 30.—“Parotid gland swells every evening at sundown; better all day.”

“Throat felt as if she had swallowed a piece of paper.”

“Region of throat behind palate aches severely without other soreness.”

Lithium carbonicum 200.—“Sour stomach from tomato soup.”

Ranunculus bulbosus 200.—“Pain like that of shingles, without eruption.”

Millefolium 30.—“Menorrhagia, worse while baby is nursing and after drinking beer.”

Pulsatilla.—“Nervousness, felt especially about ankles.”

In all these cases, these odd symptoms were very striking in the patient, and corroborated by other well known indications. The rest of the symptoms were only verifications of old symptoms, not to be slighted on that account, but only for lack of space for the whole number.

The ten failures were upon the following indications :

Bryonia.—“Nausea on rising.”

Calcarea phos.—“Has to strain long for even a soft stool.”

Carbo animalis.—“Effects of strain of back.”

Hyoscyamus.—“Cough only and always on lying down.”

Kali carbonicum.—“Needle-like pains all over left arm.”

Stramonium.—“Sees horrid visions, fears the dark.”

Sulphur.—“Heat of vertex, with latent eczema.”

These cases show the fallacy of relying too much on single symptoms, however suggestive. Hahnemann was very careful to tell us to look for the *striking, uncommon and peculiar SYMPTOMS*, not the *one most peculiar symptom*. And these, he says, *must be very like the drug*. It follows, then, that any set of symptoms to be of the highest value, must bear equal rank in the patient and in the proving; that is, however peculiar a symptom is to a drug, as far as known, if it is not equally striking and peculiar in the case in hand, and supported by a general likeness to the constitutional action of the medicine, it will fail. Dr. Ballard, our secretary, well illustrated this point in an article in the *Medical Current* for April 20, 1887, where he showed that Cina failed on one of its peculiarities, “sleep only during violent rocking.” *Calcarea* cured, because it suited better the general diathesis which was peculiar to the case, and really the most strikingly prominent sign of the child's disease. So it will always be that we must assemble all available symptoms of the case, and from them all endeavor to select the *most peculiar*, not forgetting the others, but seeking corroboration from them, especially when the most striking symptoms point to several

remedies at once. In such cases, as Dr. Dunham has shown, some one remedy can generally be found whose picture is the nearest counterpart of the picture of the disease, although it may differ in a few features. Thus:

- Copious eructations of gas suggest Carbo veg.
- Great weakness suggests also Arsenicum.
- General irascibility suggests Nux vomica.
- Sensitiveness to cold suggests Hepar sulph.

One case presented all these symptoms, but in addition a regular *evening foreboding*, prophesying all sorts of ills, and the gas eructated was sour instead of burning. Calcarea carb. 1000 in one dose caused the prompt removal of all symptoms. Two months later they returned, without the evening forebodings, and Nux vomica 30 relieved with equal promptness.

If we could find a list of indispensable symptoms, without one or more of which, certain drugs would be absolutely contra-indicated, as suggested concerning the mental symptoms of Aconite, Nux vomica, Pulsatilla and Ignatia in Hahnemann's note to § 213, our task would be much simplified, but until our provings have greatly increased in number and fullness, such a list is likely to remain imperfect. Therefore let us endeavor to study and repeat provings, till every drug we can find is accurately pictured. The examination of the patient is still more difficult, for as soon as one striking symptom has suggested a drug, the imagination too easily fills up a picture, instead of relying solely on observation, which may after all discover a more closely related remedy. Only the observations *that can be expressed in words* are, as a rule, reliable. The fitting fancies of the mind make sorry will-o'-the-wisps, and lead us into many hasty errors, afterwards sadly regretted, and hard to recall.

All striking, remarkable, uncommon and peculiar symptoms should find a place in our notes, and those that are new and cured, if often verified, deserve a place as "clinical symptoms," to await further verification in some future proving. It is useless to burden the note-book with names of diseases or pathological guesses; they mislead far oftener than they help.

However desirable it may be, time will not always allow the noting of every case in the careful manner directed by Hahnemann, but frequent practice in such work trains the mind to

arrange the symptoms mentally in order, and the busiest practitioner can put down at least a summary, that is to say, the most striking, remarkable, uncommon and characteristic signs and symptoms of the case. Thus only will he by and by be able, occasionally, to predict the result of a given prescription with assured confidence, and to rejoice in the result.

THE SECOND PRESCRIPTION.

W. P. WESSELHOEFT, M.D., BOSTON.

[The following remarks were made in the discussion on The Second Prescription, by Dr. Kent, at Niagara Falls, I. H. A. meeting, June, 1888 (see article in July ADVANCE)]—ED.

I have been much impressed with the paper read by Dr. Kent, and it confirms many of my own personal experiences and those of men from whom I have learned most. It is put in such a strong way that I can subscribe to almost everything he says. That a succession of remedies are sometimes necessary to a cure is most certain; that the failure of the first prescription is an indication that we are going to fail in the cure of our chronic diseases I do not for one moment believe. I recall at present a case that is very *apropos*. A lady who has now been well two years, sixty-seven years old, laboring under one of the deepest melancholias that I ever encountered, who had been dragged all over Europe and the Continent for the sake of change, hoping that her depression would take on some other form, without any help, came under my care. She was a very sweet and lovely little woman, but dreadfully, dreadfully melancholy. I treated her with the greatest of care. I cannot, of course, give all of the particulars now, as all this is extempore. The first remedy I gave her was Sulphur, which relieved not at all; on the contrary it brought out a train of symptoms that she had not had before. This train of symptoms which she had not had before were chiefly symptoms in the legs: numbness and weakness and totterings. Her mental symptoms did not decrease or increase in the slightest degree. I let that Sulphur go on for two mortal months, and she did not grow any better, and indeed there was little change in her condition. The mental

condition remained the same. Finally, after another very careful study, I gave her I think it was Belladonna without any help whatever, and then she had a dose of Pulsatilla after another six weeks of waiting without any help. At last the symptoms turned to an aggravation that was very peculiar, in the afternoon, and that aggravation was peculiarly a Lycopodium aggravation. Her general symptoms were always worse in the morning—she was in the most depressed condition in the morning, so much so that she could have nothing to do with her household affairs. She laid in bed and suffered torture and misery, and could hardly be got out of bed by noon. Then there was a peculiar feverishness that came on about four o'clock in the afternoon and lasted until eight o'clock in the evening. She said she always felt feverish and hot at four o'clock without the slightest relief from any of the other symptoms, the wooden feelings in the legs kept on. I then gave her Lycopodium, and after three weeks a gradual light began to come. At first she could hardly acknowledge it to herself that she was growing better; but it was very slowly coming. From week to week, she thought possibly she might be feeling a little less depressed. I let that go on for ten or twelve weeks with weekly, weekly light and at the end of three months of patient waiting, I discharged my patient as one of the most cheerful ladies. The cure made a great impression on us all, because we had seen her so long in the office—a greater part of the year coming into the office very much depressed and sitting down in a corner all alone, not saying a word to any one. When she left us, however, she was talking and chatting cheerfully with every one in the office. I only mention this case as instancing one, in which my own experiences were, that although new symptoms did appear, and the three first remedies were without any help, the fourth remedy, did cure. Notwithstanding this, however, it has been my own experience, as it has been the experience of many, that the second choice is a dangerous one, particularly if we consider that a remedy acting is the entire antidote to the entire symptoms of the patient, or should be. If we find the simillimum with the first prescription, we cure the case, *i. e.*, suppose we consider the totality of symptoms as a line from one point to another, or represented as a force that has exactly the similitude of the remedy you give, these two

forces will meet in this way (end to end) and there may be oscillations backward and forward through a time, but these oscillations will become less and less evident until they cease. This is a cure by the first remedy and by the simillimum. Now supposing that you do not get the simillimum in the first prescription ; suppose you get a sufficiently similar remedy to suit you, after study, as being the best one you can get, the simillimum sweeps clean if you wait long enough for it. The force which I have just been wishing to describe meets it at an angle ; two forces meeting at an angle generate a third force. Now the second remedy must be met or you confuse your case. If then you do not meet the symptoms with the simillimum you get another line, and so you go on indefinitely with lines and lines. I remember telling Dr. Hering, in my early practice, when I was on a case of insanity that I cured, I said in my enthusiasm, "That never could have happened if it had not been for your genius in giving us Apis." Dr. Lippe said it might have been ; "for you might have zigzagged her into health by a dose of Pulsatilla, Graphites, and Sulphur." Now that is the point I wish to make, viz., the more direct work, the more careful work, and the more accurate work, the less zig-zagging there is in Homœopathy.

Materia Medica.

SYMPTOMATOLOGY AND PATHOLOGY.

Among my treasurers are some letters penned by hands that are both mouldering and molding. Busy hands, long since folded across the breast to toil no more ; earnest hands, diligent in well-doing till the Great Task-Master "promoted" them ; honest hands, as their works do show.

When ready, in this agnostic age, to doubt, I read one of Hahnemann's letters. I get renewed conviction as an eagle moults its wings, and yet I wonder that the Luther of medicine should have written so lady-like a hand : so small and delicate the letters, and yet so legible from their faultless symmetry.

Let us learn to be painstaking and exact in *little* things as he was—and also as correct. His hand writing is characteristic of his practice. When I would fain fold my hands and go to sleep in the castle of indolence one of Hering's letters is a corrective. When I am tempted to make a slipshod prescription, and, alas! I am holden for even such, a letter of Dunham's makes me ashamed and contrite—as long as I can stand it; then the Devil plays his "little Joker" and euchres me into unrighteousness. *Qui sine peccatum est*—you know the rest of it; so let us "shake" and reform.

When I want to get into a scalping mood, choke-full of concentrated "cussedness," a letter of Lippe's does the business and proves the law of similars.

I think one letter of Hering's is the oftenest read because it has, for me, an historical interest. The dear old Lachesis-introducer knew my *penchant* for "Pathology," and this letter informs me that "Hahnemann sanctioned the teaching of pathology at Allentown." "Sanctioned"—what an iron will our Homœopathic Pope had when even Hering could write that he "sanctioned" the teaching of any branch of science. The tone of Hering's letter shows that he was glad Hahnemann had done this bit of "sanctioning," as this graciousness evidently saved the said Hahnemann from being run over by one of the chariot wheels of progress. Hahnemann "sanctioned" it "as a science"—meaning, in so far as it *is* science and not a modern mare's nest: and Hering's letter shows this, too.* Such of Hahnemann's followers as are proud to declare that *they* "have no use for pathology" may be surprised to learn this of "the Master," as we are in gratitude bound to call him, and having learned it, let us hope they will leave that "exceedingly small circle of exceedingly small saints" who deem his concession a weakness.

Imagine Ptolemy "sanctioning" the teachings of Capernicus—as if Man could put his *imprimatur* on any truth of God's!

But it was a personal experience and some little "reading between the lines" that led me to put pen to paper with a view to showing the dependence of symptomatology upon pathology, and also the relation of pathology to physiology.

I have been a devoted tobacco-user for some thirty-four years; I have no doubt suffered thereby, but, candidly, when I recount all the ills I fancy I can lay at its door I hold its solace

cheap at such a price. Dear dead comrades of the Army of the Potomac, when food failed, when fire failed, when letters from home failed, when a familiar name failed to answer at roll-call, did the pipe—the friend of friends—ever fail? Ah, with a pipe and good tobacco a second-rate philosopher can make even a mother-in-law very “tired”!

But, virtue and hard work will, at last, “fetch” even a philosopher; of which fact I am a striking instance. They call it the decay of age. Pshaw! I’m as young in feeling as I was when fifty cents on Fourth of July made me feel as if I could buy a planet and a great gross of asteroids. Alas! in these degenerate days its potential energy is wholly spent in providing three death-defying cigars and five sleep-coaxing “beers.” And they call this “progress”!

Virtue and hard work have robbed me in this order: smell failed, hearing got thick, teeth wore down or were “yanked”; my “near-point” receded so that once I kissed another man’s wife by mistake for my own. He was mean enough to make a fuss about it, but Professor Sterling went on the stand and swore I had just the kind of astigmatism that led to such mistakes. My neighbor said if I would plead guilty to the *ass-tigmatic* part he’d overlook everything. I told him I must have been an *ass* since 1875, or I’d never have gone West and *stayed there*. We are good friends, but I never see his wife now-a-days: he won’t trust me even with spectacles on! Last of all my stomach began to fail, and here we are right on the relationship of symptomatology, pathology and physiology.

This stomach failure shows itself thuswise: When I get run down and have a generally played-out feeling, a chew of tobacco, taken when my stomach is empty, soon makes that viscus feel as if it were suddenly filled with molten lead—it is “heartburn” of the most atrocious kind; no scalding regurgitations, only a little hell beneath my vest. No amount of fortitude can enable me to retain my “quid,” and yet I am not unused to bearing pain.

Now shall I call that an *aggravation from tobacco* and ransack a repertory for a remedy under that rubric?

I pause just here in my paper to ask a reply from any one who ignores pathology. On hearing from any such I will finish this article, and him too, provided he makes as big an ass of

himself as I did of myself when I came to Michigan leaving such a companion and counselor as dear, old, indefatigable "S. L."—*ultimus Romanorum*. How wise he was in going to the occident—*the night comes later there!* O friend of my most unworthy self, may it be long ere night shall overtake thee; and when it shall enfold thee in its everlasting rest, mayest thou, dear old translator, be thyself "translated" by the Author of all Truth.

S. A. J.

Sept. 7, 1888.

PULSATILLA.

J. A. WAKEMAN, M. D., CENTRALIA, ILL.

This medicine has many and peculiar mental symptoms.

Fancies a naked man is wrapped in her bed-clothes; dreams of men; religious melancholy; sees the devil coming to take her; the world on fire during the night; fear, rage, weeping spells; forgetful during lucid moments; mild, tearful dispositions; gentle mood; bad effects from fright or excessive joy; confusion of the head with pain, as after intoxication; giddiness, blurred face; "*collapsed pulse and rattling breathing*"; which latter symptom it is said to control, even on the approach of death.

Especially useful in very many of the diseases of women; but never fails to relieve affections of the male sex, when the indication is a good one and the disease one that remedies can relieve.

Women with pale face, blue eyes, blonde hair, freckles; disposed to catarrh, leucorrhœa and other blennorrhagic affections.

Chronic diseases from abuse of Sulphur, Quinine, and Mercury; fat and rich pastry; bad effects from fright or mortification; exposure to wet, taking cold; contusions, bruises; rheumatism and arthritic affections, and scrofula.

The pains are worse in the afternoon and the fore part of the night, and in bed; better in the cool open air; erratic, rapidly shifting from place to place, and from one side to the other, and influenced by change of position.

Excessive debility, and bruised feeling in the limbs; lameness in the ligaments; troublesome beating of the arteries of the whole body, most perceptible when touching the parts.

Troublesome *beating in the epigastric* region, often continuing for months in dyspeptic and debilitated ladies, especially while passing through their climacteric period, in the troubles of which it is one of our most important medicines; but Lachesis is also one of great utility here.

Worse when sitting, after long exercise, or rising after long sitting; during rest, particularly when lying on one side or on the back; the pains which come on when lying on the back are relieved by turning to one or the other side, or by lying on the affected side; the pains which are excited or aggravated by lying on the side are relieved by lying on the back.

CASE.—Mrs. Judge A., aged 33 years, mother of several children. Nervous temperament, good constitution, of slender form and appearance; laboring under a slight attack of bilious fever, for which she had appropriate remedies which relieved her in two or three days, but found that she had been subject to semi-annual attacks of prosopalgia, for several years. But on last November, at which time she was six months advanced in utero-gestation, she was attacked with the following symptoms: Pain, sharp and sore, in the sacrum and each hip; came on as soon as she went to bed, rendering a change of position frequently necessary. The pains which come on while lying on the back, were relieved by turning to either side; and those which came on when lying on either side were much relieved by turning on to the back, to effect which change she was compelled to *raise up in bed*, and then lie down, as she could not turn herself in bed. Her sufferings became more and more aggravated as the night advanced, were much relieved by sitting up in bed, and wholly relieved by getting up and walking about the room.

The medical attendant at this time assured her that she would find instant and permanent relief so soon as her accouchement should take place, which, however, was not the case, as no relief followed it. Thus things went on for four months, before and after confinement, when I was called in, and after a careful survey of the whole case, gave her two doses of Pulsatilla 30, to be taken the first afternoon and night. The result was she lay awake all night, but had no pain. The day following one dose was given, and the following night she slept well all night and never had any return.

No doubt one dose of any attenuation, no matter how high, would have cured this case, for the relief of which the best allopathic physician of the city had, by daily visits and drugs, for over four months so utterly failed to afford even temporary relief.

Symptoms are worse every other evening, and are relieved by exercise in the open air; some of the pains are relieved by pressure and warmth, and they are usually worse on the right side.

Rhus, Bryonia, Arnica and Belladonna all have a bruised sensation with the pain, but Pulsatilla has this symptom more strongly marked than either.

Neuralgias: from bad diet, late hours, fat pastries, gravies, and the erratic pains which fly from one part of the body or limbs to another, are sharp and short, and attended by this bruised, sore sensation.

LUMBO-SACRAL NEURALGIA.

CASE.—Man aged 40 years; has suffered for over a year with pains in the back and sides, low down; came on while in bed, usually in the after part of the night and deprived him of rest. “Pains which are excited or aggravated by lying on the side are relieved by lying on the back”; came on early, wake him from sleep, pass off on getting up, after gentle exercise for two or three hours, to return again the following night.

Pulsatilla cm., one dose; improved immediately, and in ten days was entirely well without further medication, and remained so.

Mumps, when the inflammation is translated to the mammary gland, or the testicle, this is a very useful remedy. May be useful in parotitis; but Mercury is usually the most frequently indicated.

Almost the only remedy necessary in epidemics of measles with conjunctivitis, photophobia, lachrymation, acrid discharge from the nose; loose rattling cough with expectoration of thick, yellowish mucus; worse at night and when lying down.

In morning sickness and vomiting in pregnancy, when there is much throbbing in the epigastric region; vomiting of sour mucus; bad taste every morning; nothing tastes good to her; no thirst; nightly diarrhœa, stools very changeable; loss of taste, or *everything tastes bitter* (Bry.); mouth *always bitter*, or saltish, or sour, or sweetish; eructations, nausea.

Hæmaturia, with drawing cutting pains around the navel, extending to the small of the back, cramp pain in the right leg to the groin.

Leucorrhœa in young girls, when the discharge takes place in the morning.

Constipation, with headache, at intervals of one, two, or three days.

Metrorrhagia: blood changeable, stops, and flows; profuse at times, at others intermittent; mixed with clots; at climaxis; in chlorosis; after the abuse of Quinine and Iron.

The first menses are delayed; menstruation too late, scanty and of short duration; flow thick, black, clotted; or thin, watery and changeable in appearance; flow more during the day, when walking about.

Leucorrhœa: milky, thick, with swollen vulva; acrid, burning, painless, or with cutting in the abdomen; walking very painful.

Retained placenta; want of action, or spasmodic contraction.

After-pains too long, or too violent; worse towards evening. Lochia becoming scanty and milky; feverish but no thirst.

After weaning, breasts swell, feel stretched, tense, and intensely sore; milk continuing to be secreted.

The cough symptoms are many, and very marked. Cough: from irritation in the pit of the stomach; spasmodic, often in paroxysms of two coughs each; excited by itching, scratching and dry feeling in the chest as from vapors of Sulphur; dry at night, going off when sitting up in bed, loose by day; dry after every sleep; evenings after lying down, when warm in bed; loose, vomits mucus; with yellow mucus, sputa, bitter or greenish; with purulent expectoration; with expectoration of pieces of dark, coagulated blood; menses suppressed.

One very important symptom in these cases nearly always present in women is, an involuntary escape of urine when coughing.

Coryza: "Pulsatilla is indicated when the discharge is thick, yellow, green, or badly smelling; worse in the morning; loss of smell, taste and appetite; no thirst; outer edge of the nose ulcerates, with watery oozing; feels better in the open air and worse in the warm room; sneezing; chilliness in a warm room

in the evening; sometimes nosebleed and frontal headache; usually slight general perspiration towards morning."

Facial neuralgia; nervous excitement coming on at irregular intervals; worse from chewing hot or cold things in the mouth; the lower lip is swollen and a deep crack in the middle; the pain is often attended with a sensation as if the part was being drawn tighter and tighter, and then suddenly let loose, as if cutting a tight string.

Often find this condition in ladies of a mild and tearful disposition; with a phlegmatic constitution; often brought on by getting the feet wet, or by the abuse of Quinine which, in miasmatic districts, is of frequent occurrence; the pain is twitching, tearing, worse in a warm room, and at night; usually worse in bed, and relieved by walking in the room, or by going out into the cool air; worse usually from lying on the affected side and from warm applications, and from talking.

Odontalgia, in persons of a Pulsatilla temperament, and sensation as if the nerve was violently stretched and suddenly let loose.

The tongue may be white, or yellow, the taste is bitter, or as of putrid meat, especially in the evening; it feels too large; and the patient may be spitting *frothy, cotton-like* mucus; the throat may be sore with a sensation as if she could not swallow or would be choked if she did.

Perverted appetite: she wants strong alcoholic drinks, whisky, beer, pickles which cannot be too sour, refusing articles of food; sometimes craves dry, *smoked herring* and will eat many of them, scarcely wants anything else. These symptoms we often find in pregnancy, and unless gratified often give the patient very great inconvenience; there is an aversion to fat food, pork, meat, bread and milk, and the eructations taste and smell of food, or they are bitter, bilious or rancid, and with all this gastric disturbance there may be a constant *beating, throbbing* or *pounding* sensation in the stomach. The abdomen is tender to the touch.

Diarrhoea: frequent passages of mere mucus, every evacuation preceded by colic; consisting of nothing but loose mucus mixed with blood; one or more stools at night, green as bile, every discharge being preceded by rumbling, which usually commences high up in the abdomen with pain, works down

through the bowels when the stool is discharged, and not unfrequently, in children, these discharges are to a great extent involuntary. This nightly diarrhoea is characteristic of this drug, and no other remedy produces just such a condition, coming on at same time—nearly always in the after part of the night.

Diarrhoea after measles; dysenteric diarrhoea with painful soreness of the rectum.

Urinary organs: cannot retain the urine, it is passed in drops, sitting or walking; involuntary when coughing, or passing urine during sleep, the latter in young girls; continued pressure on the bladder without any desire to urinate; this is often a troublesome complication in cases of strangury when the inflammation implicates the prostate gland; in one case the prostate was the size of a goose egg, producing a marked bulging of the perinæum, and much difficulty in evacuating the bowels, the irritation extending to the anus and rectum, producing two strictures, one at the anus and the other four inches above, rendering it absolutely necessary on several occasions to resort to Chloroform and bougies; this patient finally, after years of suffering, died from this disease. Pulsatilla afforded him much relief. The catheter was also frequently necessary, the urethra apparently closing up more and more until voiding the urine was attended with great tenesmus and most excruciating pain; the bladder was so contracted that it would hold but a small amount of the secretion which when passed contained much muco-purulent matter.

Erysipelas neonatorum, infantile erysipelas, and also induration of the cellular tissue.

Under these headings (all meaning the same disease) I wish as briefly as possible to speak of this affection which prevailed very extensively in Portsmouth, Ohio, in the years 1855 and 1856, and of which many young children died. I find no mention of it except by Laurie, who gives the following symptoms: "Fever with red spots, usually appearing first on the nates, but sometimes on the extremities, afterwards on the abdomen and genital organs, accompanied with induration of the skin and even of the maxillary muscles, which prevents the child from uttering other than a dull sound; the skin at last becomes as hard and dry as parchment. Sometimes, instead of fever, the induration is accompanied by colic." He gives its duration

from two to fourteen days; but I have seen cases that continued six weeks and traveled over every inch of the child's surface. It always occurs in young children, often comes on within the first week or ten days of infant life. Pulsatilla was a very useful remedy, indicated by "bluish appearance of the skin, spreading rapidly, especially about the buttocks and thighs; smooth skin." Arsenicum, Lachesis and Sulphur also useful in a few cases; when vesicular, Rhus tox. did good.

Orchitis, from a translation of mumps, or suppressed gonorrhœal discharge; also from bruises and contusions; the inflammation may extend to the epididymis and spermatic cord.

Homœopaths have always used this remedy in orchitis with the happiest effect, and by a late number of The New York Medical Record we are pleased to see that our allopathic friends have "*made a great discovery*," and are very happy over it, as the following extract will show:

PULSATILLA IN ACUTE ORCHITIS.

"Dr. Girard Smith writes (British Medical Journal) in the following enthusiastic strain about Pulsatilla: Having witnessed the striking curative action of Pulsatilla in acute orchitis and epididymitis, I should like to persuade others to follow Dr. Brunton's advice, and give this drug in inflammatory states of the testicle, epididymis and spermatic cord."

"To have it in our power to subdue promptly the intense suffering of such cases is a great blessing; and the relief is so rapid that it is even unnecessary to employ Morphine to subdue the pain, while the swelling and heat subside more rapidly than under any other drug."

PROVING OF HOMARUS (LOBSTER).

A. M. CUSHING, M.D., SPRINGFIELD, MASS.

In the introduction to the day-book in The Homœopathic Recorder for May, Dr. Cushing says: "Remembering that our most valuable remedies in diphtheria are animal poisons, and knowing the general fear of being poisoned by eating lobster, I decided to test the poison on myself. I obtained a live lobster and took from the sack just back of the mouth nearly a teaspoonful of a thick, reddish, offensive liquid, the digesting fluid.

I poured it on sugar of milk and made decimal triturations to the 5th."

Head.—Headache immediately after smelling of the crude substance (two provers).

Headache with pain in body and limbs.

Headache much of the time.

Pain in front portion of left temple (near the eye).

Headache in various parts of the head, not confined to any one place.

Pain in head at all hours of the day.

Pain in right eye just above inner angle.

Sharp pain in left temple.

Severe pain from inner side of right eye to occiput.

Dull headache over eyes.

Dull headache nearly all of the time from over the eyes to occiput.

Dizzy at times.

When rising, pain in left eye; later, sharp pain in right eye as if something had been suddenly blown into it.

Dull headache most of the time, in temporal region, at times sharp, worse on left side.

Awoke with dull headache, continued all day.

Pain in left temple and occiput; had to hold the side of the head with my hand which gave relief.

Dull headache when waking from sleep.

Sharp, severe pain over left eye; had to rub the parts and scowl.

Sharp pain in left eye.

When rising, pain in left eye; later in right eye.

Pain in frontal and temporal regions.

Eyes.—Eyes ache.

Through the day pain in right eye.

Left eye painful.

During the day occasional sharp pain in right eye.

After retiring, pain in eyes.

Mucus in eyes which are inclined to stick together and at times painful.

Aching pain in left eye nearly all day, seems to be in the ball of the eye, but not much affected by light.

Pain in left eyeball.

In evening left eye very sore and painful.

For several days the left eye was so painful and sore to the touch I feared I would lose the sight of it, though the right was not affected; the eye was not red and light did not affect it.

Pain in right eye just above inner angle.

Ear.—Pain in left side of throat extending to the ear.

Severe pain in left side of head, ear and throat, relieved by pressing hard with the hand.

Pain in left side of throat occasionally extending to the ear, comes sudden and is of short duration.

Stabbing pain through the lower lobe of the ear, quite sharp, had to pinch it with thumb and finger.

Nose.—Watery discharge from left nostril.

Much of the time sensation of mucus in left nostril.

Nose stopped up, worse in the morning.

In morning, burning in nose extending to throat.

Stinging in nasal passages.

Discharge from nose much of the time.

Throat.—Tingling in throat.

Tingling in throat, lasting an hour.

Throat smarts.

Irritation of throat.

Continued irritation of throat with headache.

Throat feels raw and sore.

Throat irritated easily.

Burning in throat, œsophagus, stomach and bowels.

Every day throat irritated and filled with mucus.

Severe irritation of left side of throat.

Burning in right side of throat.

Throat sore and smarts much of the time.

Throat sore and burns, posterior fauces look gray and are covered with a membrane or tough mucus.

Arteries show very plainly where there is none of the deposit.

Throat smarts and back side looks as if covered with a tough membrane, right side worse.

Constant accumulation of mucus in throat.

In morning throat sore and burns, looks mottled, arteries show very plain.

Sticky mucus in mouth and throat.

Throat smarts badly, worse on left side.

Throat looks as if covered with diphtheritic membrane.

Burning in nose extending to throat.

Throat sore in the morning, especially on the left side; seems to be in the muscles rather than in the mucous membrane.

Severe pain in left side of throat extending to ear and head.

Throat aches on left side.

Throat better breathing cold air.

When throat is sore, with inclination to cough, it is relieved at once by opening the mouth wide and inhaling *cold air*.

Pain high up in left side of throat near the ear but not in it or affecting it.

Chest.—Inclined to cough with expectoration of white mucus.

Severe pain in centre of right scapula.

Aching pain in centre of right lung through to scapula.

After retiring, pain in right lung.

Hard pain in centre of right lung.

After retiring, pain in centre of left lung.

Burning pain all over the chest which seemed to be in the pleura.

Hard aching pain through the lungs to scapula.

Aching in back part of shoulders outside of upper portion of scapula.

Burning distress in both sides of chest with *difficult breathing*.

After retiring, difficult breathing.

Pain inside of scapula near the right side. Salty expectoration.

Stomach.—Stomach symptoms appeared on the sixteenth day of proving.

Burning in the stomach.

Distress in the stomach.

Burning in the throat, œsophagus, stomach and bowels.

Dull distress in stomach.

Pain in epigastrium through to back, worse near the spine.

In bed, dull distress in stomach through to back.

Stomach burns and feels badly.

Before rising, severe dull distress around the body at epigastrium, extending down the back to region of the kidneys.

Could not sleep on account of pain in stomach.

Distress in stomach and belching of tasteless wind.
Dull burning distress at right of lower end of sternum.
Pain in stomach all the forenoon with occasional flashes of heat.
Pain in stomach all day.
Pain in head, back, stomach and bowels.
Distress in stomach, lasting six months.

Hypochondria and Liver.—Pain which seemed to be in diaphragm.

Pain in region of liver lasting some time, worse drawing a long breath.

Sharp pain in liver in the morning.

Sharp pain in region of liver.

Pain in liver, worse in the evening.

During day pain in liver and spleen.

Pain in lung, liver and legs.

Pain in left lobe of liver.

Before rising, dull pain in region of stomach and liver extending down the back to kidneys.

After retiring severe sharp pain, both sides, it seemed to be in the spleen but higher up on the right side.

In morning, dull pain in both hypochondria extending down the back.

Pain in lower border of liver.

Back below diaphragm aches.

Back.—*Sharp and sudden* pain in back in region of kidneys *so severe I had to sit down*, but it lasted only one or two minutes.

Pain in back before rising in the morning.

Dull aching pain in back.

Several times a severe sharp pain at the superior spinous process of ilium, left side.

Bowels.—Alternate diarrhoea and constipation; alternating once in three or four days.

Spleen.—Occasional sharp pain in spleen.

Urine.—No apparent effect.

Arms.—Pain in arms above elbows, worse at night.

Severe pain in right arm just above the elbow, seemed to be in the bone.

Pain in arms; arms and legs ache.

Severe pain in left forearms.

Arms ache so I could not sleep.

Legs.—Pain in right leg and thigh.

Pain in right leg and thigh after retiring.

Sore pimple on outside of left thigh.

Pain in bones of left leg after retiring.

Pain in legs; severe pain in knees.

Feet cold, legs ache, worse above the knees.

Knees weak and tremble all the time for days.

Feet ache with cold in a room at 73°.

Legs and arms ache; feel decidedly bad.

Feet cold and damp. Itching of limbs, relieved by scratching but would appear somewhere else.

Awoke early and could not sleep on account of pain in legs and arms.

Legs lame and painful.

Burning pain in legs and feet so I could not go to sleep; (mostly below the knees).

Feet so hot I had to put them out of bed (never had that symptom before).

As the feet get cool the pain extends up the thighs.

Pain all over so severe I felt as if I trembled.

Knees so weak for days I could not walk straight, not on account of dizziness, but because my knees were so weak.

Aching pain in left ankle.

Frequent attacks of sudden itching on various parts, worse on limbs.

Feet burn.

Metatarsal joint of left foot lame, knees weak, worse in the bed.
afternoon.

Feet burn night and day.

Skin.—Sudden itching of various parts of body and limbs.

Sudden itching of body and limbs at night, got out of bed and lighted the gas to see if there were bugs in the

Sleep.—Restless sleep on account of pain in stomach.

Would wake at four or five (two hours earlier than usual) and could not go to sleep again.

After retiring would go to sleep and sleep a very few minutes, then would awake and could not go to sleep again for two hours.

Could not sleep in the middle of the night.

Awoke in the morning *feeling so tired and lame it did not seem possible to move, but felt better by moving and then there was no lameness.*

After retiring was so sleepy my eyes ached, but could not go to sleep.

Often awoke with pain in stomach.

CASE I.—Mrs. ——. No appetite, distress in stomach, restless sleep, *very tired in morning*, throat sore. Gave Homarus 4x. One week later, appetite first rate, stomach well, throat well, sleeps nicely, can work all the time.

CASE II.—Mr. —, aged 50. Has frequent attacks of indigestion; calls them bilious spells. For two years I had given him occasionally Nux vomica, Dioscorea, etc., with relief for awhile. Gave Homarus 3x and in three days returned asking me to remember what I gave him the last time as "it was just the medicine."

A STUDY OF ACONITE.

BY THE FARRINGTON CLUB, PITTSBURGH, PA.

Mental Symptoms.

Z. T. MILLER, M.D., PITTSBURGH, PA.

A. Absent-mindedness.

Comparisons.—

Absent-mindedness. Ign., Kali c.

With reduced power of insight. Agn.

Makes mistakes in writing and speaking. Amm. c.

What he reads quickly escapes his memory, even the words he is speaking. Arn.

Thoughts wander from their object and dwell on images and fancies. Arn.

With giddiness. Aur.

In the middle of a speech the most familiar words fail him. Bary.

And forgetful. Bell.

And difficulty in fixing his attention. Bov.

With horror of darkness. Can. ind.
 Forgets what he wants to do or has done. Chel.
 (See Calc. phos.)
 Thinks he is in two places at the same time. Lyc.
 Want of attention. Olean.
 Forgetful; difficult comprehension; cannot remember recent events. Rhus t.

B. Weakness of memory.

Loss of, Ailan. — impaired, Amb. — great weakness of, recollection difficult, Anac. — impaired, Apis. — weakness of, Ars., Aur., Camph., Colch., Caust., Euph., Hell., Nux m., Olean., Sepia.

Child cannot be taught, it cannot remember, is inattentive. Bary. [Calc. p.].

Forgets in a moment what he is about to do. Bell.
 (See Mancin.)

Extreme. Con.

On attempting to write something down cannot, on account of lost —. Croc.

With irritability. Hep.

Confuses thoughts, mixes up syllables, omits parts of words in writing. [Mel.], Lyc.

Mind obtuse, drowsy. Merc.

Aversion to mental exertion. Nit. ac.

Manner awkward and shy. Nux v.

Does not know where his room is. Psor.

C. Cannot remember dates.

Single names, mornings. Anac. (See Lith. c.).

Cannot find the right word. Arg. n.

Cannot recall thoughts or events on account of different thoughts crowding upon his brain.
 Can. ind.

Cannot remember what he is reading or talking about. Hydr.

Makes mistakes in orthography. Iach.

Most recent events Rhus. (See Graph.).

Especially in business. During slumber remembers all he had forgotten. Sel.

D. Clairvoyance, perception of distant things.

Comparisons.—

Imagines he hears voice of mother or sister who are far away. Anac.

Imagines he is hovering in the air like a spirit, when walking in the open air. Asar.

Imagines he hears music, bells. Can. ind.

Imagines he hears voices of absent persons at night. Cham.

E. Ecstasy, fancies, delirium worse at night.

Comparisons.—

Delirium alternate with stupor, Acet. ac. — great power of exertion during, tries to get out of bed, Agar. — muttering, unconscious, Apis. — constant muttering, Ailan. — rage after epileptic attacks, Arg. m. — low murmuring, Arn. — boring in the nose, picking at one spot until it bleeds, Arum. — especially at night, or constant, Bapt. — is afraid of imaginary things, sees monsters, Bell. — violent, fits of laughter, gnashes the teeth, bites or strikes those around, Bell. — unintelligible muttering, Calad. — somnolent with slow fever at night, Camph. — after depletion, on closing the eyes sees figures of persons, Cinch. — afraid of everyone who approaches, shrinking away from them, tries to escape, Cup. — at night with pain, Dulc. — in sleep; half waking with incoherent talk, Gels. — continued while awake, talks of business, complains of imaginary wrongs, Hyos. — fears being damned, Lach. — at night, muttering, drowsy, red face; slow difficult speech, jaw dropped; great loquacity, jumps from subject to subject, Lach. — from loss of fluids, excessive study, fatigue, overwatching, Lach. — loquacious, brilliant eyes, circumscribed red cheeks, Lachn. — fever and ulcers on fauces and tonsils, Merc. b. j. — violent vertigo, strange gestures, loud improper talk; sleepless, Nux m. — eyes wide open, face red, puffed up, Op. — thinks another person lies along side him, or that one limb is double, Petr. — quiet with

great stupefaction and dullness of the head, unintelligible muttering, Phos. ac. — with fear of men, often changing with over-estimation of oneself, Plat. — wild with distorted countenance, Plumb. — loquacity during the heat, afterwards forgetful of what has passed, Pod. — low, mild, thinks he is roaming over fields or hard at work, Rhus. — during intermittents, Sabad. — without fever, Samb. — quiet wandering, Sec. — shy, hides himself; tries to escape; conscious of her condition; full of fear; talks incessantly, absurdly, laughs, claps her hands over head, wide open eyes; great sexual excitement during the night, Stram. — wild with great excitement and trembling, Valer. — heavy soporous sleep; restless, thirsty; cramps in the legs, cold sweat, tingling; irregular pulse, Verat. a. — attempts to jump from the window (with headache), Glon. — of drunkards, Merc. sol.

F. Changing mood, now full of mirth, now disposed to tears.

Comparisons.—

Variable, at one time confident, at another timid. Alum.

Extreme merriness. Laughs when he should be earnest.

Sadness, looks on the anxious side of everything.

Anac.

Alternately peevish and cheerful. Contradiction excites wrath. Aur.

Despondent in forenoon, lively in afternoon. Can. sat.

Insolent and contradictory in the afternoon. Canth.

Usually cheerful; or sad; rarely irritable. Colch.

Changeable; depression and hilarity; or ill-humor and lively mood alternating. Croc.

Joyous alternating with irritability. Cycl.

Sad, thoughts of death. Weeping, forlorn, depressed, inclined to grief. Graph.

Sad, depressed, or cheerful and merry. Lyc.

Now laughing, now crying. Laughter, everything seems ludicrous; talked loudly to herself; weeping, gloomy, fears to go to sleep. Nux m.

Despondent and buoyant alternately. Nux v.

Cheerful or depressed. Plat.

Easily moved to tears or laughter. Puls.

G. Afraid of a crowd or crossing busy streets.

Comparisons.—

Dreads to be alone lest she become very nervous. Ant. t.

Fears to be left alone lest he do himself bodily harm. Ars.

Dread of men, of strangers; imagines she is being laughed at or criticised, hence so fearful she will not look up. Bary.

Afraid to be alone, especially at night. Camph.

Fears to be alone, but disinclined to meet otherwise agreeable company. Clem.

Fears being left alone. Hyos.

Shunning and fear when any one comes near, particularly the physician. Iod.

Fear of being alone, fears she will die. Kali c.

Dread of men, wants to be alone, or dread of solitude with irritability and melancholy. Lyc.

Dread of men. Puls.

Dread of being alone. Sep.

H. Fear of ghosts (*a*), loss of reason (*b*), apprehensive of the future (*c*).

Comparisons.—

(*a*) Fear of ghosts nightly. Carbo v.

Imagines she sees ghosts, hideous faces, insects. Bell.

In evening, felt as if she would see something if she turned around; as if some one were back of her. Brom.

Sees persons who are and have not been present. Hyos.

Sees spirits, spectres. Hyp.

Sees ghosts, hears voices back of his ear. Stram.

(*b*) Loss of reason and that persons would observe it. Calc.

Fears insanity. Lil., Merc.

Fears losing his reason. Alum.

Declares she will go crazy. Actea.

Fears becoming crazy. Amb., Manc., Chel.

Fears losing his reason. Cup.

(*c*) As if some misfortune were about to happen. Calc. (Cup., Anac.).

Low spirited and fear of approaching misfortune. Clem. (Crot. t.).

Unconquerable sadness, constant restlessness, as if some misfortune were approaching. Cup. (See Anac.).

Of some disease or calamity, with fear of heart disease. Lil.

Fear of the future, tired of life. Spong.

Felt at pit of stomach as when expecting unpleasant news. Mez., Can. s.

I. Fear of approaching death, predicts the day.

Comparisons.—

Thinks she is going to die. Actea.

Low-spirited. Agn.

With thoughts of suicide. Alum.

Dread of death. Apis.

Dread of death when alone or on going to bed. Ars.

Dread of death, believes the disease incurable. Cact.

Fear of death. Coff., Gels., Sec., Asaf.

Fear of being alone, fears she will die. Kali c.

Dread of death, fears going to bed. Lach.

Nightmare, fears to go to sleep lest she die. Led.

Great fear, sure she will die. Phyt.

Fear of death and difficulty of breathing. Lob. infl.

Fear of death with anxiety about his disease. Nit. ac.

Fear of death with anxiety of mind. Squills.

J. Anxiety (*a*), inconsolable (*b*), piteous wailing (*c*); reproaching others for mere trifles (*d*); peevish, impatient (*e*); pusillanimous (*f*); restless tossing.

Comparisons.—

(*a*) Grieves about his sickness and about his children.

Acet. ac.

Fear and weakness. Agn.

About ones sickness. Amm. c., Nit. ac.

Inclined to weep. Amm. c.

And feeling of impending misfortune. Anac.

Reflection in relation to his present and future. Ant. c.

Depressed, fears permanent loss of health. Ars.

Anxious sadness, Asaf. — and timorous, Bell. — while sweating, Benz. ac. — and fearful, Berb. — great, Caust., Graph. — great in evening, Hep.

Apprehensive, Hyos. — great in meningitis, Hyp. — with fear, Kali c. — with palpitation, Kalm., Phos.

— apprehensive mood, Kreos. — hopeless all night, Lith. c. — preventing sleep, Merc. c. — Full of fear and evil forebodings, Calc., Psor. — with the pains, Sars. — sadness, melancholy, Sec. — in paroxysms, Spong. — sudden, great, Cocc. — with pain in the heart, Milef.

Fears she is about to die. Bell.

Great and sleepiness, — increased until 11 P. M. Borax.

Worse in room, better open air. Bry.

Great with palpitation. Calc. (See Kalm., also Camph., Can. s.).

In pit of stomach, in children. Calc. p.

Præcordial; restless tossing about, palpitation of heart. Camph.

Apprehensive feeling in pit of stomach (Mez.) with oppression of breath and palpitation. Can. s.

Apprehensive after an emission. Carbo an.

As if oppressed with heat in face. Carbo v.

Allowing no rest at any employment, — as if had committed a crime. Chel.

Excessively affected by sad stories, — anxious thoughts of future, feels sad. Cic.

As though some personal misfortune would befall him. Crost. t.

Internal like from troubled conscience, — with great fear of future, worse at 6 P. M. Dig. (See Borax).

With flushes of heat (Sep.) — when alone especially in evening, also when waking at night. — evening as if it would impel him to commit suicide by drowning. Dros.

And warm through the whole body especially in the head while eating warm food. Mag. c.

In warm room, relieved in open air. Mag. m.

Restless change of place; ebullitions, sweat; apprehensive; imaginary fears; worse evening and night; wants to go abroad; tries to flee from house. Merc.

And low-spiritedness retards action of remedy. Merc. p.

Trembling and sweating during the pains. Nat. c.

About his disease with fear of death; fears cholera. Nit. ac.

With sweat (Merc.), afternoon also till evening. Nitr.
 Inclined to commit suicide, afraid to die. Nux v.
 At twilight (Dros.), — when alone, — about the future,
 — during a thunder-storm, — with palpitation. Phos.
 Restlessness and yawning. Plumb.
 Timidity — worse twilight (Dros., Phos.), restless change
 of place, wants to go from bed to bed. Rhus.
 Low-spirited with mental dejection. Ruta.
 With qualmishness. Sabad.
 With vomiting and sweat. Samb.
 And feeling of dread, — precedes vomiting and delirium.
 Sang.
 With fear, flushes of heat (Dros.) over the face, — about
 real or imaginary evils. Sep.
 Over-anxious about himself; low-spirited, weeps in even-
 ing. Sil.
 With fear of death. Squills.
 Sudden with angina pectoris, also with oppression of
 chest, driving from place to place. Tab. (Rhus).
 Restless, easily frightened, whining, weeping, apathetic,
 blue face, typhoid. Verat.
 As after committing and evil deed, worse evening and
 after dinner. Verat.

(b) Inconsolable.

Anxiety even unto suicide. Cinch.

(c) Piteous wailing.

Weeping mood; dejected; anxiety. Actea.

Crying against his will. Alum.

Great tearfulness, can't help crying. Apis.

Sheds tears and makes explanations afterward, after
 rage. Arn.

Tearful sadness and anxiety. Asar.

Crying and lamentations with hoarse voice. Brom.

Cries, knows not why. Consolation aggravates. Cact.

(See Nat. m.).

Weeping, sadness. Chel.

Weeping, moaning, howling. Cic.

Weeping pitiful when awake. Cina.

Sobbing, moaning and groaning. Cocc.

Excessive weeping and lamentations over trifles, cries,

- trembles, does not know what to do. Coff.
Weep often. Cup., Kali c.
Tearful, low-spirited. Dig.
Disposed to weep about his lonesome condition. Lith. c.
Weeps all day, can't calm herself. Lyc.
Disposition to weep. Spong., Sulf. ac.
Feels like crying all the time, but crying makes her worse. Stan.
Weeps and shudders between attacks of pain. Glon.
Constant whining, moaning or groaning. Mang. ac.
Constant moaning and groaning. Merc.
- (d) Reproaching others for mere trifles.
Inclined to reproach and vex others. Cinch.
Gets angry at trifles, hateful, vindictive. Nat. m.
Inclined to find fault and scold, morose, stubborn. Nux v.
Cannot bear contradiction, becomes enraged. Olean.
Inclined to treat others with rudeness and contempt.
Paris q.
Reproaches others, Hyos., Mez. — reproaches himself,
Calc. ph., Hyos. — reproachful. Caps., Lyc., Phos.
ac., Nux v.
- (e) Peevish, impatient.
And quarrelsome. Arn.
And fretful, does not want to be looked at. Ant. c. (See
Ant. t.).
And fretful. Calc. p.
Changeable ; pale ; chilly ; children. Puls.
Alternating cheerfulness. Aur.
And obstinacy. Calc.
And wrathful, Carbo v. — irritable mood, Caust. —
nothing pleases, Cham. — irritable or morose, Cycl.
— ill-temper, morose, Kreos.
Irritable ; noise is disagreeable ; easily startled, especially
if touched. Kali c.
Disposed to be morose or to quarrel. Lach.
Irritable, disposed to anger and chagrin. Mur. ac.
Irritable, passionate, noisy ; nervous, easily startled, rest-
less, hands tremble. Psor. (See Kali c.).
Fretful with excessive ill-humor. Staph.
Irritable ; quick-tempered. Sulph.
Irritable ; angry ; easily angered and offended. Caps.

(f) Pusillanimous.

Feels as though he had two wills, the one commanding to do the other forbids. Anac.

Unsteady, fickle, cannot persevere in anything, wants now one thing, then another, walks hither and thither. Asaf.

Has no confidence in herself, thinks others have none; this makes her unhappy. Aur.

Irresolute, constantly changing his mind. Loss of self-confidence, desponding, pusillanimous. Bar.

Unstable minded; begins now this, again that, holds but a short time to any one thing. Bis.

Idleness through the forenoon, does not really get to work, changes from one work to another (Bor.), from one room to another, without keeping to any object. Bor.

Vascillating, cannot accomplish anything at her work or finish anything; pupils contracted. Cocc.

Irresolute. Mez.

Cannot muster sufficient courage to do anything. Stan.

Want of self-confidence. Therid.

Indisposition for exertion of any kind. Colch.

Hesitates at trifles, timidity. Graph.

Everything becomes irksome. Manc.

(g) Restless, tossing.

With ebullitions of blood. Aloe.

Busy changing kind of work. Apis. (See Box.)

Anxiety which drives from place to place. Arg. m.

Cannot find rest anywhere, changes place continually, wants to go from one bed to another. Ars.

Wakeful, screaming; delirium part of the time. Arum.

Cannot control himself after smoking. Calad.

With gloominess and anxiety. Calc.

Wishes to be at home and when at home to go out, goes from place to place. Calc. p.

Anxious; four to six p. m. Carbo v.

Anxious; sorrowful mood. Croc.

Tossing about. Cup., Phyt.

Quarrelsome. Dul. (See Rheum.)

Fidgety while sitting at work. Graph.

- Wants to be continually moving about. Helon.
Wants to go from one bed to another; — jumps out of bed, tries to run away. Hyos.
Must keep in motion day and night, brain felt as if it were stirred up, felt as if going crazy. Iod.
While perspiring. Lachn.
When alone, longs for company. Mez.
Frequently changing position. Mur. ac.
With attacks of anxiety, especially during a thunderstorm. Nat. c. (see Phos., Pet., Psor.)
Of body in the evening, unless he exerts himself mentally. Nat. c.
With weeping. Rheum. (Opposite Dul.)
And anxious, solicitude about the future. Spig.
Continued and anxiety. Stan.
Very, talking much, measles. Viol. o.
Oversensitive (*a*), cannot bear light or noise (*b*), buzzing in the ears (*c*), will not be touched or uncovered (*d*).

Comparisons.—

(*a*) Oversensitive.

- Peevish, quarrelsome. Arn.
Great excitability, takes everything amis. Bov.
Pains insupportable, drives to despair. Coff.
In whooping cough. Cup.
And irritability with quick hasty speech. Hep.
Delicate conscientiousness. Ign.
Mind, during digestion, felt like crying. Iod.
And excitability. Marum.
Timid. Nitr.
To external impressions. Nux v., Colch.
To least impressions; the least word that seems wrong hurts her. Staph.
Inclined to scold. Viola.

(*b*) Can't bear light or noise. (See Kali. c.).

- Noise; smell; light and music (Sab.) or the most trifling ailment are unbearable and affect him much. Every harmless word offends (Staph.), every little noise frightens, anxious and beside themselves, can't bear even suitable medicines. Nux. v.

Bright light, strong odors, contact, misdeeds of others make him quite beside himself. Colch.

(c) Buzzing in the ears. (Taken from Lippe's Repertory.)

Agar., Amb., Amm. c., Amm. m., Ars., Aur., Bar., Cac., Calc., Carbo an., Carbo v., Cast., Cinch., Cocc., Croc., Dros., Hep., Iod., Kali. c., Magn. c., Mang., Mer., Mur. ac., Nat. m., Petr., Phos., Puls., Sec., Sep., Stront., Sulf., Sulf. ac., Tart., Therid., Zinc.
Right ear, Elaps., Magn. c.

(d) Will not be touched or uncovered.

Will not be touched or looked at. Ant. c.

Will not be touched without whining or crying. Ant. t.

Will not be touched, can't bear you to come near. Cina., Iod.

Cries when kindly spoken to. Sil.

Will not be touched, insane women, or approached.

Thuja.

Mood peevish; irritable, malicious, or sad, desponding.

Extreme irritability of temper with abdominal complaints.

Acet. ac.

The least thing that goes wrong makes her angry. Act.

Especially in the afternoon and in the open air. Æth.

Whining, with heat of the ear lobes. Alum.

Or bad humor, mostly in the mornings. Amm. m.

Extremely irritable. Anac., Caust.

Lasitude, low-spirited. Arum.

Ill-humor. Asaf., Chel.

Ill-humor, morose, aversion to all things. Bov.

Wishes to be alone, Bry. — inclined to fright, fear and vexation, Bry.

Without cause, peevish obstinacy. Calc.

Excitable and inclined to anger, peevish, wrathful.

Carbo v.

Nothing pleases, Cham. — impatient mood, Cham.

Ill-humor. Chel., Asaf., Graph.

Taciturn, does not want to go out. Clem.

Surly, ill-humor, not satisfied with anything. Colch.

Extreme, nothing seems right to him, extremely impatient, every word provokes him. Cal.

Ill-humored from five to six P. M. Con.

Or morose. Cycl.
Trifles will disturb. Dros.
Fretful, easily vexed, ill-humor. Graph.
Worse from consolation, does not want to be disturbed.
Hell.
Cannot endure the least contradiction or receive any suggestions in relation to any subject. Helon.
Disposed to be spiteful. Hydr.
Inclined to speak sharply. Slept badly, languid on waking. Hyp.
And sensitive. Iod.
Noise is disagreeable, easily startled (Psor.), especially if touched. Kali c.
Ill-humor, morose, ill-temper, obstinacy. Kreos.
Morose, disposed to quarrel. Lach.
Silent, reserved. Mang. ac.
Ill-humor, vexed over trifles. Mang. ac.
At and after dinner, with pressure in the forehead. Mar. v.
Or quarrelsome, taciturn, indifferent. Mer.
Ill-humor, bad taste in the morning. Mer. bin.
Disposed to anger and chagrin. Mur. ac.
Excited, Nat. c. — worse mornings, Nat. s. — out of humor, Nitr.
Morose, sullen, apt to be quarrelsome if disturbed.
Nux. v.
Excited, inclined to be angry, to scold; anxious, irresolute. Petr.
Of mind and body, prostrated from the least unpleasant impressions. Phos.
Passionate, noisy, nervous, easily startled (Kali c.), restless, hands tremble. Psor.
Disinclined to mental exertion. Rumex.
Of temper, hysteria. Sabina.
Impatient or changable. Sars.
Great irritability changing with indifference. Sep.
Fretful with excessive ill-humor. Staph.
Quick tempered, easily irritated, quickly penitent (Sulf.), great obstinacy, dislikes to have any one near him.
Sulph.
Restless. Sulph. ac.

Great depression of spirits. Ustil.
 And chilly, also during menses. Zing.
 Angry, easily offended. Caps.
 Fretful, nothing seems right, was vexed with himself.
 Bell.

Surly and dissatisfied with his condition. Bis.
 Anxious restlessness, whining and complaining, worse
 motion, better quiet. Canth.

Intolerance of sensual impressions, nervous irritation.
 Cinch.

Excitable, east contradiction angers, proud. Ferr.
 Ill-humor, despises everything, irascible, restless, angry,
 in sudden appearing spells. Ipec.

Vehement, quarrelsome, excitation as if intoxicated,
 after. Kali hyd., Merc.

Towards evening and next forenoon very cross. Kalm.
 Impatient. Lil.

Inclined to be out of humor and angry, vehement. Led.
 Vehement, angry, headstrong. Lyc.

Angry about trifles or imaginary things. Meph.

Angry about trifles, soon sorry. Mez., Sulph.

After a fright afraid in the dark. After a fright with vexation or
 anger, heat, congestion, threatened abortion. Ailments
 from fright following later.

Comparisons.—Fright.

Threatened abortion. Actea.

Ailments from. Arn., Hyp., Petr., Plat.

Followed by convulsions. Hyos.

Liver complaints. Lyc.

Fear of still remaining. Op.

Mental disturbances after. Plat.

Hysteric paroxysms after. Sabad.

Easily frightened, trembling and restlessness, — followed
 by suffocative spells with bluish bloated face. Samb.

After, fear, anxiety, coldness, fainting, involuntary diar-
 rhœa. Verat. (Gels.).

Anger.

Suffering following. Alum.

Easily angered, from it, coughs and stitches in the chest.
 Arg. n.

Ailments from. Arn.

Bad effects from. Bry.

With indignation, also bad effects therefrom, particularly vomiting and diarrhoea. Coloc.

Followed by quiet grief or sorrow. Ign.

Ailments from. Op.

Alternate laughing and weeping with great anguish and fear of death. Plat.

Ailments from, etc.

From fright or anger. Arn.

From grief or disappointed love. Aur.

From grief, from disappointed love. Calc. p., Ign., Phos. ac.

Emotion, fever and red cheeks. Caps.

From vexation. Cis.

From sudden pleasurable surprises. Coff.

From bad or exciting news. Gels.

From grief. Graph.

From grief, mortification, bad news, or suppressed mental suffering, — disappointed love. Ign., Calc. p., Phos. ac.

From anger, mortification or vexation with indignation. Ipec.

From emotions. Kreos.

From excessive joy, fright, anger or shame. Op.

From vexation with fright. Petr.

From grief, sorrow, homesickness or disappointed love, particularly with drowsiness, night-sweats toward morning, emaciation. Phos. ac. (See Ign., Phos. ac.)

From injured pride or honor. Verat. (See Staph.).

Gastric and Abdominal Comparisons.

R. K. FLEMING, M.D., PITTSBURGH, PA.

Œsophagus.—

Burning from stomach up through the œsophagus to the mouth, with tingling.

Stomach.—

No appetite, loathing of food.

Arnica has repugnance to food and aversion to meat and broth.

Arsenicum has loss of appetite with loathing of food.

Carbo veg. has aversion to meat and fat things (Puls.), and to milk which causes flatulence.

Colchicum has aversion to food, loathing the sight and *still more the smell of it.*

Burning, unquenchable thirst.

Intense thirst, drinks often but in small quantities.—Breyfogle.

Arsenicum also has the same symptom, and Bryonia the reverse.

Desire for *beer*, wine or brandy.

Gastric catarrh from drinking ice water.

Arsenicum has the same condition.

Painful hiccough.

Nux vomica has violent hiccough.

Pulsatilla has hiccough after cold fruit and after drinking.

Vomiting of lumbrici.

Cina is indicated in same condition. Vomiting of bile.

Podophyllum has vomiting of thick bile, mixed with blood.

Vomiting of green masses; of mucus, and of what has been drank.

Arsenicum has violent and incessant vomiting, excited by eating and drinking.

Phosphorus has the symptom, as soon as the water becomes warm in the stomach it is thrown up.

Pressure in pit of stomach as from a weight or stone.

Arsenicum has the same symptom.

Bryonia has pressure in stomach after eating, as from a stone, makes him fearful.

Pulsatilla has weight like as from a stone in stomach, especially in morning on waking.

Nux vomica has bloatedness, and pressure as from a stone in the stomach, especially after eating.

Region of stomach sensitive to touch.

Abdomen.—

Swollen, burning, hot, and sensitive to touch.

Belladonna has painfully distended abdomen, very sensitive to touch.

Meteorism, vomiting, inability to urinate.

Apis has fullness and enlargement of the abdomen.

Sulphur has painful sensitiveness of the abdomen to touch, as if internally raw and sore.

Lachesis has painful distension, flatulence, can bear no pressure.

Burning and cutting in the intestines, worse from pressure or lying on the right side.

Colocynth has same symptom, relieved by pressure.

Stool.—

Watery; white, with red urine; like chopped herbs, summer complaint; black, fetid; bloody and slimy; scanty, loose, frequent with tenesmus.

Intolerable nightly tingling and itching at the anus, from seat worms. China and Ratania are also indicated in same condition.

Some Comparisons with Aconite.

J. L. FERSON, M.D., PITTSBURGH.

Headache as if the brain were moved or raised, worse during motion, drinking, talking or sunlight.—Hering.

Heaviness and pressure in the forehead as if there were a load there pressing outward, as if all would come out. Pressive pains in the temples, sometimes throbbing; location: the forehead, temples, eyes and upper jaw; aggravated by motion, stooping and noise; relieved by repose.—Dunham.

Headache as if everything would press out of the forehead; vertigo on rising; sensation as if hairs were standing on end, with sensitive scalp.—Burt.

Belladonna has, like Aconite, a headache which is worse from motion. Both have pain of a throbbing character and red face. Aconite is relieved from lying down, while Belladonna is aggravated from lying down. Both are worse from stooping and from noise. Belladonna is worse from any light, Aconite is worse from sunlight. The aggravation from stooping, light and noise is greater under Belladonna; the local congestive symptoms are also worse under Belladonna. Aconite and Belladonna both have vertigo from motion, from rising, both going so far as fainting. With Aconite, on rising there is vertigo, fainting and paling of the face; with Belladonna there is vertigo, even fainting, with added redness of the face.

Berberis has a headache, faintly marked, with aggravation

from motion; like Aconite it has a headache with pressure from within outward in the forehead and temples; but the Berberis headache is likely also to similarly affect the occiput. The vertigo of Berberis comes on from motion, from rising, and is so severe that the patient may fall, which condition is less marked than that of Aconite, and the congestive symptoms of the latter are lacking. Berberis in a general way is to be thought of when the urinary or hepatic symptoms which call for it are also present.

Cinchona has a headache which may be similar to Aconite in the following: "Throbbing headache, worse from any motion; the scalp is sore and sensitive to touch, and there is vertigo when rising." The Cinchona headache would seem to bear a general resemblance to Aconite, but it proceeds from a condition opposite, i. e., anæmia—usually following the loss of blood. The pressing outward in the forehead of Aconite is absent, and instead, with the throbbing is a bruised feeling involving the entire head. Both have the sensitiveness of the scalp, worse from any contact, but with Cinchona, similar to Belladonna, there is relief from tight bandaging or hard pressure. There is accompanying the Cinchona headache, usually, roaring, singing, hissing noises in the ears.

Bryonia also has a headache worse from motion, even so slight a motion as rotating the eyeballs. Both Bryonia and Aconite have vertigo on rising, the pressing out character of pain in the forehead, and the soreness of the scalp; but Aconite tends to extend in the direction of the face and upper jaw, while Bryonia may extend as far as the eyes and develop soreness there as does Aconite, only more marked in degree. It stops at the eyes and extends backward along the base of the brain, through the head to the occiput. Bryonia lacks the congestive symptoms and is in marked contrast with the mental symptoms of Aconite.

Glonoine has an intense congestive headache, and sometimes a sensation as if the brain were moving in waves, which is very similar in such form of headache to the Aconite symptom of "burning and sensation as though the brain were moved by boiling water"; with both there is a throbbing, more intense with Glonoine, while Aconite has "pressing from within outward as if everything would issue from the *forehead*." Glonoine

has "full bursting sensation *all over the head.*" Congestive symptoms are more marked under Glonoine, and like the Belladonna congestive headache is worse after lying down, and as with both Aconite and Belladonna, is worse from bright light. Like Aconite, Glonoine has redness of the face which is bathed in perspiration, it does not however produce the soreness of the eyeballs found under Aconite, and its mental symptoms are different, instead of the anxiety, fear, fretfulness and pusillanimity, there is a frantic condition, "wants to jump out of the window."

Nux vomica headache is worse from motion; it has also a congestive headache with burning and redness of the face, the pains being pressing, boring in character. The pressing pain differs from that of Aconite in that the pressing is inward, while that of Aconite is outward; with *Nux* it may be felt in the forehead or on the vertex; the vertigo on rising, so characteristic of Aconite, is lacking in *Nux*, neither is there throbbing mentioned. Both have the soreness of the scalp and eyeballs. Instead of the anguish and fear of Aconite, *Nux* has scolding, irritable mood with oversensitiveness of mind, being offended at harmless words, etc., also affected greatly by noises, light pain, and odors. Usually the *Nux* headaches accompany gastric or bowel troubles.

Theridion has a headache which is worse from motion. It lacks the pressing out sensation of Aconite, but has a frontal throbbing headache similar to Aconite; it is also worse from noise but not from light. It has an intense vertigo aggravated from any slight motion; it has, too, a vertigo made worse or brought on by closing the eyes. Noise, with Aconite, aggravates the pain and increases the mental irritability, but with *Theridion* it excites nervous irritability, such as may be found in hysterical subjects and even intensifies the vertigo. *Theridion* lacks the flushed face of Aconite, the face is pale; the sore eyeballs and scalp are also absent.

Aconite has a "painful stiffness of the neck, worse from moving the neck; pains down the neck to right shoulder."

Ammonium mur. has stiff neck with pain from nape to between the shoulders when turning, and may have accompanying coldness between the shoulders which is not relieved by any covering. I should judge from the reading of the symptoms that the

Aconite stiff neck was painful in any position, but aggravated by motion, while Ammonium mur. is only painful when head is turned or moved.

Hering does not give any symptoms under Belladonna of stiff neck; it has "pressing pain externally in the neck when bearing the head backward or when touched." Nothing more than this, although Lippé gives it prominence as a remedy with stiff neck. Any motion will aggravate the pain with Aconite while with Belladonna it requires a throwing backward of the head.

Bryonia has painful stiffness of the neck on moving the head, but the pain does not extend to the shoulder as in Aconite, and it is likely to include the right side.

Chelidonium has stiffness of the neck, but does not seem to be at all aggravated by motion. It is like *Bryonia* in that it involves the right side, and even around to the front, inasmuch as there is "pain in the right cervical muscles and in region of right clavicle." The pain is distinctly right-sided even when the lower back is at the same time involved.

The assumption that the *Cyclamen* stiff neck is aggravated from motion is based on the symptom, "Stiffness of the neck with laming pain. Here the *left* side of the neck is involved.

Lachesis has a stiff neck which renders the movement of the jaw difficult and aggravates pain; there is tearing from the nape up either side to the top of the head.

Lachnanthes has, "Pain and stiffness in the neck, going over the whole head and down the nose, then as if pinching the nose together." While it is aggravated by motion like Aconite, it does not affect either side particularly, and instead of extending to shoulder, it passes upward over top of head. Like Ammonium mur. it has a sensation of coldness between the shoulders defined "as if a piece of ice lay there." *Lachnanthes* may so affect the muscles on either side of the neck as to cause them to contract, drawing the head down on one side; Aconite lacks this symptom.

Rhus tox has stiffness of the neck with painful tension when moving. There may be as the cause "having gotten wet or from sleeping in damp place or on ground." The feeling of tension is entirely different from the Aconite pain.

Zincum has neck symptoms aggravated from any movement of the affected part. There is "stiffness and tension of the

neck" thus more like Rhus. Tearing pains like Aconite, "Nape of neck feels weary and tired from writing or any exertion."

ALLOPATHY VS. HOMŒOPATHY.—A DIFFERENTIAL DIAGNOSIS.

C. H. LAWTON, M.D., WILMINGTON, DEL.

In the economy of nature, every problem, political or social, from whatever standpoint considered, must be solved in accordance with universal law; otherwise it is unreliable, unsafe, an element of discord in the moral atmosphere, and unworthy to take its place as a part of science.

All truth must harmonize. When, therefore, we find by experience that two systems, both having in view the accomplishment of the same object, are diametrically opposed to each other, we know that they cannot both bear the seal of immutability, and when we hear patients saying, "Our doctor practices both," we know that the physician referred to is either false to himself and to his patients, or ignorant of the law of cure.

In drawing the dividing line between the two great schools of medicine, we shall designate the old school as "Allopath," although we understand that they of late ignore the name, possibly because Hahnemann, the founder of our school, was the first to use it in contradistinction to Homœopathy. We would modestly suggest, however, that a name that has borne an honorable record in the past, and can lay claim to a distinct method, related to some *law* or *principle* is greatly preferable to no name at all, or one that Webster defines as empirical, founded on experiment or experience; neglecting the aid of science; ignorant and unscientific.

There is, and can be, but one law of cure, *similia similibus curantur*. The rule prescribed by the old school for centuries, *contraria contrariis*, never cured a patient. That patients sometimes get well under their treatment, we admit. That medicines administered in accordance with this principle, act with inherent power and promptly control the most distressing pathological conditions, we will not deny; but it is only by the

primary or toxic effect of the drug, and is palliative, but *not* curative.

As to every action there is a corresponding reaction, so to every drug there is a primary and secondary effect. If a patient is relieved by the primary effect of a drug, it, being only temporary, is therefore only palliative, and the secondary effect must be an aggravation. If we get relief by the secondary effect it being the last is permanent, and cannot be other than curative.

The Homœopathic physician who gives *large*, and the Allopath who gives *small* doses, both fail to attain the object that, according to the tenets of their respective schools, they have a right to expect. Allopathy administers medicines according to the law of *contraria*, in other words, employs medicines that will produce effects the opposite of the disease, thus controlling diseases by bringing the systems under drug influence. The most that can be said of this treatment is, that *it is* palliative and gives the patient temporary relief.

The aphorism we so often hear from patients who have grown up under allopathic influence, that "if a little will do good, more will do more good," here finds its true prototype. Homœopathy on the contrary seeks to avoid producing any drug effects. Giving as we do medicines that will produce symptoms similar to the disease, a large dose of medicine *if it be selected according to the Homœopathic law would* produce an aggravation.

From this standpoint it is easy to see that the larger the dose the greater will be the aggravation, hence the time we have to wait for the secondary or curative effect will be correspondingly long, and although a large dose of medicine may be homœopathic to a given case, it would be very crude Homœopathy and very poor practice to administer it in that manner.

To the so-called homœopathic physician who gives palliative treatment we feel like saying, if we can do no better, don't let us saddle it upon Homœopathy; if our principles are eclectic, let us be consistent and follow that philosophy, nor claim to be Homœopaths when we are so only in name.

Being a graduate of a homœopathic college I am sorry to say does not constitute a homœopathic physician: No! not even a belief in the law of *similia* will make a man a Homœopath any more than being a member of the church and a believer in the Bible makes him a Christian. The apostle Paul refers to a class

who having the form of godliness deny power thereof. This will apply to a host of homœopathic physicians of to-day. They believe in Homœopathy on general principles but deny it in their practice. Having never formed a proper conception of this great truth, or comprehended their relations to it, they have by their inconsistencies merited the contempt, and exposed Homœopathy to the ridicule of, our opponents.

Let us now place these two systems side by side and judge of their comparative merits:

First, Allopathy: What claims does she make to a scientific recognition? None! *Experimentia* is her test of knowledge; and *contraria contrariis* her source of power. Coleridge says: "To most men experience is like the stern lights of a ship which illumines only the track it has passed." It seems to me the point is well taken and the application easy. Our allopathic brethren need a head light.

Etiology, diagnosis and prophylaxis are her strong holds; she makes no claims to science in therapeutics; she revels in specifics, and the hypodermic use of Morphia is her universal panacea.

But what of Homœopathy? What are her claims to a place as a part of science? First, Every medicine is selected in accordance with a universal principle, *similia similibus curantur*, the only curative law known among men. Second, She recognizes no specifics except such as are selected in conformity to this law. The whole laboratory of nature is at her command. There are no medicines or appliances she may not utilize; and yet no medicine is homœopathic until a case has been individualized by taking the totality of the symptoms, and *the* remedy selected according to the law of *similia*.

Our opponents sometimes claim that the position we occupy is weak and defective; that our scientific basis, obtained by the proving of drugs on the healthy is nothing more than is justly her due. But is there no difference between an experiment and a proving? Let us see!

We cannot know whether the result of an experiment will be of value or otherwise; it is not certain whether any truth will be obtained or any fact established. But to *prove* a remedy according to the rules laid down by Homœopathy is to light the torch that illumines our therapeutics and places the philosophy

and doctrines of our school on a basis so broad, deep, and enduring, so in conformity to universal law, that the storm of opposition may spend its fury against them in vain. They have been sealed with the seal of immutability and are as unchangeable as the very throne of God.

Clinical Medicine.

A CASE OF PULMONARY TUBERCULOSIS, TREATED WITH ONE DOSE OF CALCAREA CARB. 50m.*

W. J. MARTIN, M.D., PITTSBURGH, PA.

March 31, 1888, Miss Mamie C., æt. 18 years, was brought to my office. She had complained of feeling tired for many months, she was very short of breath when ascending steps or going up a hill; she had formerly been a strong girl, nothing seeming to tire her. She has noticed for some time, a depression or "falling in" of the chest wall over the upper part of the left lung, and now for the first time called her mother's attention to it, who becoming alarmed, brought her to me for examination. The family history is bad; the girl's father and mother have each had a brother or sister die with pulmonary tuberculosis. I made a very careful examination of the lungs and found a well marked circumscribed depression over the upper left lung; also dullness on percussion, and on auscultation rough respiratory murmurs at this place. Everywhere else the lungs were perfect. Expansion two inches. No cough, not even on deep inspiration; pulse 96, temperature 99.5° in the afternoon. Diagnosis, tubercular infiltration of upper part of left lung.

"Where we have circumscribed depressions of the surface of the chest, they follow shrinking of the lung from any cause which may occasion a collapse, but by far the most common cause is caseous condensation of the lungs. The reason of the depression is clear, for when the lung fails to occupy as much

*Read before the Homœopathic Medical Society of Pennsylvania, Sept. 19, 1888, at Philadelphia.

space by reason of condensation, the walls become depressed from the force of atmospheric pressure acting upon the outer walls. The upper anterior portions of the chest in the supra- and infra-clavicular regions, are the points where such depressions are most frequently found."—Brigham on Tubercular Phthisis, p. 46.

"Among the earlier and perhaps the symptom of first importance is weariness. Patient says, I wish I could get rested, feels too feeble for doing anything; particularly wearied and out of breath on going up hill or up stairs. At this stage may also be noticed the delay in expiration while breathing; the expiration being relatively longer than the inspiration. Then follows the constantly increasing muscular attenuation, the liability to take cold, the short, dry, hacking cough, the complexion showing that the coloring matter of the blood is also diminishing, for the pallor comes in the early stages almost uniformly. If your patient is connected with a phthisical family, these symptoms are all the more significant. If they come from any unexplainable source they are of the gravest import. Whatever the antecedents the case has reached a critical period."—Brigham, Tubercular Phthisis: Prodromic Symptoms, p. 68.

I have said my patient had no cough. This is peculiar, and on this point I wish to quote from the pen of Dr. Alonzo Clark, of New York, in Pepper's System of Medicine, p. 1167, vol. ii. "I examined the lungs, and found in the upper part of the right a cavity so large that it could have received a fist. I was surprised by the fact that she did not cough and had not coughed. She herself assured me of that (she was twenty-one years old); her physician, who was present at the visit, had never her cough, and had no suspicion of any plumonary complication; but, more than all, her mother who had walked with her, slept with her, eaten with her, traveled with her, and from the beginning of the illness had not been out of her company more than twenty minutes in any twenty-four hours since the disease began, had never heard her cough. Here, then, was a case in which the alarm-bell of phthisis had never been sounded."

The symptoms of my case as already stated were sufficient to make out a satisfactory diagnosis of the disease to be plumonary tuberculosis. But to make a diagnosis of the remedy that would cure the disease required further inquiry; and I found

that this girl had commenced to menstruate very young; that the menses were always too early and too profuse, and preceded by leucorrhœa. She had always been stout in appearance; leuco-phlegmatic temperament. Sweats very easily and profusely, especially upon the palms of the hands and soles of the feet, her stockings are always wet when taken off. Diagnosis of the remedy, Calcarea. Accordingly, on March 31st, I gave her one dose of Calcarea 50m. and powders of Sac. lac., one of which were to be taken every morning. Also instructed her to take frequent walks out of doors with the shoulders well thrown back, and to practice regular, slow, full inspiration and expiration. Plain diet, plenty of meat and milk. The result of the treatment I will give in the words of the mother.

She writes: "Brownsville, Pa., May 14, 1888.—It gives me great pleasure to tell you that Mamie is improving nicely. Her appetite is a great deal better than it was a month ago, and the food seems to be doing her good. She still complains of having those pains in her breast about the heart and where the depression is. She says that they are sharp and that they come on every once in a while. Her feet and hands do not sweat nearly as much, and she does not get so tired after walking or so short of breath. I have measured her chest twice since we came home and neither time could she expand more than two inches. You asked about her monthly periods. Now, she goes about twenty-five days; she was real sick at the last period. I think the lung is filling out some, although the shrinkage is quite noticeable still. Her health is noticeably better. Whenever you want to see her again please let me know."

She writes again as follows, June 4, 1888: "She continues to improve rapidly. The lung has filled out evenly with the right—or at least it appears so to me—her breathing seems all right, hands and feet have quit sweating and all bad symptoms have vanished. She can expand two and a half inches nicely. She has only had pain at two different times in her lung, since I last wrote you, and neither time was it severe. She was quite sick last week for a couple of days while menstruating. I really have nothing more to write you about her. We are so pleased that she has improved in the way she has done, we feel very grateful indeed."

July 2, 1888, she writes: "You ask me to give you Mamie's

weight. She was weighed last Saturday with her summer clothing on and weighed 133 pounds. I am sure she weighs more now than in the spring. She has improved steadily, never for one day not feeling quite so well. She had a better time the last time she changed, than I ever knew her to have. She has been having a good bit of horse-back exercise, and it has been beneficial. I have no reason to believe the lung is not entirely well, and yet I think it is simply impossible that it could get well in such a short time. I haven't a thing to tell you about her, she seems so perfectly well."

August 5th she writes: "I have the same old story to tell you about our patient which is so pleasing to tell. She writes me from Washington, where she has been for a couple of weeks, that she is feeling well, and standing the hot weather first-rate, with the exception of getting a little nervous sometimes," etc.

August 14th I saw the young lady again and made another careful examination of the lungs. The circumscribed depression over the upper left lung had almost disappeared, so much so that one would not observe it unless hunting for it. Percussion and auscultation detected nothing abnormal. Expansion two and a half inches. She was so well in every particular that I dismissed her without medicine, telling her to let me know when she had anything to complain of and I would send her medicine. I have not heard from her up to this time.

The one dose of *Calcarea 50m.* administered on March 31st, was the only dose of medicine she had. Would a low potency and frequent doses have done so well? I think not.

NEURITIS.—LACHESIS.

HARRY M. LUFKIN, M.D., ST. PAUL, MINN.

May 8th, I was called to see a case which I think instructive, for it shows conclusively the efficacy of the indicated remedy in an affection which too frequently leads to serious results, to the impairment of some vital function or to a paralysis that may endanger or render life a burden for months or years.

Striking contrasts in the therapeutic strength of the two dominant schools of medicine are not rare. Nor do these contrasts weaken the cause of Homœopathy. It is the contrast which

has made Homceopathy a recognized power in the world of thinking intelligent people and is gaining for it, daily, new advocates and strong friends.

Miss W., a vocal teacher, age 25, light hair and eyes, well nourished, of nervous, sympathetic disposition, rather lymphatic temperament, gave me the following history of previous illness:

At the age of seventeen had cerebro-spinal meningitis, from which a good recovery was made. Good health was enjoyed from that time till two years ago, when without any apparent cause, a severe pain appeared in the left foot, extending from the instep to the great toe, then, as it grew in intensity, the pain ascended the leg to the knee, thence darting to the thigh. At the end of a few days from the onset the suffering was so aggravated that a physician (allopath) was summoned. The diagnosis "inflammation of the nerves" was announced, the grave consequences likely to follow dwelt upon, and treatment instituted. What the medicinal treatment was the patient did not know. She would not take Morphine nor allow a hypodermic, but sedatives were most likely given.

Local treatment was employed, hot mustard water bath, hot poultices to cover the entire extremity, and liniments of various kinds were the order of the day. With all this the patient was in bed three weeks before the pain subsided, but at the end of that time the doctor was justified in his warning of grave consequences. Paralysis of the limb was almost complete, and treatment changed to massage, electricity and various kinds of baths. Regeneration set in at the end of three months and at the close of the sixth month the limb had regained some power. The improvement continued but the limb never regained its previous strength.

Present condition: May 5th, three days before I first saw the patient, she experienced a severe pain in the great toe of the left foot. Thinking it was caused by a hang nail, a slight wound was made with a needle for relief. The pain grew rapidly worse until the time of my first visit, when I found the whole limb affected. The pain was darting, tearing, excruciating in character, extending in shocks, aggravated by the merest touch of the bedclothing, from the toe to the knee, along the course of the anterior tibial nerve. From the knee the pain

darted into the hip or abdomen. The pain was constant, save for the aggravation which made it ten-fold worse. The pain completely exhausted her, bodily and mentally. Could obtain but little sleep which seemed to make the pain worse. These symptoms, together with the fact that the left side was affected and the left limb was very weak from the previous attack, led me to prescribe Lachesis 12x, a dose in water every half hour, the interval to be lengthened to two hours if the pain was eased.

The next day, May 9th, improvement marked. Passed a better night than she has since the onset. Could bear slight touch. Satisfied to let well enough alone I continued Lachesis, a dose morning, noon and night.

May 10th.—Patient could move about without much pain. Felt stronger, less exhausted, pain was not so severe as before. Remedy continued.

May 12th.—Found patient sitting up, pain almost gone, was feeling well in every other respect.

From this time on improvement continued steadily. The 10th day patient could step lightly on the foot and at the end of a month was as well as before the attack.

At the present writing, three months after the attack, my patient tells me that the limb, she thinks, is stronger than it has been since the illness of two years ago.

HÆMATOXYLON.*

E. W. BERRIDGE, M.D., LONDON, ENG.

July 9, 1887.—Miss E., age 45 years, has nearly lost voice from getting overheated. It began with hot sore patch in larynx yesterday afternoon. This morning on awaking could scarcely breathe. Ever since she can remember has been subject to throat attacks from the least damp; and the slightest cold always attacks the part. These attacks last for a week badly, and continue less severely for two or three weeks more, her voice not returning fully till the end of this time. Present symptoms: soreness of throat in swallowing saliva, *feeling of a bar across center of chest*, about level of clavicle; the bar feels

*Read before Hahnemann Association of Pennsylvania.

heavy and hot, and is very burning on awaking in morning; it feels like a solid square bar, with sharp edges. She always has this "bar" symptom in these attacks, and later there is a feeling of fluttering of a feather there, causing constant irritating cough, which does not relieve it; but this symptom has not yet had time to come on. She has to fetch the breath by exertion over the "bar." Both her parents died of phthisis; her two sisters are very rheumatic. Hæmatox. 200, a dose at once and every three hours till better.

July 14th.—Reports very much better, after the first dose the "bar" feeling was less, it felt less heavy and with less sharp edge; and the smarting and soreness were more diffused over chest. Her voice has now returned. On the night after I prescribed for her the upper part of throat felt inflamed and looked inflamed and glazy. The "bar" had quite gone by evening of July 10th; at the same time her cough became loose, and the nose began to run, which it very seldom does in these attacks. The feather feeling hardly came on at all. She says the medicine has cut the attack short.

Aug. 2d.—Reports that she soon recovered. She has had one other cold but it quickly ceased without medicine.

February 29, 1888.—Has not had a bad cold since, till now, when there was excessive irritation in upper throat, worse evening and night; feeling of great weakness in throat; hoarseness, and a threatening of the "bar" feeling last night. I gave one dose of Hæmatox. 5m. (F.C.), prepared by my friend Dr. Tyrrell, of Toronto, and it was soon cured.

GONORRHŒA.

ALFRED PULFORD, M.D., ANSONIA, CONN.

About a month ago I completed a cure of, what was to me at least, a peculiar case of gonorrhœa. Perhaps it may be of interest to some one else.

F. C., æt. 20; short stature, well built, of dark complexion, a gentlemanly looking boy; got on good terms with a professional lady friend in a neighboring town who afterwards left her trade mark upon him, in what proved to be a virulent gonorrhœa. The boy is of a catarrhal disposition and the dis-

charges from the urethra were like those of the posterior nares, viz., tough, yellow and stringy. He applied to our allopathic brethren who at once used caustic injections. All this and other brilliant and scientific regular (?) treatment went on for fifteen months under the brightest allopaths of Ansonia and New Haven, and he gradually grew worse. Three months ago he came to me and said: "Doctor, I've got a stricture so I am told, I am completely discouraged, have been under treatment for fifteen months and am worse to-day than when I began." Can you cure me? was the query. I examined the case, found he had a narrowing of the urethra in the region of the prostate gland, which may have been caused either by enlargement of the gland itself or to a thickening of the membrane, due to inflammation from undue use of bougies. However, I decided to see what homœopathic treatment could do, before I interfered mechanically. The symptoms were: Narrowing of passage, so that the urine was only passed in a thin stream with much pain (he could not describe it), and burning during and a minute or so afterwards. A drop seemed to remain behind and trouble him for a long time. Occasionally a burning far back in the urethra. Stiffness on arising in the morning, appetite good. Hawks thick tenacious mucus from the fauces. The discharges from the urethra were, at the commencement of the disease, tough and stringy like those of the posterior nares, but changed to a thin white consistency from the treatment he had received. The urine was of a dark red color. Mouth was dry.

I looked in vain for a remedy to cover all these symptoms and the so-called stricture, but decided to give Kali bich. 6x. In four days he came back much worse, having taken a powder three times a day. I then decided to give him a powder every other day.

In two weeks time he was decidedly better, he could pass water freely, the stiffness had gone, his nasal catarrh about gone, and the so-called stricture was entirely gone, as was all his pain, soreness and burning. The mouth also regained its normal condition of moisture. The discharge which was an ordinary one of a few drops now turped into a prostatorrhœa and immediately after every erection there was a discharge of a teaspoonful or more of prostatic fluid. This, Kali bich. failed to remove after a week's trial, so I concluded to look for a new

remedy to cover this one symptom as there were no more. I looked through six works on materia medica and to my disgust could not find the symptom; at last I turned to Burt and found under Phosphoric acid, "Discharge of prostatic fluid before or after an erection," so I gave Phosphoric acid and cured case completely in two days more, and it has remained so now six weeks. I have treated a great many cases of gonorrhœa but never found a case of prostatorrhœa follow a gonorrhœa, and particularly with a discharge immediately after the penis became relaxed.

Surgery.

SURGICAL NOTES.

J. G. GILCHRIST, M.D., EDITOR.

OZONE IN CARCINOMA.—Professor Lilienthal finds in his foreign periodicals (*Munch Med. Wochenschr.*, 16, 1888,) a report of Schmidt of the treatment of carcinoma by the "intraparenchymatous injections of ozone water." He says: "In November, 1887, Schmidt injected it into the morbid tissue and all around it, and after a few weeks, improvement could be clearly observed; after four months' continuous treatment, it was clear that ozone inhibits the growth of cancerous nodes; and may finally obilterate them, without doing any injury to normal tissue or endangering the welfare of the organism. Fifty milligrammes to two decigrammes ozone-water are mixed with one liter of water. Before its application, some potassium iod-starch was added to a portion of it, and according to its strength the solution was of a dark blue, bluish-black or black color. Injections were made with Pravez or similar syringes of different sizes, according to the seat of the disease. The number of injections varied according to the size of the tumor from one to ten or more injections daily; they were made into the cancer in different directions and depths, and around the surrounding tissue. (The syring must not be cleansed with carbolic acid, as the latter destroys the ozone.) Injections are also made into

the swollen lymph-glands, care being taken that the course of the lymphatic vessels should not be neglected. The pain after injecting mild solutions is not very great, and never lasts longer than twenty or thirty minutes. After injecting stronger solutions, we meet with some œdema, light redness and sensitiveness to touch. With weak injections all this disappears in a few hours, even around the eyes; with stronger injections these manifestations may last a few days. According to these symptoms of reaction the injections were modified in quality and quantity, but never omitted for a longer time than two or three days. In the course of such treatment the cancerous ulcers became cleaner, smaller, and finally cicatrization took place. The nodes diminished in size, gradually hardened, so that the needle could hardly penetrate them, and only a few drops could be poured in with some exertion. After some such treatment the parts attacked swelled up, became œdematous and tense, of a bluish-red color, painful spontaneously as well as to the touch; when cut into, œdematous cellular tissue was found under the apparently normal skin, and below it a thick, tough tissue, which finally passed into connective tissue shrinking. Soft cancers may be thus changed into hard ones and obliterated.

“No injury ever followed, nor did suppuration set in, and though veins might have been touched, the entrance of ozone into the bloodvessels never showed any bad influence. Where detrition and ichor have already taken place, such surfaces must be scratched out, the thermocautery applied and the field prepared for the injections. Carcinoma is often found in places where surgery is rather difficult, as in the buccal cavity, in the region of parotid glands, near the eyes, etc. Especially where relapses threaten, the ozone treatment should be steadfastly carried out; the pain may be greatly diminished by a local anæsthetic. It ought to be also employed in sarcomatous tumors. Tuberculous abscesses yielded several times to such injections and washing out with ozone-water, and as it is a strong and innocent disinfectant, it may be used in erysipelas instead of carbolized injection recommended by Hueter.”

The statements in the above extract are sufficiently energetic, and yet it is much to be feared that the facts will ultimately be found quite otherwise, as has been the invariable history of all “injection” treatments hitherto. It is probable that carcinoma

will remain, for some time to come, an absolutely incurable affection; so far we have no reason to hope for anything else.

BRAIN SURGERY.—The much-abused uterus and female genitalia seem to be having an opportunity for recuperation just now, medical attention being directed to brain and cord surgery to a remarkable extent. Notwithstanding the daily occurrence of cases equally as interesting as the subjoined, there is something almost miraculous in the results obtained in the light of what many of us were taught. The Hahnemannian Monthly publishes the following: “Professor Thornley Stoker read particulars of a case in which a man fell from a cart while drunk. He came to the Richmond hospital some days later, rather stupid, and with some lightly marked paralytic symptoms. It was not easy to determine whether he had not an attack of apoplexy. The paralysis became more marked, Mr. Stoker trephined in the region of the fissure of Rolando—there was no fracture—and struck the margin of a blood-clot. He again trephined and more fully exposed the clot, which was washed out. The area so compressed was about three inches, and the clot measured nearly an inch in depth. The patient recovered and was exhibited. Sir W. Stokes read a paper on a case of successful trephining for cerebral abscess, and exhibited his patient. The man had been struck with a poker on the left side of the mesial line of the head, and about an inch anterior to the coronal suture. He was treated as an out-patient at another hospital, but ultimately applied at the Richmond, when he was admitted, several weeks having elapsed from the date of the injury. He soon presented brain symptoms, became convulsed and comatose, and it was determined to trephine. A small fracture was found under the scar; the dura-mater bulging into the wound, an exploring needle was introduced to the depth of an inch and a half, and pus was at last found. The dura-mater was then incised, and one ounce and a half of pus was evacuated. The patient completely recovered, and is now attending to his ordinary work. The paper noted eleven other cases of abscess which had been operated upon by various surgeons, and discussed the questions involved. The third case was brought forward by C. B. Ball, of Sir Patrick Dun’s hospital, and the patient was also produced. The lad had been struck with a small knife over the squamous portion of the left temporal bone

ten days before admission. The wound was healed, but he had some aphasia. Pain in the head and ear supervened, and the aphasia increased. It was determined to explore. He was trephined some weeks after the original injury. A wound was found in the dura-mater corresponding to the puncture of the bone. A sinus forceps was passed in, the wound opened up, and some blood clot escaped. The patient was decidedly better, but next morning, he was again aphasic. The wound was washed out and more blood clot escaped. The aphasia almost disappeared, but two days later it returned, and the wound was again washed. After this, the patient progressed favorably, and is now well. Dr. Ball pointed out the *role* of the brain lesion, as indicated by the various symptoms of aphasia. The group of cases was a very remarkable one, and the record of them cannot fail to influence the views of surgeons on the subject of brain surgery."—British Medical Journal, March 3, 1888.

TUBULAR ANEURISM.—As far as I am informed aneurism of the aorta, whether thoracic or abdominal, has been cured or materially benefitted by only one remedy, *Lycopodium*. To be sure Gallic acid and *Secale*, in large doses has sometimes done good service, but not from a purely homœopathic application. The Homœopathic World for June gives an account of a case of abdominal aneurism apparently cured by *Baryta carb.* 3x, in the practice of Dr. Moir. The age of the patient is not given, but his occupation (a bricklayer), if English literature is to be believed would go far to prove intemperate use of alcohol. *Baryta carb.* is one of the most useful remedies in the ailments of old people, particularly such as arise from senile degeneration. One of the most common of these is atheroma of the bloodvessels. Alcoholism produces the same arterial change, and such changes are the common conditions leading to spontaneous aneurism. So it is easy, by a process of reasoning, if not from a pathogenetic basis, to show the homœopathicity of *Baryta* to this formidable lesion.

SURGICAL THERAPEUTICS.—Homœopathy seems to be attracting surgical attention again, and as a consequence inroads are being made in the catalogue of "incurable" diseases. At the May meetings of the British Homœopathic Society, the following is noted:

KELOID, of undoubted diagnosis, was cured by Dr. Clarke

with Silicea, in varying potencies, in a few months. Another case was much benefitted by the same remedy, by Dr. Neatby.

FISTULA IN ANO, usually supposed to be incurable, was cured by Dr. J. B. Garrison, Silicea 30, "in a little over four months." (Hom. Phys.) The writer is able to add one more case, cured by Causticum 200, some ten or twelve years ago, the publication of which at the time, aroused some very sharp criticism.

Correspondence.

OUR FOREIGN LETTER.

A Problem in Meteorology—Alpine Casualties—Accident to Dr. Murrell, the Pilferer—A "Regular" Disguised as a "Quack"—"Fifty Reasons for Consulting Dr. Burnett"—"Fools Rush in where Angels fear to Tread"—"Delamar's Fetich"—Pyrogen, the new Typhoid Remedy.

Why are northeast winds cold in summer? is a question which must frequently have suggested itself this summer. We know that Russia, Norway, and even Iceland are, or should be, extremely hot during the months of July and August, for the sun shines not only all day but most of the night also. Yet the winds which reach us from these regions this summer have been as icy as if they had traversed fields of snow. Whatever be the cause, it is certain that this summer has been a very trying one for invalids—a severe winter can be fled from, but a wet and cold summer is prevalent everywhere. St. Swithin's watering pot has been equally active all over the world—nowhere more so than in those usually dry health resorts, the high Swiss altitudes. Nevertheless, Switzerland has been over-run by more than the usual number of English tourists, and there has been an unusually large number of casualties, owing to the unusual conditions which have prevailed. Thus, the Dent du-Midi is labeled in all the guide books as easy of ascent without a guide, and most summers it is so, for the heat of the sun dissolves all its snow and ice. This year however there has been comparatively no sun—the ice and snow have therefore remained, and as a consequence, two promising young men, an Englishman and a German, have lost their lives. The snow covering its

summit was frozen and beaten to the consistence of a slide and the hapless tourists, missing their footing, slipped down a slope and being unprovided with ropes, alpenstocks or axes, were unable to arrest their downward course, and finally acquired by their own momentum, such velocity that they were precipitated over a cliff several hundred feet in height.

A medical contemporary with professional bad taste makes merry over an Alpine accident which befell our friend Dr. Murrell, that therapeutic autolytus who has picked up so many homœopathic "unconsidered trifles." It is undoubtedly very shabby of Dr. Murrell to appropriate "what isn't his'n," but we do not, like the editor of the Medical Press and Circular, gloat over his "involuntary feat in tobogganing without the toboggan" or rejoice because having broken several of his ribs "he will now have an opportunity of practicing his favorite massage upon himself."

The Lancet has a good story of a French medical man who distinguished himself greatly at the university and set up practice in Paris but failed to secure a clientele. Falling into poverty he earned a desultory living by acting as purser to ships, clerk in various businesses, etc. After the lapse of some years he found himself among strangers who did not know he had ever been a medical man. Gradually he collected quite a large practice and obtained a great reputation as an amateur or quack doctor and earned a very respectable livelihood. At length his fame spread to such an extent that the police authorities summoned him to produce a diploma or abandon his illicit traffic. To the astonishment of the authorities he produced the very highest degree obtainable but at the same time begged them not to disclose his secret, for "were it to become known that he was a qualified practitioner he would lose all his practice at once."

Si non e vero, e ben trovato, but it seems to me that the Lancet misses the moral of the story. The public is nothing if not eminently practical, and it has long since discovered that the results of the treatment of any old woman of the village or ignorant herbalist are very much better than those achieved by Sir William Jenner or Sir Andrew Clark or any other of the learned wielders of the Morphia-syringe or administrators of knock-down doses of anti-pyretics. The Lancet and its disciples should un-

learn its pernicious routine and they will then be on a level with the despised quacks and able to compete with them.

Dr. Burnett's remarks on the necessity of *unlearning* are very judicious, but his book should have been designated, "Fifty Reasons for Consulting Dr. Burnett," for apparently the patients whose cases he gives owed their recovery rather to consulting the individual Homœopath known as Dr. Burnett than to the homœopathic principle—at least most of them seem to have consulted other homœopathic practitioners to no purpose before coming to him.

I hope you all read Professor Bergman's report of the Crown Prince's illness—it is very severe, but not undeservedly so, toward our countryman Sir Morell Mackenzie. The public is anxiously awaiting his reply—it is indeed difficult to imagine what he *can* say; probably he will confine himself to expatiating on international jealousy, the natural soreness of baffled adversaries, etc. Whatever he has to say had better be said quickly before the nine days wonder is over and the subject forgotten; so Sir Morell had better bring the haggling with publishers said to be going on, to as speedy a termination as possible.

Meanwhile "Dudgeon rushes in where Mackenzie fears to tread." According to this able wielder of the pen, the disease from which the late emperor died was not cancer at all but simply inflammation. How this conclusion is arrived at is not very clear; apparently the author trusts chiefly to the innate consciousness of what ought to be, for he admits that he has not even seen a complete report of the autopsy. Nevertheless Dr. Dudgeon's article is well worth perusal if only to confirm the dictum of Fielding: "That an author will write the better for knowing something of the subject he writes about."

Not long ago I fell in with a shilling shocker upon a railway book stall which excited my astonishment. It is called *Delamar's Fetich: A Story of the Riviera*.* The surprising circumstance about the book is not so much descriptions of Riviera life and scenery which are faithful and vivid, but the account of the cholera epidemic at Marseilles and especially its treatment by Dr. Seton, one of the personages of the book. Though Homœopathy is never mentioned it is plain to those able to

* *Delamar's Fetich: A Story of the Riviera*. Field & Tuer; Simkin & Marshall; Hamilton Adams.

read between the lines that the plague was stemmed by this means. The unfortunate doctor, however, loses his life through instructing an apparently enthusiastic pupil in Hahnemann's great principle. Another curious circumstance about the work is the marvellous knowledge of state secrets displayed by the author. How, for instance, can he know that the queen, when holding a drawing-room, though apparently standing is "in reality seated upon a high stool artfully concealed among her skirts."

I hope my American conferes will lose no time in trying the new drug *Pyrogen* or *Pyrogenium* upon that *opprobrium medicinae*, typhoid fever. *Pyrogen* is a ptomain, prepared by precipitating the watery solution of putrescent matter with alcohol. Injected under the skin of mice it produces all the symptoms of typhoid fever culminating lethally in four to five hours. At present a reliable preparation can be got from Messrs. Thompson & Capper, Liverpool; full details as to preparation and administration will be found in the July number of the *Homœopathic Review*.

ALFRED DRYSDALE.

CANNES, Sept. 9, 1888.

Ophthalmology.

SIX CASES OF RETINITIS APOPLECTICA; INCLUDING FIVE CURES, AND ONE DEATH FROM CEREBRAL APOPLEXY, SUBSEQUENTLY.

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

The prognosis attending apoplexy of the retina is of such dubious moment, and the damage to the sense of sight usually so serious, that a brief description of the character and quality of the lesion seems in order, that an understanding of the wonders attained through the application of our law of similars may be appreciated. The condition is one liable to relapse and complication, and the danger to visual acuity is commensurate with the superficial retinal surface involved; the extent to which the hæmorrhage extends in its destructive influence

upon the delicate membranes of which the retina is composed, and the proximity and extent of the blood clot with reference to the position of the macula lutea. When the extravasation is isolated and situated at the peripheral parts of the retina, central vision is normal, if not curtailed by refractive or other errors; but if the spots are numerous, sometimes even to the extent of filling the posterior chamber, the visual field is limited in correspondence with its extent and position; a slight hæmorrhage at the macula causing more serious visual loss than do more extensive effusions at the periphery. The great danger to subsequent vision, after the blood-clot is absorbed, is atrophy of the retinal nerve elements, which is likely to follow extensive effusions of blood; and glaucoma often ensues, for which an iridectomy is valueless. Where secondary atrophy exists vision is supposed to be permanently destroyed.

Apoplexy of the retina is usually due to a constitutional state, where the vascular circulation is unequalized, with a strong determination of blood to the head; organic disease of the heart, especially of the aortic valves, is sometimes the cause; as is also an atheromatous condition of the bloodvessels; while the sudden suppression of any habitual flow, as of the menstrual function prematurely, may precipitate the attack; as may also a gouty or rheumatic diathesis be the predisposing cause. Retinal hæmorrhages occur in consequence of traumatic influence, but the subjects of these remarks have their origin in idiopathic causes.

The ophthalmoscope either shows irregularly-shaped blood-clots, along the course of the bloodvessels, more or less numerous, or, where the effusion is extensive, having forced itself into the vitreous, the retinal picture is to a greater or less degree obscured, as is also the case where the retina is detached by the blood-clots. The veins of the retina are usually dilated but the arteries are often of the normal size.

CASE I.—The first case of which I shall speak is that of Mrs. M. F. P., of Provincetown, Mass. The symptoms and conditions are as follows: Noticed suddenly photophobia before right eye in the dark, or with eyes closed; soon thereafter a dark, triangular-shaped appearance became manifest in the field, obscuring vision in central and lower section, projected immediately before the eye and so close as to annoy, causing her

often to brush her eye with the finger in hopes to remove the offending mass; vision in the upper visual plane followed suit in becoming imperfect and hazy, rapidly extending itself till nearly the whole area of the field was involved, excepting an occasional rent remaining, as if looking through small and irregular perforations in a dark screen, through which vision for the limited space is fairly clear. She had glimmerings of light, in curves, before the eye nearly all the time, as of reflected, quivering light from a bright surface. Left eye sympathized, inasmuch as vision seemed dull. When using the accommodation has dull aching pain over the eyes, and in the eyeballs. Feels languid and tremulous much, as if quivering internally, with actual shaking of the limbs and shortness of breath.

Wakeful from 2 to 4, or from 4 to 5 A. M.; feels better after the morning nap.

Dyspepsia; must avoid all greasy food, milk, cold water, and salt things, because they produce acidity and burning in throat and stomach.

Cold water produces regurgitation and eructation of coarse particles of food. Sour, burning, watery regurgitation. Aversion to salt food. Constipation alternating with diarrhœa.

Heart beats heavily on every slight muscular effort. Sensitive to light, especially to reflected light. Finger-joints ache, are enlarged and feel stiff, as if having been exposed to extreme cold, getting better from continued motion, but aggravated by slight, occasional bending. Fingers feel numb much of the time.

Ophthalmoscopic examination shows extensive effusion of blood along the course of the bloodvessels, and much haziness in the vitreous, so that the detail of the fundus could be but imperfectly discerned.

On May 19, 1883, Pulsatilla was given, and she continued under its influence till June 8th, with no perceptible gain to the eye symptoms, though the stomach symptoms did somewhat improve.

On June 8th, Iodine was given, followed by increased lessening of stomach and rheumatic symptoms. Eye symptoms became less discomforting, and visual area began to clear, more noticeable, at first, at the center of the field. Improvement continued, with slight interruption, for two years when visual acuity

was found to be as perfect as before the attack and now remains as good as emetropic vision in persons at the age of fifty-seven.

CASE II.—Mrs. A. F. P., of Woburn, Mass., age 48; reported Oct. 17, 1885, stating that she had experienced, a few days previously, a sudden foggy, blurry appearance in the visual field of right eye, which caused a disposition to brush the eye to remove it. This bluriness was followed by rapidly increasing density of the offending mass, which assumed, as it became more defined, a long, irregularly-shaped, black object, like a snake in form, having a wriggling appearance at first, but shortly afterwards becoming stationary and extending its limits till now the lower half and two-thirds of the lower upper half of the visual field is densely obscured, so that not even light is seen to enter, while the remaining upper portion of the field is hazy, permitting only the perception of light without discerning objects. The dense blur before the eye seems heavy and weighty and makes her uncomfortably conscious of the presence of the eye. Has a sense of dulness or numbness in right side of frontal eminence, and in right temporal region. Visual perception is brighter mornings and less so evenings.

Feels low-spirited, as if she would like to die.

On coughing, has flashes or sparks before the eyes.

Ophthalmoscope revealed only a black reflex from fundus, and a diffused spot of blood at the superior periphery. Gave Kali carb., which was continued for six days, with relief to the flashes before the eyes on coughing.

Owing to the persistency of the mental symptoms, and on account of the position of the faulty visual field, Aurum was selected, and the cure was completed under its influence.

On March 3, 1886, could read Snelling's xx text types, at eleven feet, and by the following fall vision was perfect, not a trace showing of the hæmorrhagic condition. Occasional ophthalmoscopic inspections revealed the regularly progressive stages of the absorption process.

CASE III.—Mr. A. A. S., Salem, Mass., age 52 years. Jan. 17, 1887.—Has noticed lately a flushing of the eyeballs when reading, but he gave no attention to this fact till a sudden loss of vision developed in the right eye, more noticeably obscured at the outer and lower part of visual field. Has sharp pains about eyeballs coming and going, but they seem to be a part of

the general migratory rheumatic character, which exists here and there in the system, wandering quickly from place to place. When turning the head suddenly, or jarring himself, has numerous bright sparks of light flashing before him. Vision in left eye seems blurred in sympathy with that of the right. Eighteen years ago had a sunstroke and ever since has been sensitive to, and aggravated by, exposure to the sun's rays, making the head feel congested and full. Eyes sensitive to light, both to day and artificial.

Eczematous state, with 'dryness, cracking, and exfoliation in flakes of the cutis of the palms of the hands, on legs and neck, itching and burning terribly at times. Rheumatic stiffness and lameness of joints, especially of knees and finger-joints, with gouty deposits about finger-joints, enlarging them and producing sensitiveness to touch and motion. Ophthalmoscope shows extensive retinal hæmorrhage, in large patches. Optic papilla congested. On examination with test types Snelling's 200 is seen from right side of visual field, at fifteen feet distance when the head is turned far to the left.

Sulphur was given and followed in a month thereafter by *Crotalus horridus*.

On Sept. 15, 1887, a test for visual acuity showed vision = $\frac{1}{2}$, still seen from right visual field, although the area is much larger and the obscured portions clearer.

Six months later Kali hyd. was prescribed, owing to the symptoms of the cutis, and gouty state. At the present time he sees equally throughout the whole visual field as acutely as with the other eye, and, for reading, the refractive error being corrected by sphero-cylindrical glasses, for each eye, vision is normal.

CASE IV is that of Miss B. N. D., of Sharon, Mass. First noticed a black spot before right eye or object looked at. In the morning the spot seemed as if composed of a misty substance, but as the day advanced it gradually grew denser and blacker, occupying the center of the visual field, till objects were entirely obscured in the center and upper visual area—must move the eye upward to see an object distinctly when faced directly before it. Sees in this way Snelling's No. 200 at twenty feet distance, but cannot discern even the test card from central vision with eye held on the horizontal plane.

Faints easily and complains of pain in eye. Ophthalmoscope reveals several hæmorrhagic spots in region of macula lutea.

June 22, 1887.—Lachesis was prescribed and continued at intervals for two months with gradual and steady improvement to vision.

On August 20th, during my absence, she wrote that she had developed sharp pains in right eye and that, instead of the gradually progressing clearing of the visual field, a yellowish, dense mist had appeared before the eye, causing her much discomfort of mind and great decrease of visual clearness. The bowels were inactive, requiring great effort in expelling even the soft stool.

Alumina was prescribed and the improvement was immediate and pronounced, progressing rapidly to complete restoration of vision.

CASE V. is that of Mrs. R. P. S., of Blue Hill, Maine; age 51. Four years ago her head began to trouble her, followed by a sudden blurring before the right eye, accompanied by a great sense of prostration and weariness. Discovered immediately thereafter that the visual field was entirely obliterated at central and nasal side, allowing her to see but slightly from the outer part. This degree of blindness was followed by a sense of weakness in the brain, accompanied by general languor and dizziness, so that she must lie down, especially aggravated if attempting to look at any close object, even if momentarily. At the same time she had a want of power in supporting the head, so that she must rest it by reclining; this was accompanied by a contracted feeling about the throat, as if clutched, and a crampy, knotted state of the sterno-cleido-mastoid muscles. Was very sensitive to noise and talking, or the reading aloud of others, making her head feel terribly tired. She was not in the least sensitive to light. With this attack she was attended by a prominent professor of ophthalmology who diagnosed apoplexy of the retina, and treated her for a long time unavailingly. The optic nerve is now atrophied and she has scarcely even perception of light remaining.

Last December, while feeling as well as usual and calling upon a neighbor, noticed suddenly a luminous vibration or glimmering, like brilliantly reflected light from the water, twice repeated before the left eye, followed immediately by a cloudy

dimness which gradually got denser, completely enveloping all objects, especially at the axis of the visual field and extending longitudinally across the visual plane, covering also completely the upper peripheral portion of the retina, while all other parts of the visual field were seriously disturbed and veiled; the portions of objects seen appear as if enveloped in a wavy, dark mass, looking unsteady in consequence, quivering with the eye as it moved and remaining quiet as the eye was made immovable. Cannot see to read any sized type, having only slight evidence of something held before her. Tension of eyeball normal. Vision is somewhat clearer on the lower side of horizontal, visual plane, although very dim. Has a feeling of pressure at back of left eyeball, as if something was adhering to it, like as if a scab had formed there. Urine at times very offensive and pungent, the odor pervading the room. Always feels generally less well, with spells of prostration, mornings, with tremulousness and depression of spirits, causing her to cry some. Neck painful and stiff on moving the head. Aggravation from cold and dampness and when becoming tired physically or mentally. Right leg feels restless and nervous. Can't lie on her left side, for it makes the heart beat hard and fast and causes aching there. Heart's action resembles the fluttering of the wings of a bird, at times. Wakens at 3 or 4 A. M. and does not get asleep again. Sense of weakness between the eyes and some soreness there. Drowsiness in forenoon. Flushes of heat, followed by sweat; feet cold and clammy. Is easily disturbed mentally and is wakeful in consequence. On ophthalmoscopic inspection dense masses of effused blood clots shading off at the margin are seen in the retina, and the vitreous is very dull. Aurum was prescribed first, followed later by Nux, and afterwards by Sulphur.

In May following the perimēter showed the visual field three times larger and clearer than on an earlier inspection. About this time Natrum mur. was chosen, on account of the symptoms referable to the heart, and period of aggravation.

Up to the present time she has had an occasional repetition of the dose. Improvement has steadily and rapidly progressed. From a letter received last month from her home in Maine she says: "My general health is nicely; I am gaining every day both in vision and health; can read coarse print very readily."

A subsequent examination, at my office, shows a still greater and progressive gain, although vision is still below the normal standard. The most astonishing part of the case is that during the treatment for the hæmorrhagic effusion in the left eye, the vision in the right eye, which was supposed to have been under the influence of a nearly complete atrophy of the optic nerve elements, in consequence of the original, extensive hæmorrhage into that eye four years previously, has been steadily improving. When reporting to me for treatment of the left eye, the right gave every objective and subjective evidence of atrophy, both in color of optic nerve tissue, and reduced size of the retinal blood vessels, as well as in a distinctly obliterated vision. In fact the idea of gain in that eye never entered my mind as a possibility. She had, to be sure, slight objective evidence of light and darkness only, but objects were not discernable. Now she can recognize objects and forms with that eye, although the visual area is dull, as if smoky. Improvement in the field began at the outer or temporal side and has extended to the front and lower part; the upper inner side is still dull, but gives strong evidence of improvement. Ophthalmoscopic inspection shows marked decrease in the blanched, pearly appearance of the optic disk, and the retinal bloodvessels are much larger in their caliber and show the finer elements of their ramification. Strong faith is entertained that the right eye may still be a useful aid in the special sense.

CASE VI.—The sixth case is that of Mr. J. L., of Cambridge, age thirty-six years. Has been subject to much headache all his life, not so intense during his early life as lately. Now has a severe headache as often as once a week, with severe tensive pain rising up from nape of neck and spreading over occiput and vertex, extending into the eyeballs and streaking down behind the ears, with much sensitiveness of the scalp to touch. With the headache has a disposition to tip the head strongly backward; is very sensitive to a jar during the pain. Is drowsy when sitting, during a headache, and the face is much flushed. Head feels distended, tense, and drum-like, as if it would resound if tapped upon with the finger. On stooping forward feels as if the blood in the whole body pressed strongly to the forehead. On waking in the morning feels as if the eyelids had been closed tightly during the night, and he has difficulty in raising the lids when first awakening.

Noticed suddenly a blur appear in the left visual field, hindering reading, inasmuch as the blur occupied nearly the axis of vision, covering a space just in front of the word looked at, so that the greater part of the word was obscured. Has a chronic eczema in places, notably on scrotum, in ears, and on scalp, itching voluptuously, especially on retiring at night and often waking him during the night. Lower extremities apt to be cold and damp. Pressure about scalp at times as if bound by too tight a hat. Urine often thick, with heavy, brick-dust sediment. Perspiration, especially in axillæ, strong in odor at times. Left eyeball feels as if enlarged and as if he must artificially raise the lid to see well. Blur before eye, as if it could be removed by brushing. The perimeter showed a large scotoma in outer visual field, curtailing the limit for blue, in that direction to 60° instead of, as normally, at 80° .

Ophthalmoscopic examination revealed three small hæmorrhagic spots, at the outer side of optic papilla. Belladonna was first given, afterwards Pulsatilla, and an occasional dose of Sulphur. Under this treatment he improved on the severity of the headaches, etc., and the scotoma decreased in size so that the limit of the field outward increased from 60° to 70° , and he became less conscious of the unwieldy feeling of the eyeball and the desire to remove the offending spot in the field of vision by brushing, disappeared. Last July I was summoned by telephone to see him; found him unconscious from a stroke of cerebral apoplexy, and death ensued in a few days thereafter.

The points I wish particularly to emphasize in the treatment of these serious lesions, is the fact of the necessity of carefully individualizing in these conditions, as in all others, in accordance with our law of cure. No two cases were cured by the same remedy, although each gave similar pathological expressions. The weight in the choice of the remedy comes always from the constitutional expressions, as evinced by the individual's symptoms; and the cure is effected by careful examination and comparison of drug provings in order to apply successfully the simillimum in every individual case, independent of the exact structural lesion of tissue involved. It matters not whether "the purest gold or purest filth" be chosen for that purpose, providing it covers the totality of the symptoms in each and every case.

Gynecology.

LASCERATION CERVIX UTERI.

WM. D. FOSTER, M.D., KANSAS CITY, MO.

Mrs. Mary Stella T—, æt. 25, married Sept. 13, 1882, æt. 19. Menses first appeared at the age of eleven, regular until seventeen then very irregular for a time. Suffered very much pain at first menses, but afterwards only from headaches before and after. Duration six days. General health good.

One child, boy, born July 19, 1883. The labor was very short, duration two hours, recovery very slow, had a relapse, has never been well since. Had constant bearing down pains, frequent nervous headaches.

This patient came into my care in the spring of 1887. At that time she was living in a house badly sewered. I thought she was suffering from sewer-gas poisoning. She had a low fever, constant headache, loss of appetite, frequent and prolonged menses. She took such remedies as seemed indicated, and got out of that house.

Examination revealed bilateral lasceration, uterus ante-flexed in a very marked degree, depth three inches, a very irritable erosion involving both anterior and posterior lips. Much trouble of the bladder, backache, headaches, free leucorrhœa. I attempted to straighten out the flexion by the gradual introduction of Peaslee's dilators, but the uterus was so irritable, and the flexion so obstinate that no success attended the efforts. She had medicative tampons, topical applications of Compound Tincture Iodine, hot douches. She spent the summer at the seashore, and on her return was much improved in general health.

In December, with the assistance of Dr. Runnels, I put her under the influence of Chloroform, and forcibly dilated the cervical canal with Sim's dilator, until the largest Peaslee would pass readily. This had the effect of modifying, to some extent, the headaches, and other reflexes; but the size of the uterus remained unreduced, leucorrhœa persisted, with too profuse menses, etc.

This patient being in proper condition for operation, on July

31, 1888, assisted by Drs. Runnels, Barber and Edgerton, seven wire sutures were used in closing the tents. The weather being very warm at the time, the patient had her bed brought out between two windows. Through a sudden change of temperature Tuesday night—second night after the operation—she got cold, fever supervened and also a hæmorrhage from the kidneys. On the fourth night came a very sharp uterine hæmorrhage—result of another cold and a chill—there was a steady oozing of blood from the vagina, after the first thirty-six hours, till the ninth day.

The sutures were removed on the tenth day—union found to be good.

October 13th.—This woman has gained about fifteen pounds in weight since the operation and is in every way fully relieved.

CASES OF EXCISION OF THE UTERINE CERVIX FOR CANCER.

CHAS. S. MORLEY, M.D., DETROIT, MICH.

In May, 1875, the writer amputated the cervix uteri in a case of convulsions now known as hystero-epilepsy, with the result of effecting a permanent cure of that frightful malady.

Six criminal abortions had been committed with very serious injury to the tissues of the cervix.

We now know that in that enormous cervix were deep stellate lacerations, choked with masses of cicatricial tissue; that the angry mucous surface, rolling out cauliflower-like, might now be remedied by a more rational and scientific procedure than was amputation. Even in a medical way we could improve upon the practice of our predecessor in this case, who gave Chloroform, Ether, Chloral, Bæomides, *ad libitum*, for days together without modifying the convulsions.

A few judicious thrusts of the knife, a simple curettement of opened cysts followed by the topical application of Churchill's Iodine would have doubtless benefited her; but above all, the hot douch and glycerole of Belladonna tampons should have been of most signal service.

We used the Glycerine on picked-up lint and got up a profuse

watery discharge which really helped very much; but we knew nothing then of making a cup-shaped receptacle of the tampon as we now make it of surgeon's wool, enabling us to put the cervix to soak in the glycerine over night, and at the same time affording a light cushion of support at the cervical circumference. This poor woman would fix the diaphragm, hold the breath and convulse backward until head and heels would meet, the arms being forcibly extended backward. The contortions of the body and distortions of the countenance were the most aggravated I have seen.

A stranger, sick and impecunious, it was quite an undertaking to do any surgical operation if one was a Homœopath; beside this a pocket case of instruments comprised my "kit." As there was no money in the case, it is presumed that "mixed motives" spurred me on to contrive everything, *a la* Sims, and soon found me operating.

A wire retractor in the vagina, "waxed-end" in cervix, husband and daughter each a leg and son keeping up anæsthesia under directions. A fair double tenaculum was made of steel wire, No. 9, with which the uterus was steadied during the covering of the stump with the vaginal mucosa.

So after all we might have done worse even then! At any rate, the source of irritation removed, the goaded and exhausted sympathetic regained harmonious action, which was gratifying to the lonely representative of the "little pill persuasion," especially as that particular climate would have been altogether too malarious for a sick-man had that patient died. I was right in referring the convulsions to this source, but wrong doubtless in thinking the condition cancerous. How many "experts" have made that mistake who still may make the error again?

The patient was Mrs. Parke, of Vernon, Michigan. She died in Saginaw some six years ago.

In 1876 that able and successful physician, Dr. Amos Walker, of Pontiac, Mich., with whom I had formed a co-partnership, requested me to treat some cases of uterine cancer for him.

In one case I made high excision of the cervix, going close to the limits of the vaginal attachment and on into the uterine cavity. She recovered and lived three years and two months, but died at last of rapid cancer.

The other case involved the posterior lip and cul-de-sac which

tore through into the peritoneal cavity, but without escape of intestine. The diseased vaginal tissue and the vaginal portion of cervix were removed. This patient survived thirteen months, and died of uterine hæmorrhage.

Then a case occurred in my own practice, Mrs. A. H. H—, of Waterford; Drs. J. Howard Smith and George W. Orr assisting. This was in 1878. The patient remained well until last year when she had to submit to operation for cancer of the tongue.

In 1880, Mrs. M. W—, of Durand—who had flowed for nine months and had consulted numerous physicians who assured her that she was at the “change”—called me for opinion and surgical relief. She was profoundly cachetic. There were extensive sloughs which I attempted to get rid of, for the comfort of the patient and her friends. A lively bleeding set in and I *had* to operate to get down to sound tissue. Removed cervix. Three coils of intestines came into view through a rent in the fornix. Some carbolated water was syringed over the coils, when they were wiped and returned into abdominal cavity. Patient made good recovery; and had six curettements in two years. One day a telegram urged me to come on first train, but on going to depot another followed announcing death from bleeding. Her life was prolonged and she was a comfort to her family.

In 1881 I did the high operation for epithelioma of the cervix for Dr. H. G. Ide, the patient having pelvic cellulitis which was very prevalent that year, I believe, particularly in the autumn after the severe heat and drouth. Erysipelas also prevailed more than usual within my observation. This patient had a rather protracted recovery, but after three months got up and looked pretty well. She became pregnant, had laceration of the perinæum down to the sphincters, which was successfully closed by primary suture. At the same time the uterus rapidly broke down, opening both rectum and bladder, in one cloacæ. Death came so her relief about sixteen months after operation.

The same year I amputated the cervix with the ecraseur at Marquette for Mrs. C. R. M—, of Wichita, Kansas, who was summering there. It was a flap operation and the stump was covered well. This too was a case of laceration which I was fearful might prove cancerous. She was living in 1886 but neuralgic and an invalid.

In 1884 I made the high operation for a maiden lady 42 years of age, the first uterine cancer I had seen in the virgin. It was a difficult and fatal operation. She survived thirty-six hours. Intending to operate three months before she insisted upon taking the chance against my advice and judgement. When we completed the operation the entire uterus had been curetted away leaving only a bladder like bag.

We dealt with hæmorrhage successfully, but her heart failed and she died.

Doubtless septicæmia existed at the time of the operation.

Last year I saw a similar case and declined to operate. The lady was in business in Omaha and went to New York City to buy stock. She had been a strong healthy woman and never had had pain or irregularities. She had metrorrhagia and rapidly lost weight and strength. She died within two months of the first bleeding, but never had a pain. This was uterine encephaloma in my opinion. No post-mortem was had, but the prognosis was verified.

Mrs. Susan B——, Ruth, Mich., came to me in 1882 and had partial excision of cervix with closure of recto-uterine fistula. There is cancer in the family. She is now 29 years old. Should she have cancer I think it would attack the uterus. She is bearing children rapidly and lives at St. Ignace.

In 1885 Mrs. Jennie Van T——, of Pontiac, æt. 38 years, whose mother and family were cancerous, had a suspicious growth in the cervix. There seemed to be a long island of tissue which had been isolated by two long lines of laceration which did not extend through the vaginal portion of the cervix. Some sections showed "nests" or alveoli, with peculiar cells crowded in, so the cervix was split with scissors bilaterally—flaps reflected and the cervix tunnelled out after the method published by Sims. She lives in Chicago and says she is pretty well but lately has written of increased and irregular menstruation.

The point aimed at in reporting these cases is this, namely, after stating fairly the facts of observation, let us ask the question, how shall we *treat* epithelioma of the cervix?

While ready to undertake any operation that I am convinced will prolong life, while it relieves from suffering and adds to comfort! Complete removal is the obvious remedy in carcinoma

of the uterine body and in uterine sarcoma; but the comparative infrequency of these cases will make the operations of less practical value than operations on the cervix.

The reader will consider that some of these cases were extremely unfavorable and that the best results can only be attained by early operation.

TABLE OF EXCISION OF UTERINE CERVIX.

Name.	Age.	Residence.	Operation.	Duration of Life.	Termination	Date of Operation.	Died.	Cause of Death.
1. Mrs. Mary P.	42	Vernon, Mich.	Flaps, amp.	7 years.	R	May, 1875	1882	Pneumonia
2. Mrs. A. B.	46	Orion, "	High excision.	3 y. 2 m.	R	June, 1876	1879	Cancer.
3. Mrs. J. R. D.	46	Warren, "	High excision.	13 mos.	R	June, 1876	1877	Cancer.
4. Mrs. A. H. H.	38	Waterford, "	Elaps, ecrasuer.	Living.	R	Oct. 1878	Ret. of Dis
5. Mrs. M. W.	45	Durand, "	High excision, curette, cautery.	2 y. 1 m.	R	Sept. 1880	1882	Cancer.
6. Mrs. Frank B.	42	Troy, "	High excision, packed with Iod	16 mos.	R	Oct. 1881	1882	Cancer.
7. Mrs. C. R. M.	40	Marquette "	Flaps, ecrasuer.	Living.	R	Sept. 1881	Neuralgic.
8. Miss B. Van D.	42	Birm'ham "	Knife, scissors, curette.	38 hrs.	D	Oct. 1884	1884	Cancer.
9. Mrs. Susan B.	32	Ruth, "	Excision with closure recto-uterine fistula.	Living.	R	July, 1882	Not cancerous.
10. Mrs. Van T.	36	Pontiac, "	Sims' excision.	Living.	R	Jan. 1885	"
11. Mrs. Jennie W	42	Alpena, "	Sims' excision.	18 mos.	R	May 1886	1888	Cancerous peritonitis.

Comment and Criticism.

NEW YORK SOCIETY.

EDITOR ADVANCE.—At the meeting of the Homœopathic Medical Society of the state of New York, held at the Leland Hotel, Syracuse, September 11th and 12th, some very noteworthy things were said and done.

One of the papers of the bureau of materia medica, on Belladonna, taught a lesson which should be invaluable to every true student of materia medica.

The author began by stating the sources of our knowledge of Belladonna, lamented the fact that the provings had been made without regard to sequence or concomitants, lauded the Cyclopædia of Drug Pathogenesis and stated that provings from some source (I do not recall what), were of small value *because so peculiarly Hahnemannian*.

He then cited a case, as follows: Was called early one morning to a case which was diagnosed as "ovarian irritation." Prescribed Aconite tinct. and Belladonna tinct. in alternation, and, lest these should not relieve, left some Belladonna suppositories to be used after four hours, if required. The pain continuing, one suppository was used at 11 A. M., and as it was soon rejected, a second one was tried, but this also was rejected, in two minutes.

The patient now grew rapidly worse, vomiting supervened and the symptoms became so alarming that another physician was called—the attending physician being out of town—but "as he was in no condition to prescribe, his medicine was not given."

The attending physician returned at 9:30 P. M., and found the patient in a stupor; pupils dilated and insensible to light; eyes wide open, staring; cold sweat, etc. He immediately gave a hypodermic injection of one-half grain Morphine; strong coffee was given, but was vomited immediately and enemata of the same was rejected. Alcoholic stimulants were administered hypodermatically. "But," exclaimed the savant, "in spite of the Morphine, etc., the patient died before 2 A. M.," and he seemed surprised that such a result could obtain when Morphine had been given.

Well, the patient died—of ovarian irritation, shall we say? Nay, was it not rather the ignorance and stupidity of a so-called scientific (?) homœopathic (Heaven save the mark) physician that caused her death? "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."

Such men complain about the uselessness of a materia medica, the contents of which they know not; and, of the principles governing the practical use of which, they are totally ignorant.

We hear few such complaints from those who know what the materia medica contains and know how to use their knowledge thereof, and we think that the demand for a new materia medica, on the part of some practitioners, is evidence enough that they do not know what our present works contain, and in most cases, *because they are too lazy to study them.* "A poor carpenter quarrels with his tools," and it is easier to find fault than to work, and without work no one can practice Homœopathy.

They want made easy a science, which, in the nature of the

case, must be most difficult. The road to knowledge is narrow, rugged and beset with difficulties, but *facilis descensus averni*.

If the theories of these reformers were correct, the new book would be the most reliable, and our best men would not say, "When puzzled, I turn to the old books."

If we had more study of the *materia medica*, as illuminated by the *Organon*—that book of books to the true Homœopathist—we should have no more of this grumbling about its imperfections and our consciences would be clearer and our patients would be greatly benefitted for the effort.

One of the oldest members of the society reported several cases where he had perscribed Hood's Sarsaparilla as a preventive of trouble during confinement.

The same gentleman moved that some cases of post-partum hæmorrhage reported cured with high potencies, be stricken from the record of the proceedings; or, that the potency be omitted in recording the cases.

He was sharply rebuked by the president and the motion when put was lost—only one aye!

There was great applause, when President Helmuth, in his address said: "The name of Homœopaths is one of which we may well be proud," and then the performance above described ensued. The best we can say of men who make pretensions to being Homœopaths and practice—Heaven knows what!—is that, "they say and do not."

We should leave the potency question as a matter of personal experience with every *conscientious* physician.

Our watchword should be, *similia similibus curantur*, first, last and all the time," and we should give the single remedy for the totality of the symptoms (not, as in the case above cited for the disease—for what will cure the disease, not the totality of the symptoms, often kills the patient), and not such a miserable "shot-gun" practice as was given with such deadly effect in the above mentioned case.

I do not wish to be understood as condemning the use of the tincture as non-homœopathic—though I would prefer a medicine of high potency—but the senseless mixing and alternating of drugs, and the giving of them *for a diagnosis*, instead of *for the symptoms of the patient*, is certainly anything but homœopathic.

The treatment of the diagnosis has been the method of the old school for, perhaps two thousand years, and the results of of such treatment are to be found—in the cemetery.

S. B., M.D.

**“THE EXAMINATION OF THE PATIENT FOR
A HOMŒOPATHIC PRESCRIPTION.”**

EDITOR ADVANCE.—I cannot refrain from saying something about Dr. P. P. Wells' paper and the discussion thereon in the October ADVANCE.

When I went to the Homœopathic Medical College of New York city in the winter of 1865-66, I was told by the various professors that I should give the remedy containing as near as possible the sum total of the symptoms of my case. I think Professor Barlow once said that if we found three symptoms of our case in any remedy, we might assume that it contained all the others. I left the college and went into practice with no very definite idea of how to select the remedy. But about the year 1871 I devised a plan of my own which I wish briefly to describe.

I carried a book in my pocket and wrote down the various symptoms as fast as I learned them without reference to any particular order. I numbered each symptom as I wrote them down. I could do this quite rapidly and could record from twenty to forty symptoms of a case in from ten to twenty minutes. If I found the symptom in the remedy I was studying I wrote the number down in the ordinary figures. If I did not find it I omitted its number. If I found a certain indication I put that in Roman numerals.

For the sake of illustration I will copy a short case from the Medical Investigator of 1871, page 429. It was reported by Dr. Gilchrist and was cured by *Mercurius vivus*. I never doubted the cure but I endeavored to show that several other remedies were more homœopathic to the case than *Mercurius*, and that the selection of *Mercurius* was a matter of accident and did not arise from a careful study of the *materia medica*. The following are the symptoms of the case:

1. Supposed to have been caused by Mercurius.
2. Ulcer on leg.
3. Below knee.
4. Lancinating.
5. Darting pains.
6. Deep ulcer.
7. Foul.
8. Gray slough.
9. Discharge thin.
10. Ichorous pus.
11. Edges inflamed.
12. Swollen.
13. Elevated.
14. Varicose veins.
15. Worse from heat of bed.
16. Or from hot,
17. Or cold applications.
18. Worse from pressure,
19. Or motion,
20. Or in evening,
21. Or at night.

My analysis of the case stood as follows :

Mercurius, 4, 5, 6, 9, 10, 15, 18, 19, 20, 21.

Sulphur, 1, 6, 7, 11, 12, 13, 14, 15, 18, 19, 20, 21.

Silicea, 1, 2, 3, 6, 7, 9, 10, 11, 12, 13, 18, 20.

Calcarea, 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 14, 15, 18, 19, 20.

Thus it will be seen that of the four remedies examined Mercurius was the least homœopathic to the case. My readers may hunt up the case in the materia medica at their leisure and they will find it about as stated above.

If we are to prescribe the remedy according to the totality of the symptoms we have a larger job on our hands than most people imagine. Any one of the above remedies and probably a dozen more might have been prescribed on Professor Barlow's plan of finding a remedy. And whoever takes the pains to try it, as I have done, will find that in almost every case there are from two to six remedies any one of which have about an equal claim to be given according to the totality of the symptoms.

At the time I was criticised very severely for presenting the above plan. I was told it was too mathematical, etc. Dr. T.

F. Pomeroy, in a private letter to me, said he believed there was an inspiration in prescribing. He said when he made a good prescription he felt it to his fingers and toes. Others told me I should be guided, not by the totality of the symptoms, but by certain characteristic symptoms.

I knew of no way of studying the inspiration plan, but I did study the characteristic plan. I hunted up all the characteristics and grand characteristics I could find and committed about three thousand of them to memory, so I knew them as well as my A B C's. But I found the majority of them of no use, because I never could find them at the bedside of the sick. The more I studied cases reported in the journals the more I became convinced that our doctors do not prescribe according to the totality of the symptoms; and that to them our materia medica is not of much use.

Dr. T. F. Allen, writing on the relative value of the symptoms, lays down this singular rule: "The greater the value of a symptom for purposes of diagnosis the less its value for the selection of the remedy." According to this view we might have a case of forty symptoms, thirty-five of which would be met with in Sulphur, and yet the remedy might be found in Tabacum which only contained one symptom, if that one was one having no significance in forming a diagnosis. This to me is a new Homœopathy. I am not prepared to dispute this doctrine. It may be true but it is not what Hahnemann taught, nor is it what I was taught.

In the case given above for an illustration I am not able to prove that Calcarea which was, according to the materia medica the most homœopathic remedy, would have cured the ulcer which was cured by Mercurius. What I mean to say is that according to Hahnemann's teachings, Calcarea and not Mercurius, should have been selected, and I want to know why it was not. After studying the materia medica as I did at that time, I do not believe that any person can ever learn to do more than guess which one of from four to six remedies comes nearest his case only by a careful analysis, and even then in the imperfect state of our materia medica the remedy can only be approximated. If any one doubts this statement let him publish a real case containing a number of symptoms and I will try to show him from two to six remedies any one of which is about as homœopathic to the case as any other. I would like Dr. T.

F. Allen to publish some illustrations of his plan of working. My difficulty with his plan is to know how to select the important symptom.

J. G. MALCOLM, M.D.

HUTCHINSON, Kas.

MAKING HISTORY: INTRODUCING THE LACS.

EDITOR ADVANCE.—Our friend Dr. Lilienthal should remember that what he writes is considered history. Dr. Reisig used the milk preparations, but “died and gave no sign” of their uses, with the exception of Lac caninum, and all he told me was that it was curative of diphtheria and scarlet fever. Nothing was known of the milks till I had provings made. He did not have cat’s milk for he told me so himself. The effect of that drug on the left eyeball induced me to suggest it to Dr. Burdick who had ciliary iritis, and he told me it had relieved more than any remedy. The reason why it did not cure was that it was not taken in a high potency. Dr. Berridge has cured a case of ciliary iritis with Lac felinum high. There was nothing known of Lac vac defloratum till the proving was made by Dr. Laura Morgan, and if Dr. Reisig knew how to use it, he never told any one.

To be sure, “nobody ever dreamed that Syphilinum cured a case of *primary* syphilis,” but those are just the cases it does cure, if given in a high potency. It will not cure in a low potency—all of the morbid products must be used high to be curative. Dr. Egbert Guernsey gave Vaccine rom. to several children, and they were subsequently vaccinated—and it “took”—so will vaccination “take” on a patient coming out of small-pox hospital, after a severe attack of the disease, as is well known. Variolinum is a better prophylactic and a better remedy for the disease than Vaccine or anything else, but must be given high. A patient was nearly moribund of malignant small-pox under Variolinum cm., was entirely and rapidly cured by a single dose of the cmm., and this result has been in the experience of other physicians. The danger of vaccination is in the poisonous vaccine—as septic conditions obtain in the matter on the quills, others often vary soon after charging.

I did not intend to criticise Dr. Lilienthal, but merely to set him right as to a matter of fact.

SAMUEL SWAN, M.D.

REPLY TO DR. C. CARLETON SMITH.

EDITOR ADVANCE.—In the September number of the *ADVANCE* C. Carleton Smith, M.D., offers a criticism on my short article on Aseptic Precautions. The Doctor is unjust. I did not cite the case “to show how the thing works” as much as for a warning not to use the Mercury solution too strong. Dr. Smith has never used the oakum pad and aseptic solution. Now, I will tell the Doctor something in return for his advice. If he does use the pad and solution he will not be annoyed by appeals of his patient to do something to prevent the offensive odor of the lochia, and he well knows how offensive that sometimes becomes; again, the pad used as directed is a great comfort to the patient, and as one woman remarked to me, “Doctor, that pad is a nice thing, why don’t all the doctors use them?”

He says, “Whatever occurs of an untoward nature while waiting on a case of confinement, I combat with the strictly homeopathic remedy.” So do I; but as I made no mention of squirt-guns, he goes a little too far to hit me. Discussion brings out favorable results in any line, and I only wish there was more of it. And now permit me to say how I dress the cord. By first drying it well with absorbent cotton, then wrapping it well in the same, and not touching it until the fourth or fifth day, when it comes off, and all is well. It saves trouble and is more cleanly. I also clean the baby with lard; rub it well with lard and lay aside for ten minutes, then rub clean with a soft cloth. No water used, no catching cold for the child, and less trouble. I am just granny enough to attend to and dress the baby.

E. B. GROSVENOR.

RICHMOND, Ind., Sept. 3, 1888.

The Best Gymnasium.—The cheapest and best gymnasium in the world—one that will exercise every bone and muscle in the body—is a flat piece of steel notched on one side, fitting tightly into a wooden frame, and after being greased on both sides with a bacon rind, rubbed into a stick of wood laid lengthwise on a sawbuck.—*Medical Times*.

No Cause for Worry.—Don’t worry because other people don’t manage their business just as you think they ought to. Nine chances out of ten the reason they don’t is that they are worrying because you don’t manage your business as they think you should.

THE MEDICAL ADVANCE

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. G. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being foreign to scientific discussion, must be excluded.

Editorial.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime."—HAHNEMANN.

THE TOTALITY OF THE SYMPTOMS.—On another page will be found a criticism of Dr. Wells' article in our October issue, "On the Examination of a Patient for a Homœopathic Prescription"; the method of selecting the remedy. The writer acknowledges the difficulty of choosing the simillimum from the totality of the symptoms of a given case, and illustrates his method with a case showing that the remedy which cured did not contain the totality, or at least that three other remedies contained more of the recorded symptoms than the one that cured the patient. This is not the first time that this difficulty has been raised and the fact referred to as evidence that it disproved the accuracy of Hahnemann's teaching.

With the Organon as a guide in cases of difficulty, it seems almost incredible that a question of such vital import, one too which underlies the practical application of our science, should be in doubt or should need an explanation. It has even been said that such a question as this is too elementary to engage the attention of a full-fledged M.D.; that it should have been taught at college and kept out of our medical journals. But it has not been taught at college, hence the criticism. One M.D. at least, and we venture to say many more, are not yet satisfied that this is the way to select the remedy. Hahnemann on being congratulated on the rapid adoption of his system of cure and the number of his followers, replied: that his "professed followers were many, but his true followers could be counted on his ten fingers." And notwithstanding the rapid increase in our

numbers since the days of Hahnemann, the same proportion probably holds good to-day, not because of dishonesty, but because they do not know how. They have never been taught the method of Hahnemann; or, like Dr. Wells' critic and many others, have adopted methods of their own.

In the Organon Hahnemann has given us a rule, a guide, that every master of our art has followed with success and, because of success, with entire satisfaction. The quotation from Dr. T. F. Allen is perfectly correct. Hahnemann, Dunham, Hering and many others, have called attention to the fact that the pathognomonic symptoms, so valuable in determining the diagnosis have very little, if any, therapeutic value in the selection of the remedy. The diagnostic symptoms are practically valueless in selecting the remedy. The Organon, § 153, says:

This search for a homœopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the list of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon, and peculiar* (characteristic) features of the case are especially, and almost exclusively considered and noted; for this in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease, and to almost every drug.

The case referred to was not well "taken." Fully one-half of the symptoms are of diagnostic value, only. The *peculiar, uncommon and prominent* ones belonging to the patient are few, and chiefly refer to the modalities. These all, or nearly all, belong also to the remedy which cured the case. Dunham says in "Symptoms, their Study; or How to take the Case":

How shall we examine the patient to get his symptoms? Do you say this is an easy matter? Gentlemen, it is the most difficult part of your duty. To select the remedy after a masterly examination and record of the case is comparatively easy. But to *take* the case requires great knowledge of human nature, of the history of disease, and, as we shall see, of the *materia medica*.

Every Homœopath of experience will confirm the statement that the obtaining of the guiding or characteristic symptoms of a case is a most difficult task. And very often, from previous drugging or suppressive treatment, the original symptoms be-

come so masked that it is impossible at first to obtain a perfect picture. But even in this event the genius of Hahnemann was equal to the occasion, and he has given us in the *Organon* a safe rule for guidance. Instead of taking our Homœopathy second-hand, it is the safest to appeal directly to the fountain head.

New Publications.

THE KALEVALA. THE NATIONAL EPIC POEM OF FINLAND.

Translated into English verse by J. M. CRAWFORD, M.D., Professor of Physiology, Microscopy, and Physical Diagnosis, Pulte Medical College. In two vols.; small octavo; cloth, gilt top, \$2.00. New York: Jno. B. Alden, 1888.

“One of the most remarkable literary discoveries of modern times is the existence of a grand epic poem, unique and thoroughly national in character, among the people of Finland. After floating for ages on the stream of tradition, passing from mouth to mouth and from generation to generation, like the *Iliad* and *Odyssey* before the time of Pisistratus, its detached parts have at length been collected and given to the world under the title of *Kalevala*.” This was written in 1856 on the appearance of Dr. Lounrot’s translation which first appeared in the Finnish language in 1835, and his second in 1849; Castren’s translation into the Swedish appeared in 1841; Le Duc’s into French in 1845, and Schiefner’s into the German in 1852. T. C. Porter, of Yale College, a few years ago translated a part of the poem, but it remained for one of our own school to render the entire poem into English. By this classical translation Dr. Crawford has placed the English readers of two continents under many obligations, and the book review columns of the leading periodicals of the east are almost unanimous in their commendations. It is claimed that from this epic poem Longfellow drew not only the meter but the skeleton of *Hiawatha*, and English readers are for the first time permitted to make their own comparisons in their native tongue. When, in *Hiawatha*, Longfellow places the red deer and the roe-buck—which are only found in Europe—among the North American Indians, it certainly looks suspicious. However, read it and make your own comparisons. “We congratulate the Doctor on his success. The second edition has been called for in less than three weeks after the first issue and arrangements have already been completed for bringing it out in England.

THE THEORY AND PRACTICE OF THE OPHTHALMOSCOPE: A HAND-BOOK FOR STUDENTS. By J. H. CLAIRBORNE, JR., M.D. Detroit: Geo. S. Davis, 1888.

The seventy-seven pages comprised in this number of the Physicians’ Leisure Library form a short, concise, practical work for students’ reference.

A TEXT-BOOK OF GYNÆCOLOGY DESIGNED FOR THE STUDENT AND GENERAL PRACTITIONER. By A. C. COWPERTHWAITÉ, M.D., Professor of Materia Medica and Diseases of Women, University of Iowa. Illustrated by 215 wood cuts. Octavo; pp. 533. Chicago: Gross & Delbridge, 1888.

The work is dedicated to "The Alumni of the Homœopathic Department of the University of Iowa" in which the author has held the chair of gynæcology for eleven years. Here it was that he says he first felt the need of a systematic work on gynæcology that would not only cover the entire field, but embrace the homœopathic therapeutics as well. This need has long been felt by college teachers; and, taken all in all, we think the author has given us one of the best works on gynæcology which has appeared in our school. We believe every true Homœopath will heartily endorse the following from the preface: "The successful gynæcologist must carefully study his materia medica, in every case, and not depend too much upon a few characteristic indications, which, isolated from other symptoms may sometimes prove to be misleading." Not only "sometimes" but *always*. And that is just *where* and just *how* we fail to cure our patients, hence the supposed necessity for a resort to "local treatment" *a la* Allopathy. The nearer we follow allopathic devices in gynæcology, or anything else, the nearer will our success approximate that of Allopathy, and *vice versa*.

In several parts of the work we could have wished for a more extended therapy, but perhaps it is better as it is, as only by a careful "taking of the case" and thorough materia medica comparisons can many of these cases be completely cured. And now with Guernsey, Leavitt, Minton, Ludlam, Cowperthwaite and Southworth, we insist upon it that there is no further necessity for our college announcements being lumbered with allopathic text-books or works of reference. Our homœopathic works compare favorably with those of any school. Let us teach our students from our own text-books in the future.

THE ARYAN RACE: ITS ORIGIN AND ITS ACHIEVEMENTS. By Mr. CHARLES MORRIS, author of A Manual of Classical Literature. Chicago: S. C. Griggs & Co. 1888.

This is a delightful volume and deserves to be read *for its contents*, as the only title the author assumes is the simple prefix of Mr. Nevertheless, it is an admirable attempt to untangle the intricacies and the mysteries which time has woven about our development and, from its origin, to trace the intellectual history of the race. It evinces extensive reading, deep and careful study and fine analytical powers, and the interest in the subject is well sustained throughout. He who would know not only all about his own race—and who should not?—but the ancestry of modern nations as well, should read this book, as we know of no work in which so much can be found relating to the Aryans as in this book of Mr. Morris.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. Pp. 203. Cloth. 1888.

Though less portly than some of its predecessors, this volume contains some very practical hints and many well digested, practical papers. It is

printed on good paper, and we notice very few typographical errors. This volume indicates an active, hard-working, unanimous society—though composed of but less than one-third of the physicians of the state, and less than one-third of those present. What a splendid meeting, and equally splendid volume might be had if one-half the Homœopaths of Ohio were members and one-half of those regular attendants. These are among the possibilities of the future.

SEMI-CENTENNIAL CELEBRATION OF THE INTRODUCTION OF HOMŒOPATHY WEST OF THE ALLEGHENY MOUNTAINS, HELD AT PITTSBURGH, SEPT. 20, 1887. Published by the Allegheny County Society, J. C. BURGHER, M.D., editor.

This is a very neat memorial volume of seventy pages, containing the addresses of Drs. Dake, Thomas, Dowling, D. S. Smith, Burgher and two poems—"Dogmatic Doctors—a Satire" by Wm. Tod Helmuth, and "Westward the Star Similia Takes its Way," by T. P. Wilson. It is illustrated with portraits of Richhelm—the first Homœopath to cross the Alleghenies, under whose portrait, written in a clear but delicate hand, is his fighting motto, "Homœopathy rewards only her true votaries," just as true to-day as the day it was written.—H. H. Hoffman, J. H. McClelland, J. P. Dake, D. S. Smith, J. W. Dowling, J. C. Burgher, W. T. Helmuth and J. F. Cooper. It is a credit to Allegheny County Society and will be highly prized as an historical souvenir by every one fortunate enough to possess a copy.

HAY FEVER AND ITS RADICAL CURE. By E. LIPPINCOTT, M.D., 12 mo., pp. 76. Chicago: Gross & Delleridge. 1888.

This volume evinces no small amount of patient research in the literature of its subject. On page 68, in commenting on the treatment of a case by Dr. Hawkes, the author says: "A strict reliance upon symptomatology alone in the treatment of hay fever, will cause many failures. With a true conception of the ætiology and pathology of hay fever, Dr. Hawkes' views and treatment will change." To ascertain what would induce any Homœopath to abandon his "reliance upon symptomatology," we turn to the ætiology and pathology and read: "An examination of the nasal and naso-pharyngeal cavities of *any* or *all* hay fever victims, during the interim of attacks, and when in apparent good health, will reveal either hyperæmia, hypertrophy, hyperæsthesia, ulceration, polypus, deflection of the septum, or other anatomical or pathological conditions or peculiarities, or both combined, with perverted functions showing a local, structural or functional disease of these cavities, which constitutes the prime or latent cause of hay fever." * * * "An absolute cure can only be effected by a removal of the prime cause—chronic nasal disease—which prevents the susceptibilities to the action of pollen and other irritants, and consequently a recurrence of attacks." But how to "remove the prime cause," how to rid the patient of the "dyscrasia," the "idiosyncrasy," or how to effect "a radical cure," the author fails to tell us, or at least, after a pretty careful reading, we have failed to find it. We think the author lays too much stress on the treatment of hay fever, and too little on the eradication of "the prime cause," the psoric constitution, on which Hahnemann laid so much stress

and in his *Chronic Diseases* tells us how to cure. At least this is our opinion from a careful reading of the book. We must also object to the term "venerable" being applied to our colleague Dr. S. A. Jones. He is a quarter of a century from that yet.

The *Atlantic* contains, among many other excellent articles in every field of literature, a crisp and vigorous paper on American history, *The Eve of Independence*, by John Fiske. Too much cannot be said in praise of these historical sketches.

St. Nicholas for November is one of the best numbers of the year.

Scribner's opens with a frontispiece, the familiar face of the brave Sheridan, and those who have only known General Sheridan as a soldier will be surprised to find in *From Gravelotte to Sedan* evidences not only of fine literary skill, but clear and picturesque descriptions of the stirring events of the Franco-German war. These events were so large and he was so intimate with the moving spirits in them (such as King William, Bismark, and von Moltke) that his simple, direct style is interesting and impressive. His battle pictures are vivid and exciting, and the whole article is colored with the humors and hardships of campaigning—to which the king and private soldiers were alike subjected. *Memories of the last Fifty Years*, by Lester Wallack will be read by every lover of the stage.

The *Century* contains the first instalment of *The Romance of Dollard*, by Mrs. Catherwood, an American lady of Hoopston, Ill., and promises to be one of the sensations of the day, giving an inside view of Canadian life. The preface is by Parkman, the historian, and our readers should not fail to pass an opinion on its merits.

The *Magazine of American History* has as one of its leading articles for the November issue a paper by Prosper Bender, M.D., of Boston, on *A New France in New England*, in which the author discusses the large immigration of French Canadians into the United States from a colonization point of view. The Doctor presents some facts of importance to the politicians of both countries at the present juncture, facts which should be thoughtfully considered.

Wide Awake is as bright as ever and is rapidly becoming one of our most popular periodicals for the young.

Editor's Table.

A. McNeil, M.D., has removed to 220 Turk st., San Francisco.

O. F. Macdonald, M.D., removes from Toronto to Wissahickon, Phila.

The Southern Homœopathic Association meeting in Louisville was a success.

The Missouri Institute of Homœopathy will hold its next session at Springfield, April 23, 24 and 25, 1889.

T. Griswold Comstock, M.D., has removed his office to "The West End," 409 North Grand ave. (Bur's Hotel).

Hanover, N. H., presents a good opening for an active young Homœopath. For particulars address, T. F. Pomeroy, M.D., Providence, R. I.

Drs. Davis and Howard have a fine office in Los Angeles, Cal. Physicians sending patients south for climatic change will find them safe advisers.

Back copies of the Hahnemannian Monthly (published previous to January, 1888) may be obtained from the office of the Hahnemannian Company, Limited, S. E. cor. 18th and Mt. Vernon sts., Philadelphia.

Removal.—Dr. Wm. Tod Helmuth on and after October 22d at No. 180 West Fifty-ninth street (The Madrid), from 10 to 12 o'clock M., and at No. 41 East Twelfth street (Helmuth House), at 2 o'clock P. M.

Alfred Drysdale, M.D., whose bright and newsy letters from the south of France have delighted our readers, has recovered his health so far as to resume practice at his old quarters, 44 Rue de Frejus, Cannes. Success.

A grand Carnival will be given in St. George's Hall, Philadelphia, November 21st, for the benefit of the hospitals of the Woman's Homœopathic Association. It should receive the support of the profession in and about the city.

Journalistic enterprise.—The Medical Record of September 22d, contained an excellent report of the proceedings of the "Congress of American Physicians and Surgeons" which met in Washington, September 18, 19 and 20. It contains 76 pages.

Dr. Sherman of the Milwaukee Pharmacy has issued a very neat and convenient "price list." He is also the author of a "Hand-book of Pronunciation," and the "Price List" contains a list of our remedies with the correct accent. Send for one.

A work on American Climates, in relation to the treatment of diseases, by Bushrod W. James, M.D., of Philadelphia, is in progress. The Doctor, having traveled a great deal and being a close observer, will speak from personal experience and observation of many of the localities mentioned.

E. V. Van Norman, M.D., has permanently located in the health restoring climate of San Diego, Cal., and under its invigorating influences has so far recovered as to resume practice, paying special attention to chronic diseases, gynecology and consultations. Ohio loses one of her ablest Homœopaths and the well wishes of a host of friends follow him to his home in the Orient.

Cleveland College enters upon one of the most prosperous courses in its history. There were one hundred matriculants registered at the end of the first week, and a large percentage we are happy to know are for the three years' course. The vacancy caused by the sudden death of Professor Foote has been filled by the appointment of Professor Dow of the Case school of Applied Science.

Dr. E. Stevenson, of Vancouver, B. C., writes: "About six months ago a medical society was organized here and being a registered physician and M. C.P. & S., Ont., I was invited to join, and thus far all has gone along smoothly. It is only recently that any discussion has been reached on therapeutical matters. I stated the facts and they seemed willing to look into the matter. In this way the great truths we possess may be conveyed to the profession."

A stated meeting of the Hahnemannian Association of Pennsylvania was held in the Continental hotel, Philadelphia, September 11th. After routine business an interesting paper from Dr. E. W. Berridge, of England (honorary member), was read which excited a lively discussion, an extract of which I

enclose [see page 441]. The balance of the evening was spent in a materia medica quiz, which was particularly instructive.—Wm. Jefferson Guernsey, M.D., secretary.

W. D. Gentry, M.D., of Kansas City, Mo., has issued a prospectus of his "Concordance Repertory" and asks for subscriptions. The plan is certainly a most convenient one, any required symptom being found at once, will save many hours of weary search and greatly facilitate the physician's labor. But it is to be published *only by subscription*; and while the MSS. and money are ready the printing cannot begin until the required number is received. If the profession wants the work let it be manifested at once. If not, let us have no more grumbling about poor repertories.

Errata.—The following errors occur in Dr. Wells' paper in our October issue:

On page 291, 8th line from bottom, for *case* read *law*.

On page 292, 7th line from bottom, for *inability* read *imbecility*.

On page 293, 15th line from top, for *spirit* read *speech*.

On page 295, 10th line from top, for *modality* read *modalities*.

On page 295, 21st line from top, after *heat* put *or*.

On page 295, 13th line from bottom, for *or tissue*, read *of tissue*.

On page 295, 2nd line from bottom, for *which* read *with*.

On page 296, 2nd line from bottom, for *or* read *of*.

On page 299, 8th line from top, strike out the first *with* in the line.

Please make the corrections and oblige
Yours ever,

P. P. WELLS.

Allopathy in Politics.—The following petition has been circulated over the state of Michigan for signatures:

WHEREAS, The present medical staff of the State institution at Ionia are all composed of the so-called homœopathic school of medicine, and under the present administration preference has always been given to that school in filling vacancies, and as we have a pledge from W. R. Burt that he will, if elected, give the matter his attention, and members of the regular school of medicine the preference in appointments, we therefor think it for our interest to give Mr. Burt our support.

It is about eleven years since this state institution was opened. Of this time the Allopaths and Eclectics have been in charge eight and a half years and the Homœopaths two and a half, and yet after these facts and the "Northern Asylum steal," we are accused of monopolizing the medical appointments.

Pulte College Notes.

The Seventeenth annual session of Pulte Medical College opened September 26th, with a very able and appropriate address by Prof. J. D. Buck. The class is large and composed of first-class young men, of whom any college could justly feel proud.

The former professor of anatomy, H. L. McCormick, A.M., M.D., resigned his position at the close of last session, thus causing not only the faculty, but the students, to feel that they had sustained a great loss. Dr. Thos. M. Stewart, a graduate of Pulte, also of the Ophthalmic hospital of New York city, graduating from both institutions with the highest honors, has been appointed to fill that chair, and is filling it in a very masterly manner.

Dr. H. W. Thompson, of Galion, Ohio, a former graduate, is taking a special course in ophthalmology and otology under Prof. G. C. McDermott.

Professors Buck and Walton were in attendance at the recent meeting of the Southern Homœopathic Association held at Louisville, Ky., each presenting papers.

Dr. Beebe, of Sidney, Ohio, paid the college a visit October 3d, and assisted Professor Hartshorn in his surgical clinic.

HELT.



Medical Advance

VOL. XXI.

CHICAGO, DECEMBER, 1888.

NO. 6.

FIRST LECTURE OF LIPPE MEMORIAL COURSE.

Delivered before the Woman's Hospital Association of Pennsylvania, Oct. 29, 1888, by

P. P. WELLS, M.D., BROOKLYN, N. Y.

It is well when those who have been largely gifted with powers for doing good in their generation, have passed from us to the untried world, that they should be retained in the memory of those who survive, to whom it must be committed to take up the work they have laid down and carry it forward.

It is good that such be held in memory by their successors, that the lines on which these great powers have thought and acted may be clearly perceived, that such thought and action may be repeated, in clearer light if possible, with extended vision of those lines, if this may be, in order that attempted imitation of the labors which so passed on them may be followed by greater successes than those which characterized and ennobled the work which is so profitably recognized and honored by its imitators, who emulate the results which they have seen so greatly to bless the suffering and the needy of mankind.

It is well that these lines of thought and action, and the principles of philosophy which guided both, should be clearly recognized, and ever held in plain view by all who are ambitious of the greatest possible successes in practical life. Such may rest perfectly assured that the results which crowned the life and labors of Adolph Lippe, rendering these glorious and worthy of our memory, can only be attained by work on the

lines he followed, and in perfect obedience to the philosophy to which his heart and life were given in so perfect loyalty and obedience. It should never be forgotten by faithful hearts, that there is no short and easy method to the results which attend loyalty to law and obedience to its practical methods. To attempt to gain these by shorter and easier methods is only to dishonor law and secure the disgrace which attaches to failures which ever attend the vauntings of false pretense.

When those so gifted and so active lay down their work and depart to return no more, it is good that the memory of their work be cherished and kept alive in the hearts of those who remain to take up and carry forward that which this departure has committed to their hands. To secure this object it has been common to erect some material object suggestive of the man, his virtues, or his work, that when seen memory may be quickened and emulation of the virtues and good deeds of those so memorized may be excited, that his virtues and his work may be renewed in those who look on the memorial an appreciating public or brotherhood has raised. In erecting such monuments to the great and good, in order to secure this object, it is indispensable that there be in the memorial, in its nature, material or fashion, suggestion of the man or his work which shall excite and maintain the sympathy of the beholder with the man and work memorized. It is at once recognized that the same monument could not suitably represent the eminent warrior, statesman, or divine. The monument to each must be suited to the character and work of the man it would call up in our memory. It must be such as will excite in us sympathy with the excellence of that character and work, and with all of this which existed in either. In this view, what shall be found in monumental form which will most vividly recall to our minds the friend and teacher who has left us, and left us without a successor? What shall it be which will most forcibly revive the memory of his great practical life work, the results of which the most ambitious may well be satisfied if he can equal in his practical labors? What shall be the monument raised to the memory of Adolph Lippe, and what are the reasons which call for its erection? We will for a moment look at these two questions.

We will examine the second question first. The reasons why

we should retain in our memory the man and the work of Adolph Lippe. First, because he was a man with convictions of truth in the matters of his life work, and with a courage which enabled him to carry these loyally into his daily duties, whatever of opposition, ridicule or reproach these may have brought upon him. What he accepted as truth he manfully maintained, defended and obeyed. Whatever he met of opposition or reproach, because of this, he was ever able to withstand and to treat as they deserved, either with unanswerable argument, or a never-weakening contempt. The petty wit, sarcasm and ridicule, vain ignorance and empty conceit, cast on him and the truth he had accepted and practiced, he could pass it by as less than vanity, knowing well the character of its origin. And if the persistency and iteration of these sometimes excited his wrath, they never caused him to swerve from the truth he loved and had made the foundation of his life work. How irritating these sometimes were, those who are old enough to remember when the adherents to, and practitioners of, homœopathy were few, may well remember; those who are younger and only remember when these have become many, can have no realizing sense of this. And if we add to these the falsehoods and misrepresentations which usually accompanied the opposition our earlier confreres met, we may not be greatly surprised if we remember our friend sometimes (as the great master whom he venerated and followed did before him,) lost his patience and his temper when he saw truth so treated by those who knew no better.

Second, he was loyal to the law he accepted, as God-given, which was ordained when sin brought death into the world, and sickness with death, for healing the sick and relief of their pains. He recognized the extent of the relationship of this law. Its origin in Infinite wisdom and benevolence was to him a sufficient guarantee of its universality of relationship to all curable sicknesses. That intelligent and loyal administration of this law assured the greatest possible relief to the pains and danger incident to sicknesses of whatever form. This view of the extent of the law and conviction of its supremacy over suffering and death in all cases within the circle of possible salvability, bound him to it in a spirit of perfect confidence and consecration, and enabled him to take a just estimate of the folly and

ignorance of those who would reduce the authority and supremacy of law to a mere *rule* which might or might not be regarded, according as ignorance or whim of foolish men should decide. He held all such in contempt, and their teachings as subversive of God's law and wholly injurious to the best interests of suffering humanity. In this judgment he was no doubt in the right. Who shall blame him, then, if for these teachings he had only the severest condemnation? Who will say he was wrong if he regarded those who would reduce the universal breadth of this law to a "narrow groove," or to the limits of a "mere dogma," as no better than enemies of God and man, and dealt with them as he thought such renegades or reprobates deserved? Is it remarkable if this dealing, at times, had in it little of patience or forbearance?

He was equally clear in his recognition of the inseparable corollaries of this law. He saw their importance in clearest light, and that compliance with their demands was equally necessary to success in healing as obedience to the law of similars.

The first of these is the start point in every endeavor for a cure of any sickness—"the totality of the symptoms." This, in the 18th section of the Organon, is declared to be "*the sole indication in the choice of the remedy.*" This declaration our friend accepted as truth, not to be questioned, and placed it as a chief corner-stone in the foundation principles of his life work. He gave to no associate science of therapeutics part with this corollary in its execution of its specific office. If called to account by those less intelligent than himself in the science and art of specific healing, because the acceptance of this corollary gave sole authority in this choice to this totality, thus excluding from this duty the highly-prized science of pathology, he would at once reply: This totality *is* the only science of pathology known to specific medicine in the choice of its curatives, and he might charge back on his materialistic questioner—that all the knowledge he possesses of his unseen, imagined internal something, which he calls *pathology, is in this totality*, and beyond this all as to internal condition in cases of sickness, is as dark as Erebus even to him who assumes to know most. He can know only what symptoms disclose to him.

Second.—One remedy at a time was as necessary to legiti-

mate results of specific prescribing as was the selection of the most similar remedy. And this because if two were given, no man could foretell the effects of each on the other, or of the combined action of the two in these circumstances, as no knowledge of this has been obtained by any experiment or observation. The assumption that this will be made up by the action of 1, plus that of 2, as these appear in the record of their proving, is wholly gratuitous, and has no confirmation in any intelligent experience. One thing, however, may be safely predicated of this violation of the second corollary of our law—a confusion of phenomena in the sickness which no intelligence may be able to unravel or remedy. Hence, the violation of the corollary can only be an embarrassment to specific healing whenever and by whomsoever practiced. It will be seen that, for these reasons, obedience to this corollary is fatal to that senseless heresy (practiced by those who do not know the law or the specific curative when they see them) called “alternation.” This has its origin wholly in the uncertainty in the mind of the prescriber. He does not know, and hence is not quite sure, whether *a* or *b* is the remedy, or, indeed, that either of them is, and so to make certain of the greatest possible good, he will give both, though he knows nothing of the effects of these drugs so given. He will, most likely, fail of the greatest possible good, but he is all too likely to produce the greatest possible confusion and embarrassment.

The third corollary of the law was equally recognized and accepted as authoritative by our friend. The least possible of the remedy which the cure requires was ever present with him with the power and authority of truth whenever he administered drugs for the relief of the sick. The necessity of this rule he saw clearly in the nature of things. He saw that all drugs are sick-making agents. That the most similar remedy, the specific curative of the case, makes sick in the manner and direction of the acting morbid cause. This is evidenced by the similarity of the phenomena resulting from the action of each on the living sensibilities of the organism. Hence all of the drug agent given more than is required to neutralize the action of the morbid cause can only add so much to the intensity of the action of that cause, and so to increase both the suffering and the danger of the patient. Much and great evil has come from

disregard of this corollary, and the more accurate has been the selection of the remedy, the greater has been the harm from overdosing.

This corollary of our law, "*the minimum dose of the dynamized drug,*" it will be seen is made up of two elements—the sum of the agent given, and the state in which it is to be administered. The two are not founded on the same basis. The sum is a logical outcome of the nature of the factors which constitute each clinical problem the prescriber of specific medicine is called on to solve. It is different with the second element, that of the state in which the similar remedy shall be given to the patient. This is in no sense or part a result of logic or of reasoning, but is wholly a child of experience. It was accepted and made an authoritative fact in the life work of our friend, because the experience of the great masters of the healing art, himself included in the number, had demonstrated that in the dynamized state the most similar remedy is curative in a far greater degree than when administered in the crude form. The truth of this had been so many thousands of times demonstrated to his observation, that no experience of his practical life was received with more confidence than this, of intensified curative force of the drug resulting from the process of dynamization. And because of this ascertained increase of power to cure in this state, the requirement in this corollary, that it be so given, has become a demand of law in our administration of specific therapeutics.

The demand of this law and its corollaries, on those who would practice the system of specific medicine taught by Hahnemann, for intelligent and loyal acceptance and obedience was responded to by our friend in perfect good faith. It was this response which placed him in the highest rank of healers, where he stood with few equals, and still fewer superiors.

Dr. Lippe's intelligence went far beyond a mere acceptance of the truth of our therapeutic law and its corollaries. It apprehended clearly the true nature of the factors involved in every problem for therapeutic solution: the true nature of sickness and that of the agents by which sicknesses are cured. He saw clearly the error of those who regarded sicknesses as entities, as things distinct from the sufferer they are to care for, and that those who claimed exact knowledge of these things, as

to locality, form and nature, were only deceivers or deceived. That the dignifying of this claim by attaching to it so respectable a word as pathology in no way gave it aught of value. That this kind of pathology added nothing to any man's power as a healer, but rather left the claimant in the obscurity of the fog which always surrounds guessing, which this claim always, and only, is.

Instead of accepting sicknesses as material things, he saw them only as disturbances of the action of the force which moves and controls the functions of the organs of the living body, so that the harmony of these functions which conserves the organism in whole and in all its parts, which constitutes health, is lost, and is replaced by the discord in these which sickness is, and only and ever is, with destructive tendency as to the organism, or some one or more of its parts. Sickness, then, is not a thing but a disturbed force. Not a material entity, but an immaterial force, perverted as to its moving and governing of bodily functions. So he saw sicknesses to be, and he saw them just as they really and always and only are. Then it follows that a true science of pathology must of necessity be, and only be, made up of a knowledge of these disturbances of force and function, which we are accustomed to speak of as "*the totality of the symptoms.*" These are the only true pathology of any case. So when it was alleged against Hahnemann that he had no pathology in his system of specific medicine, by his materialist antagonists, he alone of all the world had and taught a pathology which had its foundation in truth and the nature of things. The true philosophy then of sickness is a philosophy of dynamics—of force and its perverted action on function. This philosophy was accepted by Dr. Lippe, and together with his loyalty to law and its corollaries helped to raise him to his height of excellence as a healer.

He saw also the true nature of the etiology of diseases, and that this was in perfect harmony with the accepted philosophy of the law, its corollaries, and the nature of the results its causes produced. That these causes, like the sicknesses man is called to cure, were, as to all not of mechanical or chemical origin, of dynamic and not of material nature. The truth of this is demonstrated in all miasmatic causes and contagions. These are wholly beyond the grasp of whatever of human intelligence, ex-

cept as their existence is revealed in the phenomena resulting from their assaults on the life force of men. They are wholly beyond the reach of the microscope or of the most enlightened chemist, and are as far removed from the much talked of living "*germs*" of the material etiologist as is his promised protection by the destruction of "*germs*," from truth. The causes of malarial fevers, malignant cholera, variola, etc., are as inscrutable, except as studied in the results of their action on the life force, as are the thoughts of the angels in heaven. Hence the folly of much of the talk of disinfection and the proceedings with germicides for the accomplishment of this end. And hence has come so much disappointment after liberal use of so-called "*disinfectants*" which do not *disinfect*.

Our friend was equally intelligent as to the nature of the agents which cure human sicknesses when administered in compliance with the demands of law. He accepted the truth, many thousand times demonstrated in his own experience, that this which cures is not the *matter* of the agent at all, but a dynamis associated with that matter, which by the manipulation taught by Hahnemann, could be liberated from its original association and so made available to specific medicine for the cure of human sicknesses. That substances, apparently the most inert, were made to yield a dynamis of great power to heal, while the most destructive poisons were tamed and converted into beneficent healing agents, by this process, called dynamization. And hence he saw clearly the folly of those who thought they had demonstrated the absurdity of all claim for medicinal action of these dynamizations, by showing by long strings of cyphers what would be the mathematical expression of the sum of drug matter contained in these preparations. The length of the string was quite appalling to one who only knew of curing power as present in the *matter* of the drug. It was little less than a demonstration that in the higher numbers, even in those used in the early history of Homœopathy, there could be no matter of the drug remaining, say in the 30th number of the centesimal series. And very likely they were quite right. It is not at all surprising that from the standpoint of the materialist antagonist of Hahnemann's medical philosophy he was only disgusted when told of cures of serious sicknesses wrought by these almost demonstrated nonentities. Do

mathematical demonstrations lie? Can something come from a demonstrated nothing? Very likely not. But the falsehood of this otherwise correct reasoning comes from its start-point. It takes for granted, what can never be proved, that the power which cures is identical with the *matter* of the drug, while every cure wrought by these dynamizations is a demonstrated truth that it is not. It further exposes the folly of attempts at reasoning from matter and mathematics on a subject with which neither are in any way related. The cure demonstrates the absurdity of the attempt to be so great that none can be greater.

We have very briefly given a view of the principles which gave individuality to Adolph Lippe as a healer, and to his life work as one of eminent successes. These principles were so clearly recognized and accepted so unreservedly that they virtually became a part of his own life. They were ever present in his thoughts and dominated every decision in his clinical duties. Before each problem of curing he was called to solve, his first inquiry was, what does the law demand for the relief of this one case, and he earnestly and honestly set himself to answer this demand, for in all his practical life he was a servant of law. It was never first in his thoughts before a knotty and complicated case, *how shall this be named?* But rather, what does the law require for its cure, and how shall this be found? What, says old physic, go for a remedy before you have made your diagnosis! Why, if the remedy proves a success, you never know *what* you have cured. I think I hear my friend reply to this very foolish criticism—I cured *my patient*, and this was the object of my endeavor, and neither nature nor its law of healing required a Greek name to make his cure complete.

It is not, then, Adolph Lippe, the man, whose memory you would perpetuate by your memorial service, but Adolph Lippe, the great healer of men. As a man he was like other good citizens, discharging faithfully the common duties of life, and in these he was not characterized by powers or elements of character which call on surviving friends to erect a monument to these that they may be retained in the memory of men. But as a healer of sick men he stands out conspicuous in the rank of those who stand highest. With natural endowments qualifying him for the work of his choice of a very high order, he brought

to this work a consecration of heart and life, under the control and in the light of law. Loyalty to law was the one governing principle in his work, which made it phenomenal by reason of its many and great practical successes. This loyalty had its origin in clear perception of the origin of the law of healing, of its logical connection with other laws, having the same origin, and that, like other natural laws, this also was of universal application and authority. To him it was that God had spoken to men in this law, and hence he had neither ears nor heart for any voice of man in opposition to this God-created and God-given law. The voice of man—no matter what his reputation for intellectual power and knowledge of the natural sciences—what is this when opposing the speech of the supreme Omniscient? It had no influence to seduce our friend from his confidence in the divine speech, or for a moment to cause him to waver in his integrity or obedience to divine commands. For law was to him not a *rule*, but a command.

Is it a memory of this healer, so constituted in his nature, so consecrated in his spirit to truth and law, so unyielding to whatever of influence of learned men of great reputation in the sciences, so quick to detect, and so powerful to rebuke error, that you would keep alive in the hearts and minds of those who survive him? Then by what means can this best be done? Fitness in the means employed for this purpose is necessary to the attainment of the object of this memorial. The memory of a Washington or a Wellington may be perpetuated by shaft or statue. This has been done by both and the sense of propriety in men has been abundantly satisfied by each. A statue may fitly suggest greatness in the orator or the jurist. But neither of these have any voice to remind us of the man who was eminent among men as a healer of their sicknesses and pains. They are, in their very nature, dumb as to all which gave the man his great power for good. They are wholly blind as to any recognition of principles of truth in law or in the relationship which law has established between sicknesses and the agents by which their healing shall be effected. No material monument can be erected which can be at all expressive of these. Such monuments may express ideas of material facts or existences, but for expression of the dynamic nature of sicknesses and their curatives these have no power. They are

equally imbecile before the problem of representing the skill which has rightly selected and rightly managed the administration of the means law has demanded for the successful healings which have made the life of the man you would memorialize so conspicuous. This man was truly great in the work to which he gave his thoughts and his life, but no material form can fitly represent the principles which inspired his work, or the loyal and unwavering obedience which gave the successes which made him great among healers.

Then if we are to memorialize this man and his life work, we must look for the means beyond the common marble and bronze which may fitly enough represent to succeeding generations the character and work of the warrior, the statesmen, the orator or the jurist, but can only be found dumb and incongruous when the question is of perpetuating the memory of a man and his work when this has been wholly given to relieving the sufferings and sicknesses of men. A single act, as that found in the story of the Good Samaritan may be successfully treated by the artist with brush or chisel, but when it is a life devoted to truth in philosophical principles, and to a daily exemplification of these principles, and demonstration of their truth and beneficence, we are compelled to look for means by which fitly to represent and bring to our mind such a life and such a work, beyond the material things of the world. We can only find fitting memorial of such a life and work in living examples which shall repeat the work and experiences of the man to be memorialized.

The method of presenting these examples which seems fullest of promise of success in keeping alive the memory of our friend and his work, and to contain in it most of good for mankind, is to teach others the principles, methods and means which characterized his work and gave to him the many and great successes which made him conspicuous in the ranks of great healers. If he could have been consulted as to the kind of monument by which he would prefer to be retained in the memory of men, he would, no doubt have chosen an organization for teaching the truths and principles which he so firmly believed, so dearly loved, and to which he was so truly and loyally obedient. He would have said, these faithfully and truly taught and my spirit will be fully satisfied. Let this be taught to others.

that they may be able to bless men by reason of their knowledge of the truth as revealed to Hahnemann and by him given to us, by which truth I have gained all of the successes which have attended my labors.

Then to satisfy the spirit of our friend, let it be remembered, these truths must be taught as he himself would have taught them. Freedom from all mixtures, from whatever source, of traditions or hypothesis intruded into the companionship of these truths, as improvements of the divine revelation he so unreservedly accepted must be most carefully maintained. These, wherever met were to him a horror. It was no relief to him, rather an abomination, when these intruders were presented as evidence of progressive thought, or as added improvements of law. They were to him always only embarrassments to all right progress, and were ever recognized and treated as the work of an enemy. An enemy, as he looked on their false pretenses, to truth and mankind. The law of the similars (not a mere rule of practice) universal in its adaptability to the wants of the healer, in his dealings with all curable sicknesses; a law with authority inherent in itself, by reason of its divine origin, which commands obedience from all who attempt its administration in their clinical endeavors, and which permits no shuffling in duties and no shrinking from the labor necessary to this obedience. This is the kind of law to be taught in any attempt to memorialize the work, life and successes of Adolph Lippe.

And more than this, the logical corollaries of this law are to be taught no less faithfully, and as of authority equal to that of the law itself. There is to be no perhapses or ifs in the acceptance of these as supreme in their control of all clinical duties of all true healers. This law, with its corollaries, admits no addition to its own proper means, which it declares to be sufficient for the cure of all which is curable of human suffering. It rejects all of indirect means which have been used by some with the thought that these somehow aid the action of the specific remedy and contribute beneficially to the expected cure. The experience of our friend, and that of all most skillful healers, has abundantly shown that all such means are always and only a detriment to the success which the law promises to a strict compliance with its demands. The law otherwise taught, by whomsoever and for whatever of pretended reason, can only

memorialize Lippe's disgust and wrath when he saw the law he loved so transgressed and abused.

And more than this, the teaching which would memorialize this man and his work must recognize and inculcate the true nature of sicknesses and curatives. The true philosophy of this nature was a cardinal principle in all our friend's work, underlying and explaining the mysteries and seeming paradoxes in homœopathic healing. Wanting the light which this philosophy throws on these, and they become inexplicable. Left in the darkness of a materialistic philosophy, and they become only wonders and causes of confusion and skepticism which only can amount for the persistent rejection of the truth of the only law of therapeutics, by intelligent, honorable and well meaning men of the allopathic school. There are many such men in this school, to whom this light has never come and hence it is no wonder, being wholly enveloped in the darkness of a material philosophy, if they should say, when told that cures of grave sicknesses are effected by doses of curing agents in which there can be no *matter* of the drug—*non credo*. And it becomes still worse for these men if told grave sicknesses are cured by doses in which the less has been successful where the more has failed. And from their stand-point, in their great disgust, is it a wonder if they cry out *impossible!* Their difficulty is in their stand-point. This being wholly in darkness, how can they do otherwise. We speak of the honorable men of this school, not of those of whom it may be truly said—*ye will not* come to the light. Skepticism of the will is a malady of both mind and heart, which even Homœopathy has no power to heal. Such can only can be left to the sovereign power and mercy of the Supreme.

The teaching which is to memorize our deceased friend and his work, must plainly set forth the dynamic nature of both sicknesses and the medicines by which they are cured. It must be clearly shown that sicknesses are not material *things* but ever and only perverted functions of one or more bodily organs, as these have been modified by the action of some noxia on the life force which moves and controls these functions, this noxia and this force being also dynamic in their nature and not material entities at all. It is absolutely necessary that this nature be recognized by the prescriber before he can parallell Lippe's successes or comprehend the true nature of the elements

of any problem of healing. Sicknesses are but the perverted action of forces, and are healed by the action of other forces so related to these perversions by the Creator of all forces, that when these which He has ordained for the healing of sick humanity are brought into contact with these perversions, they cease, and order and harmony are restored to organs, in which, before this contact, was only the discord which caused so great sufferings.

The dynamic nature of the healing factor is no less a truth of the greatest importance, which is to be well understood, and authoritatively present in the mind of the prescriber before he can intelligently take the first step in the duties of specific medicine. The discovery of this nature was wholly Hahnemann's. He not only discovered this dynamic nature of the healing factor, but also the no less important fact that this dynamics could be separated from its drug association, expanded, and its efficient action on the living organism greatly intensified by a manipulation which he was the first to teach. It is not forgotten that this great and amazing truth has been denounced and ridiculed as one of Hahnemann's fallacies, by those, and they have been many, who have never emerged from the murk and obscurity of materialism. They have not come to, nor accepted, the light which the dynamization of the healing factor has thrown on the clinical experiences of specific medicine. Nor is it forgotten that truth is no less truth after ridicule than it was before. It is well remembered that neither ridicule, laughter, negation nor hate have power over truth to inflict on it the least injury. Truth always has the mastery in the end, and controls affairs after laughter has died away, and with it those also who have ridiculed and hated. The Almighty has stamped eternity on truth and therefore neither ignorance, arrogance nor presumption can have power over it. It stands before these and their work, in all its dignity and calm, unmoved and unscathed, by whatever of malice, falsehood or hate of its enemies. It so stands because it is the child of God.

An organization which shall teach clearly the philosophical elements of specific medicine as we have endeavored briefly to outline them will most successfully bring Adolph Lippe to the memory of men. These elements were the fundamental principles which inspired, directed and controlled his life work. He

took these into his heart, at the beginning, from the great master whom he revered and loved, and in all his work of teaching and healing, he was loyal to them to the end. It was this singular loyalty which assured to him the great successes which characterized his work and made him quite illustrious in the first rank of healers. If he could be heard now as to the monument by which his name and work would be most honored, and which would be most grateful to his own feelings, who does not know he would select just such an association as kindness and wisdom has here organized for the work of teaching to others the philosophy and practice which made himself great in his successes, great in the integrity of his loyalty to truth, and great in his advocacy and defence of this truth. If he can still have cognizance of the affairs which are going on in the world which he has left, what could give him greater joy than to see those who are to be the successors in his life work receiving instruction in the principles of philosophy and practice which he had accepted, believed and loved. To know these principles were to be perpetuated in the confidence, love and work of the rising generation of those who will be so taught to emulate his example, and strive by the means he himself employed to attain to his successes.

In our last words we would say to the ladies of the association who have created the organization from which this monumental teaching is to come, no greater honor can come on any of our kind than will flow in on you, when this organization you have created shall be found successfully carrying on the work your love, generosity, and love of truth has planned. The love of truth, whenever it has been attempted to give to this active, practical existence, for the good of mankind, has always met difficulty and opposition before it ripened into full life and action. Its progress in its way to perfect development has had to meet and overcome opposition, and perhaps falsehood, at each step of its progress. Let it be remembered that truth, loyally sustained by its lovers, is sure to triumph over these in the end, because of its origin in the Omniscient will, and its foundation in the throne of the Infinite. In this assurance you may safely persevere in your good work, knowing that in the end, whatever and whoever opposes, it will be triumphant, and in it and in the Divine approval you will find your exceeding great reward.

LECTURES ON THE ORGANON.

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

Delivered at the Woman's Homœopathic Hospital, Philadelphia, and phonographically reported for THE ADVANCE by Clarence Bartlett, M.D., and revised by the Lecturer.

LECTURE I.

LADIES AND GENTLEMEN.—I presume that you are all doctors, or at least that you know something about the philosophy of Homœopathy, or are interested in its prosperity, or you would not be here. As this is the prelude to a course of lectures on medicine, it will be scarcely expected that I will deviate very much from that which shall be pleasant to the medical ear. This talk will be quite preliminary. It will include many promises, all of which I hope will be faithfully kept. These promises will include a statement of what we propose to study, and how we are to do it.

At the close of the last century we find medicine in a state of chaos. It may be well said to have been then entirely traditional, and composed of powerful methods; medicine always meant something destructive, because depletion was the essential feature of all medicine known at that time. If it has changed, to what is that change due? It has changed wonderfully. But even at the present day all there is of this old-school medicine is based upon "experience," but it has undergone wonderful changes and why?

At the close of the last century Homœopathy was born into the world. From that time on changes have been going on in traditional medicine. Were these changes due to the discovery of any new principle, or of any new law? No! Traditional medicine has discovered no law; it has existed and abounded in speculation from the earliest time and yet its adherents have discovered no principle, they have discovered no law. It is still the medicine of "experience." At the close of the last century medical treatment consisted of depletion, purgation, emesis, blood-letting, and counter-irritation, as with blisters; but these things are now by-gones. Why? Because they became so unpopular that the people would not tolerate them, and not because traditional medicine had discovered any principle, not because it desired a change, but because something was coming into the world to cause old-fashioned medicine to

change its methods and its practices, and now it has become quite modest in its pretensions for dosage. Of course at first they supposed that small doses being popular they could imitate them, and in a measure modulate their methods and become popular. Has this change to the small dose ever been due to the discovery of any law? No! Speculation has gone on, until we see traditional medicine the same as it was a hundred years ago, modified as to dose, "sugar-coated" as it were, to meet that which pleases the people. It is yet without a law, and yet without a philosophy. This is not true of the system that has caused its displacement—Homœopathy.

Allopathy concerns us very little. Homœopathy has certainly progressed. Its founder as we well know was a great master. In 1833 he finished his masterpiece, the *Organon*, of which I have here two translations, Wesselhœft's and Stratton's, it having gone through five editions, the first of which appeared in 1810. The growth and prosperity of this great system of medicine has gone on until thousands are practicing it, and colleges and hospitals have been built everywhere. This hospital, constructed for the purpose of demonstrating that Homœopathy is based upon a universal law, is consistent in exclusive methods; even to-day this institution has stood long enough to demonstrate that nothing outside of the law of the similars is necessary in the treatment of the sick. This institution is not alone in its work; but hundreds of practitioners of Homœopathy, now scattered over the face of the earth, are living to demonstrate the principles of pure Homœopathy as applied to the cure of the sick, that it is a universal curing principle, and that it is based upon a universal law. The work of this institution, which is the only one in the world where nothing but homœopathic methods are applied, is just beginning to take root. It is by the aid of this institution, established by several hundred noble women, that it is possible for me to demonstrate the all-embracing and universal application of the truth of Hahnemann's *Organon*.

There is one great system called Homœopathy; we have many degrees in it; it is like a graded school. We find those who have reached maturity unable to apply its principles as an universal law, as Hahnemann did. We find beginners all proposing to do good. We find men in practice able to apply the

law to a few of their cases, others able to apply it to a large number of their cases, and still others able to apply it to all cases. You may say, "What do they do when they are unable to apply the law?" Why, of course, they fall in with traditional medicine. But let us start out by saying that they are honest, and that they do the best they can. If they were dishonest, we would not want to bother with them, because we want to talk only of honest men and good people and the only natural healing principle.

It is the desire of this institution to present the practice of Homœopathy in its purity, for many of us can say that we do not need aid from traditional medicine, and that the law of similars furnishes everything desired. Why, therefore, should we depart from it?

The object of this course is to assist all who desire to practice without appealing to traditional medicine. This hospital furnishes wonderful object lessons in its wards and clinics, so that any doubting physician may look and be convinced, if he will, where no adjuvants are used.

The philosophy of Homœopathy is pure and simple; and when known, it is easily followed, for it is easier to follow well-marked rules than to flounder in the mire of traditional medicine. It is hardly necessary for me to say that one who knows how to follow rules has no incentive to and will not depart from them. He will not ask for traditional uncertainties when he has that which is positive. But Homœopathy is in such a state of evolution that we have to be very charitable. My desire is to cultivate and to help every man who has a desire to practice medicine according to the law of similars.

Some might say that Hahnemann was inspired. When we understand that he formulated out of chaos, or out of nothing, not only order but this great system of medicine, and wrote his *Organon*, which he finished in 1833 and left in such a state of perfection that it has never been improved upon, it looks almost as if Hahnemann was inspired. When it is known that he opposed the pathological doctrines of his day as a basis for the healing art, and this in the face of all traditions, he might well be called the medical prophet. His *Organon* has opposed it from that time to the present, and we can do no less than oppose it at the present day. This is not discouraging the

study of pathology, because that has its great place to fill; but pathology has no place in an effort to select a medicine for the sick because it deals so largely in the hypothetical.

To whom is it natural to look when desiring a teacher? Would you look to one who confesses his inability to apply the law in all cases? Would you look to one who says that he must use the hypodermic syringe to relieve pain? Would you not look to one who at least pretended to apply the law universally? If you knew one who applied the law without breaking it, who had applied it as a universal law, who did not need any aid from traditional medicine, would you not apply to him? Hahnemann did that; Boenninghausen did it. Many of their followers have done so and are doing so to-day. Hahnemann then must be our teacher. I do not recognize any other teacher than Hahnemann. In all this course I shall offer no original thought, but everything that I shall attempt so teach shall come out of the *Organon* of Hahnemann. A prominent allopathic physician of Philadelphia remarked that the *Organon* was the greatest book that had ever been given to the world. There are professed Homœopaths who do not say as much. There are many professed Homœopaths who denounce Hahnemann as a theorist, as a fanatic, as visionary; but have they ever cured the sick as Hahnemann did? Until they do, let them learn of Hahnemann, for Hahnemann is the teacher of Homœopathy. He was its founder and we must look to him, and all deviation from his teachings should find another name.

There is to be no controversy with men in this course of lectures; we have no dealings with individuals but with principles; with the application of principles; our object is to make you so well acquainted with the principles of Homœopathy that you can apply them in the sick-room, without resort to traditional medicine. I stated that Hahnemann formulated the principles of Homœopathy. Some isolated statements had been made previous to the time of Hahnemann, showing that individuals had occasionally seen a glimmer of the truth, but not enough to enable them to formulate the law by which homœopathic principles could be made the basis of therapeutics. Hahnemann so arranged the system of Homœopathy in his organic philosophy and in his *Chronic Diseases*, as to make it all that is needed in the sick-room. When I say "sick-room"

I do not wish to include surgical cases, but that the physician in his capacity as a physician needs nothing else in the management of the sick.

Homœopathy is not founded on any theory; it is not even based on any man's opinion. It is founded on facts. How this differs from traditional medicine. How I remember the olden times when Dr. A thought that the case might be one of cirrhosis of the liver; Dr. B thought it might be biliary trouble complicated with intestinal disease; Dr. D thought that the liver trouble might be sympathetic, and that there was some brain trouble present; and so on. You might find as many opinions as there were doctors; even at the present day the same varied opinions upon which to base a prescription prevail. What uncertainty and groping in the dark. Let twenty different old-school doctors write a prescription for a given patient; do you think you would find any two prescriptions alike? How is it with Homœopathy when properly applied? The harmony of this system is most wonderful. Let six masters of our art be placed in different rooms, to prescribe for a given case. The results of their examination will not show much difference. Given the case with the symptoms, the same remedy will be selected by the six masters, or the remedy selected will show a painstaking effort and definite result. In the case of the yellow-fever epidemic in the south, when Homœopathy consisted of a mixture of Homœopathy and traditional medicine, and practiced under extreme difficulties, yet the percentage of successes was good, and shows a grand victory for the system. The homœopathic physicians of Memphis, New Orleans, and other cities, though without any communication with each other, were prescribing the same remedies for their patients, and with similar results. There is an exactitude like dancing to music, the world over, in teaching and prescribing for the sick.

In the practice of Homœopathy a master, wherever he may be, has something on which to base a prescription. When was this ever so well marked as by Hahnemann when after his study of the cholera epidemic, and reference to the symptoms of the *materia medica*, he decided that *Veratrum*, *Cuprum*, and *Camphor* were the remedies suited to the epidemic, and yet he had never seen a case of cholera. When asked what remedies would compare to this disease, he simply looked over his prov-

ings. The picture of the disease looked like what he had seen in the provings of Camphor, Veratrum, and Cuprum. He therefore said that these remedies ought to cure this sickness. They were successfully used then. They are our sheet-anchors in cholera to-day, and they ever will be. This was no opinion of Hahnemann. No, he had simply obtained the symptoms from the provings, and compared them with those of the disease, and from this he said that these should be the remedies. This gives Homœopathists a power that is not found elsewhere in medicine, viz., that of prevision.

The more you cultivate homœopathic methods, and the finer you discriminate, the better you see and the more you can understand.

Positive principles should govern every physician when he goes to the bedside of the sick. The sick have a right to it if it can be had. Before the time of Hahnemann there was no such thing. The sick were villainously treated. But since the days of the advent of this most beautiful and perfect system, the people have a right to demand exactitude in methods and knowledge. Better to do nothing at all, than to do something useless. It is better to watch and wait than to do wrong. Every action in Homœopathy must be based on a positive principle. Every action of the homœopathic physician should be based on the law of the system. He should say, thus saith the principle, as doth the grammar in every word of your speech. Some say, "I do not believe," but let me say that belief has no place in the study of Homœopathy. The inductive method of Hahnemann gives you no place for these things; hence it is that Hahnemann has formulated the first paragraph of the *Organon*.

He says: "The first and the sole duty of the physician is to restore health to the sick. This is the true art of healing."

Evidently Hahnemann meant something when he put that there. He had been practicing homœopathically until he had seen the results of the practice. He never indulged in metaphysical speculation. He dealt with facts and never formulated anything without first studying its application in the sick-room. The word "sick" has here a positive meaning. It runs all through the philosophy of the *Organon*. Hahnemann never said that it was the duty of the physician to cure disease. The

whole attention of old-fashioned medicine was devoted to the cure of disease. Everywhere you see treatises devoted to the cure of diseases. Such a thing is never thought of, is inconsistent, in Homœopathy. Hahnemann says, "Restore health to the sick." You often hear a homœopathic physician say, "I do not treat your disease, I treat you."

In olden times they looked upon disease as a monster, or as something that had to be scourged, or purged out of the system by the bowels, or had to be vesicated out by a mustard plaster. It was the opinion of the old doctors that no two diseases could occupy the body at the same time.

Never treat disease; never aim your medicine at the patient's disease. If you are treating your patient, you must first know him. You must first study him awhile. It is not necessary that you know his disease by name, but by the symptoms that designate the peculiarity of this particular patient in his sickness.

It is the duty of the homœopathic physician to restore health to the sick. Now, it is not the physician's duty to speculate on theories; that is a common method in vogue. It is all well enough to study microscopy, the germ theory, pathology, and other kaleidoscopic theories (they will all fizzle out after awhile); it is all well enough for a physician to become acquainted with all these odds and ends which underlie a physician's learning, but it does not do to call this knowledge into effect when making his prescription, for at such a time it is absolutely worthless. It has often been said, examine the chest and make your prescription afterwards. The best prescribers have been physicians of just that kind; refusing to take into account those matters that are based on mere theory until the prescription is settled.

(Reads note to paragraph 1 in Stratton's translation.)

This is only to say that the cure of the sick is not based on speculation; it is not based on theories. It is not the duty of the physician in his capacity as physician to speculate as to what is the matter with this patient, but he must make use of positive evidence or facts in selecting the medicine to restore man to health.

Now Hahnemann says in paragraph two, which contains three grand commands or three grand injunctions of the master: "The highest aim of healing is the speedy, gentle and perma-

ment restoration of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons."

This has been otherwise stated by a formula: "*Cito, tuto et jucunde.*" We must cure promptly, gently and permanently. This reminds me to say that Hahnemann's writings manifest a number of trinities. This paragraph contains the first three, or the three injunctions. A cure to be a cure must conform to these injunctions.

By-and-by we come to the sixteenth paragraph where we find the three parallels, that we will then talk about. Then we come to the great law of direction that Hering formulated from clinical observation in closely applying the rules set forth in the Organon.

We also find in the Chronic Diseases the three miasms, which are the basis of all chronic sicknesses. The last trinity that has been derived from the philosophy of Hahnemann, and which has been well established is the similar remedy, the single remedy and the minimum dose. These trinities run all through this grand philosophy. The Homœopathy of Hahnemann is incomplete without them; not one can be omitted. Before I have finished this course of lectures, I will show you that in Homœopathy we have perfection, that we are dealing with a law in which there are no loop-holes. With every problem in the sick-room we have a counterpart in the philosophy, which means cure. We now come to the third paragraph:

"The physician should distinctly understand the following conditions: what is curable in diseases in general, and in each individual case in particular; that is the recognition of disease (*indicatio*). He should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons, in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in a patient; that is to say, he should adapt it so that the case is met by a remedy well-matched with regard to its kind of action (selection of the remedy, *indicatum*), its necessary preparation and quantity (proper dose), and the proper time of its repetition. Finally, when the physician knows in each case the obstacles in the way

of recovery, and how to remove them, he is prepared to act thoroughly, and to the purpose, as a true master of the art of healing."

This paragraph cannot be fully explained until we get well into the Organon. It looks into many future paragraphs. The physician is not called upon to cure the results of disease, but disease itself. The dynamic doctrine that runs through Hahnemann's philosophy everywhere, defines all sickness, primarily and primitively, as dynamic. If this is to be accepted, all pathological changes must be regarded as the results of disease, and hence it is not the duty of the physician to cure these. Would you think of curing a tumor? If you would you misunderstand this grand philosophy. You may, however, administer a medicine which cures that which is wrong with the patient, and as a result, the tumor disappears. Would you prescribe any different remedy for the same symptoms if the patient had no tumor?

The object of this third paragraph is to instruct the physician as to what in disease is curable. The tumor is not the curable part of disease. When the man is cured his tumor may disappear. If a patient's lung is not repairable, the physician cannot repair it, and he cannot be cured. It is not your duty to remove the tubercle from the lungs. The sentiment of the paragraph is that the physician should be so acquainted with everything belonging to the sick, and to the sickness of man, that he may recognize in all sicknesses the curable and the incurable; that he should recognize the dynamic portion as curable.

To do this what must the physician know? All schools of medicine abound in this collateral knowledge. It is all necessary. The physician must know anatomy, as this deals with the structures of the normal body; he must know the functions of all the structures, he must study physiology. He must know physiology in order that he shall know all possible deviations from the physiological state.

STAMMERING.—A writer in the *Scientific American* says: "If a patient will always fill his lungs by a strong inhalation before he begins to speak, he may readily cure the most obstinate case of stammering." That, at least, was his personal experience.

Clinical Medicine.

VERIFICATIONS.*

E. B. NASH, M.D., CORTLAND, N. Y.

CHOLERA INFANTUM.—BISMUTH.

CASE I.—Young child; nursing cow's milk from a bottle; painless offensive stools; profuse and frequent. Vomits large quantities. Wants to nurse all the time but vomits immediately after. Great prostration, paleness and listlessness, surface warm. Two cases like this, both of which were cured promptly with Bismuth 200.

I considered these genuine cases of cholera infantum and not the common summer complaint or entero-colitis, which is gradual in its onset and often runs a long time.

CHOLERA INFANTUM.—KREOSOTE.

CASE II.—Another case of cholera infantum, child about two years, was suddenly attacked with diarrhoea and vomiting. There was a painful swollen condition of gums at the same time, which might have acted as the exciting cause. The thirst here was intense, with greedy drinking and almost immediate vomiting. Stools extremely offensive and brownish; great and increasing prostration; very restless, continual tossing and moaning, sometimes dozing with half-open eyes, child cannot sleep except when caressed, fondled or gently smoothing its face or body with the hand. All this condition of things is found under Kreosote (see Belladonna). Arsenicum, Bismuth, Veratrum, and other remedies had been tried but failed, because Kreosote was the only remedy, and in the 200th potency quickly cured. Why did I not give it at first? For the same reason that you do not always hit the right remedy the first time. One symptom I have omitted and the one that first called my attention to the remedy, viz., *very painful dentition*. The child complained bitterly all the time of the pain in its gums. This led me to examine Kreosote, where I found the whole case covered.

CHOLERA MORBUS.—ANTIMONIUM TART.

CASE III.—I wish here to call attention to the very great

* Transactions I. H. A., June, 1888.

value of this remedy in this affection. Raue says, Veratrum is the most important and the most frequently indicated remedy, and does not even mention Antimonium tart. Bell does not give it *prominent place*. Jahr does not mention it in his Forty Years. . I first cured myself of a most severe attack of cholera morbus after the failure of Ipecac and Veratrum. The relief was so *positive* and the action of the medicine so sensibly felt, and felt again after a return of the symptoms, which were relieved within two minutes after the first dose of a few pellets of the third centesimal upon the tongue, that I shall never forget it.

Now the symptoms, which were present and which I have often found present in many cases and are invariably relieved by this remedy (see symptoms 19, 20, and 21, Lippe's Text-Book) are:

“Violent straining to vomit, with perspiration on forehead.

“Continuous nausea, vomiting and diarrhoea.

“Vomiting of food with great effort, *followed by debility, chilliness and sleepiness.*”

For the last twenty years I have found this remedy oftener indicated in cholera morbus than any other. I use it above the 6th. Another remedy not mentioned by the above-named authorities has cured like magic three cases of this disease:

CHOLERA MORBUS.—CUPRUM MET.

CASE IV.—In all these cases the violent cramping in the stomach was the leading indication. In the last case the cramps were so sudden and so violent that they would jerk the patient (a young strong man) right up from a lying to a sitting position in the bed, while he would scream with the pains, vomiting and stool occurring as often as every five minutes. After Cuprum 200 he had only two more stools; the cramps and vomiting were all gone and he was sleeping in half an hour.

In the other two cases I used the 6th in one, and the cm. (Fincke) in the other. All acted equally well so far as I could discover. In the case in which the cm. was used the patient had been subject to the attacks for years and was generally confined to the house for three or four days after. After this attack he was out the next day.

Moral.—Do not place too much reliance upon any work on practice, because your case may be covered by some remedy not mentioned therein.

SCIATICA.—LYCOPODIUM.

CASE V.—I succeeded two years ago in curing a chronic case of this painful affection with *Lycopodium* mm. (Johnston's). I had several times partially relieved her with *Rhus tox.*, *Chamomilla*, and other remedies which I do not now remember, but the paroxysms to which she had been subject for years would return. The condition when the *Lycopodium* was given was that the pain was very much aggravated by *any pressure upon the affected side either by sitting or especially by lying upon it*. It was the right side. The patient complained that when lying upon the affected side it seemed as though the pain and sore or hurt feeling was deep in the joint. The pains when not lying on the side always ran down from the hip to the part on the outside of the leg. *Phytolacca* was prescribed on this indication with only little if any relief. When the patient mentioned this symptom of the deep-seated pains in the joint, it called to my mind that I had read in a society discussion somewhere that Lippe said, that *Lycopodium* affected the ends of the bone, and might it not be that there was an inflammation in the head of the femur. Acting on this as a sort of guiding symptom, I found on again reviewing the case in its past history that she had at times suffered from rheumatic soreness in her ankles, so that it was with great difficulty that she could walk. She was and had been troubled with a great deal of flatulence and constipation, so that I was thus enabled to see quite a number of *Lycopodium* symptoms in my case. Under this remedy in this very high potency she made a rapid and full recovery and has had no return of the trouble. Question: Was this sciatica?

SCIATICA.—VALERIANA.

CASE VI.—Mrs. G., young married lady, seven months pregnant with first child, slender build, blue eyes, dark brown hair. This was a case that I had prescribed for several times. The trouble was upon the right side. The pain ran from the hip down the outside of the thigh, or at times she said it was more toward the back side of the thigh. Finally the symptom came out that she was worse when *straightening out the limb*, especially in standing, but could stand at her work with comparative comfort if she stood with the foot of the affected side upon a chair. Hering's Condensed has pain in hip and thigh, *intoler-*

able when standing, as if the thigh would break. Ischias. Valerian 12 cured promptly and permanently.

DIABETES MELLITUS.—LACTIC ACID.

CASE VII.—J. H., middle aged, very fleshy (naturally), dark eyes and hair. The first symptoms noticed by him were: Excessive thirst, drinks all the time large quantities without relief; a sensation of great dryness of mouth and lips, wants to moisten the lips constantly with his tongue; hunger as great as the thirst, cannot satisfy it; and profuse discharges of a very pale urine. Examination of urine discovered sugar and plenty of it. He soon after began to emaciate very rapidly. Tarantula 200 helped him very much, and he thought he was cured, but the next year he became very much worse and was finally brought down to the bed by a severe attack of rheumatism of the knees. After considerable hunting for a remedy that had profuse urine with acute rheumatism, I struck Lactic acid (acute rheumatism is generally accompanied by scanty urine), and although the thirst is not recorded very strongly in its pathogenesis so far as proven, it has very great dryness of the mouth. The result justified the choice, for the rheumatic symptoms quickly subsided and with it all the diabetic symptoms, and now he seems a well man. In this case I used the 200th followed by the 100th and Sac. lac.

ALBUMINURIA OF PREGNANCY.—HELONIAS.

CASE VIII.—Mrs. Jas. F., aged about 30, dark hair and eyes. Is the mother of three children at full term, only one of whom is living. The other two died of infantile marasmus. She had miscarried at the third month twice, preceding this last conception. She has been a sufferer from indigestion and chronic diarrhoea for several years. The diarrhoea is not constant but in frequent and long continued attacks. I treated her for this condition of the stomach and bowels, and finally succeeded with Lycopodium in very much improving her. By close attention and treatment on my part and carefulness on hers, she succeeded in passing her third month this time without aborting. But she is extremely anæmic and has been for years. Finally, after going on the seventh month, her face, eyelids and feet began to bloat. Under the simple addition of Nitric acid, the urine in test tube was filled to the top solid with coagulated albumen. The urine became *very* scanty, not more than a tea-

cupful in twenty-four hours; she had a slight pain and dull heavy feeling in region of kidneys and *constant restlessness*, of this last she complained bitterly, in her own words, "I am so nervous and fidgety that I cannot stand it." This might partly, be accounted for from the fact that her sister had died a short time before from the same trouble, and she was afraid she might, but not wholly, I think, for she was actually so "fidgety" that she could not keep still. I had several times before cured albuminuria during pregnancy with Helonias, but had never before found this "fidgety" feeling present. But on turning to vol. v., Guiding Symptoms, page 547, there it stood. I gave Helonias 4th, but did not perceive any effect. I then gave the 1st decimal in water, and the last symptom that had come, viz., the "fidgety feeling" was the first to subside, and before she was confined the urine was free from albumen and normal in quantity. She had an easy labor, and gave birth to a nice boy and is in better health than for years before.

TWO DESPERATE CASES CURED.—LACHESIS IN MENTAL ALIENATION.*

J. A. BIEGLER, M.D., ROCHESTER, N. Y.

A CASE OF HEREDITARY PREDISPOSITION TO INSANITY CALLED
INTO ACTION BY ALCOHOLIC STIMULATION, CURED
WITH LACHESIS.

L. F., age 26 years, of ungainly formation of body and features, which almost marked him as an ultimate subject for an insane asylum.

March 3, 1888.—Called to see him, and found he had been wakeful during all of the past night, laboring under hallucinations. He imagined at times that burglars were in the house, at others, that various people wanted to speak to him, would go to the door frequently for that purpose, would not lie quiet, but every few moments rise, on account of one or the other of the delusions, would not keep covered when in bed. Believes in his hallucinations of the night before, but otherwise acts natural. Sclerotic coats of eyes much congested, right eye the

* Transactions I. H. A., June, 1888.

worst; complains of headache all over the head, but cannot get him to define it.

Inquired of the brother as to his habits, in regard to his drinking, he was positive that he had not recently committed any excess in the use of alcoholic liquors.

Gave Hyoscyamus mm., one dose.

March 4th.—In the past night he imagines fires raging about him, that a large school building in the neighborhood was burning. Did not remain in bed a moment, and escaped from the house several times to be found standing perfectly quiet, in his imagination looking at the fires.

This delusion was varied by going to the doors to speak to the people whom he imagined were there for that purpose; when not engaged in this way he talked to imaginary people. *More excited in the dark, if the gas is turned off he will relight it.* (Hepar, Stramonium). Gave Stramonium mm., one powder.

As on the day before, he appears rational except in reaffirming his delusions of the previous night, congestion of eyes much relieved.

March 5th.—Imagined during the past night, that men were taking the roof off the house, and he frequently rushed about the house swearing at them, also that men were engaged in boring holes in the wall and ceiling, to run electric wires through. Has been very violent; disposed to strike.

Like the previous days he is quiet, but has a more restless and dangerous expression of the eyes, and believes in the delusions of the previous night; when questioned about them he jumps on the table to show the holes that he believes were bored.

On account of his fancying fires the night before, and because Stramonium did nothing for him, and believing now that some anti-psoric remedy would help, I gave Hepar sulph., one dose, but fearing to trust it I left a powder of Belladonna to give if he became violent. As it was evident now that the situation was growing worse instead of better, and rapidly becoming a dangerous one to those about him who were chiefly children, younger brother and sisters, any one of whom he might fell to death by a single blow of his ungainly fist, I determined to protect them, and relieve myself of responsibility, by proceeding at once to take measures for sending him to an asylum.

Dr. Julius Schmitt was asked to see him, in order to determine the question of commitment. He not only concurred as to the necessity of the proposed measure, but urged immediate action, as the danger was great.

March 6th.—Greatly excited and restless, going from door to door. He is in the care of a private watchman employed for that purpose and who has had a busy time in guarding him, but notwithstanding all the care, the patient succeeded in jumping out of a window. He appears to be much concerned about the locks of the doors. During some quiet moments he is engaged in repairing a galvanic battery; his hands are perfectly steady; there has not been the slightest tremor at any time. He talks now and then as if he was not at home.

The brother now informs me that he ascertained at a saloon, that he has been drinking rather freely up to a few days ago. Gave Sac. lac. with the intention of perfecting the necessary papers for commitment the following morning in the Canandaigua Asylum.

Evening.—Called to deliver the papers necessary for commitment, as it was intended to make an early start for Canandaigua in the morning. I found the patient's *belief of not being at home* was now pronounced, he being so much impressed with it that he had sat down to cry several times because "they would not let him go home."

This called a halt to the proceedings which I detested, because I could not divest myself of the fear, that there was still some provision for the cure of this man, and that I, a believer in the teachings of Hahnemann, was not fulfilling my duty in so readily ignoring the means for relief given to us in the law of cure.

Believes he is not at home is a decided expression of his sickness.

Worse from alcoholic drinks an exciting cause, and also an indication for his remedy.

Shall I ignore them and go on in proceedings already taken to consign him to an insane asylum where God's beneficent law is unknown and therefore to a hopeless doom? Or shall I do my duty to the last moment and give him the benefit of the remedy for which his nature now cries?

The first would be regular in the eyes of "scientific doctors"

and especially of their mimickers, the pseudo-Homœopaths, who only feel important when they can assert a little authority even to the consignment of a fellow creature to a living grave, because their names appear as legal authority, even though it may be in a disgraceful proceeding.

Believes he is not at home; aggravation from spirituous liquors, call for Lachesis.

Shall I give that remedy, and thereby, it may be, give the man a chance to escape the doom which is now legally sealed, or again listen to the tempter who whispers what the scientific mimickers say. What nonsense to give ear to to the vagaries of an insane man if he believes himself not to be at home! What of that? He is insane or he would not have the delusion; the asylum is his place!

And again: "It is perhaps in the very nature of medicine, as many great men have already said, to be unable to arrive at a means of cure." Then come ringing the words of the master, "Blasphemy!" Disgraceful thought!

What! Has not the infinite wisdom of the spirit which animates the universe been able to furnish means to relieve the suffering caused by disease which has been permitted to afflict mankind? What! The sovereign paternal bounty of Him whom no name can worthily designate, who provides largely for the wants of those small insects that are invisible to us, who sheds in profusion life and well-being over all creation, would be capable of a tyrannical act, and unwilling that man, made in His own image, should by the assistance of the divine breath that penetrates and animates him, find in the immensity of created things some means to rid his fellow-creatures from suffering often worse than death itself.

"There are robbers in the house and he wants to jump out of the window."

"Undertakes many things and perseveres in nothing." (Hering's Guiding Symptoms.)

This patient attempted to repair a galvanic battery, a water-closet, and door-locks at the same time, going from one to the other.

"Will go home, believes himself not to be at home." (Lippe's Repertory.)

On these three mental symptoms he received, March 6th, at

8 P. M., a dose of Lachesis mm.; at 9 P. M. he fell asleep and slept quiet until 8 A. M. without any disturbance, waking perfectly rational, and remained so without the slightest relapse to this day, May 12, 1888.

He has attended regularly to his business, which is that of a hardware dealer, with an evenness of mind as one who never had any disturbance, and is entirely unconscious of the fate to which he had been decreed, or of his escape therefrom.

DISCUSSION.

Dr. Wells.—I want to say a word on a point that this paper has brought out, and that is in regard to the great haste in assigning patients to asylums, as it is often a great misfortune to the patient. We are liable, all of us, to come to conclusions injurious to the patient, which on proper investigation would save the patient. I was applied to by a professional neighbor two years ago for advice as to what asylum a patient should be assigned to. After explaining the case to me I suggested that if he would give a single dose of Stramonium to that patient perhaps it would be better than the asylum. He gave Stramonium, and it had the desired effect.

Dr. Kent.—The case of Dr. Biegler is so well reported that there would seem to be no necessity for any remarks to be made upon it, but I would like to emphasize one part, and that is in relation to all kinds of stimulants. When the subject has been in the habit of taking stimulants, and he undertakes to break off, Nux vomica may help him. Lachesis also stands out very prominently as in this case. In cases where the subject has broken off for a year, or two years, and Nux has helped for a while then Lachesis comes in. How long, Dr. Beigler, had he undertaken to break off?

Dr. Beigler.—It appears about three weeks.

Dr. Kent.—What effect did it have on the appetite?

Dr. Beigler.—There has been no desire.

Dr. Wells.—I will say one word as to the remedies for the effects of alcoholic over-indulgence. I believe that Cannabis indica will be found more efficient to remove this than any remedy we have. I have known it to cure in a very few hours. It is a discovery of my oldest son, and it has often stood me in hand. I think it more beneficial than Nux vomica. I do not wish to differentiate between the two remedies, but Cannabis

indica will remove the effects of alcohol in a very short time.

Dr. Butler.—A man came to me who had been dragged all over Europe. His most generic symptom was loss of sleep; he did not sleep at all. I took all of his symptoms down and spent a good deal of study upon them. I found only one remedy, Belladonna. I gave him Belladonna, and did not hear from him for a week. When he first came to my office he was so afraid of some imaginary danger, that I could get nothing out of him. I got it all from his friends. Three weeks after I prescribed he walked into my office after his bill; his wife came in later on and said he was sleeping seven to eight hours a day. When I charged five dollars for the prescription, she demurred.

Dr. Allen.—I want to call the attention of the association to the fact that I relieved almost that same symptom—a fear of danger, fear of being arrested—with Melilotus.

KALI PHOS. IN SUBACUTE LARYNGITIS.

March 25, 1888, was called in consultation by a member of this association in the case of Mrs. B. K., age —. This lady had made a good recovery from a natural but somewhat premature labor six weeks prior to this date.

She now suffered from an attack of acute laryngitis, which had set in some ten days before.

As the object of citing this case is to give the efficient and prompt relief this partially proved and almost unknown remedy afforded, a detail of the symptoms prior to this date are not given, but it must be understood that the case was at this time in its advanced stage, when it was more reasonable to expect a fatal result than recovery.

Questioning the friends and the physician did not reveal a cold to be the cause, therefore this was excluded, and persistent questioning was instituted thus ignoring the dictum of the great men, that a cold is the chief cause of this disease, which is so methodically given in the text-books, and so readily swallowed by the little ones, and the pseudo-Homœopaths.

Three formative elements of cause were revealed: First, the lochial flow, which had in three previous confinements continued six weeks, had ceased this time in ten days.

Second, a profuse leucorrhœa which she had had for several years, and which was especially bad during this pregnancy, had not made its appearance.

Third, after this labor she had a severe attack of hæmorrhoids, but there was now no evidence of them, and continued pressing enquiries divulged a box of "pile salve" to the astonishment of the attending physician.

These three suppressed natural manifestations of her state will be taken into account by those whose ability is not limited by the range of text-books, when the obstinacy of the sickness is witnessed.

As said before, the patient was now in the last stage of the disease; the voice was quite extinct, she could only speak in a whisper; complained of a sore and cutting pain in the larynx. The cough in sound was suppressed, and very painful, a feeling of impending suffocation. Inspiration was most difficult, in consequence of which she had been nearly sleepless for several days and nights.

Together with the attending physician, every effort was made for relief, hours were consumed in studying the remedies with no result but a downward course.

Finally, on the fourth or fifth day of my attendance, the indications were that she could not live another day, and an appointment was made to meet the attending physician at 5 p. m., which upon reflection, after leaving the house, appeared to be a mistake, and the more I thought of the case the more the conviction was forced that she would be dead before that time; other business was laid aside to again resort to the only source of help under heaven, the *materia medica*, with a spirit of obedience to the law of cure not assuming to be self-sufficient. *Belladonna*, *Hepar*, *Phosphorus*, *Pulsatilla*, *Spongia*, *Sulphur*, and other remedies, a record of which the attending physician had kept, had totally failed.

After hard work for two hours, I determined to give *Kali phos.*, not upon clear indications, but as a forlorn hope, because *Raue* says: "In cases coming too late under treatment, with great weakness, pale, bluish face," etc. This is repeated in the *Guiding Symptoms*.

"Speech slow, becoming inarticulate, creeping paralysis."—*Guiding Symptoms*.

"We know also that the oxidation processes, the change of gases in the respiration and other chemical transformation in the blood, is brought about by the presence of *Kali phos.*"—*Grauvogl*.

In this case the vital forces were rapidly failing in consequence of the deprivation of the blood from insufficient aeration, as well as from the sickness.

On arriving at the house at 1 P. M., the husband and mother hurried me into the room where the patient lay in an almost asphyxiated condition; face, lips, finger-nails were purple; pulse thread-like and feeble. Contrary to expectation, the attending physician was not there and would not be for an hour, in which time the patient would be dead. Therefore the formalities of etiquette were relegated to France and its dancing masters, and a dose of Kali phos. 30 was administered in pellets.

In the space of from ten to twenty minutes the patient whispered to her mother that she felt better; after half an hour the dose was repeated in water, and in less than an hour she had so far recovered as to enable me to leave the house.

For the following three days the patient continued to improve without repetition of the dose, or the administration of another remedy; after that, however, indications for other remedies arose and a long battle with the disease followed, requiring four weeks to relieve the aphonia and the pain in the larynx on coughing, during which time a slight dark and bloody lochial discharge appeared, but which was soon followed by a profuse yellow leucorrhœa.

Almost simultaneously came hæmorrhoids accompanied by diarrhœa, consisting of liquid fecal matter and mucus mixed with blood. The stools were painful, and the suffering during and after was great.

As the object of this paper is to call increased attention that may lead to further provings and verification of clinical results of this remedy, only a short synopsis of the subsequent treatment is given. The patient remained three days on the two doses of Kali phos., after which, on the following symptoms, she received a dose of *Lycopodium* mm.: Feeble husky voice; thin, reddish-yellow stools; chilliness in rectum during stool; burning pain in rectum; generally worse from 4 to 8 P. M., including voice and throat symptoms; pain in hypogastrium, shooting from right to left. On this remedy she remained seven days without repetition of dose, and then gave a dose of *Aloe* for the following symptoms, which proved a mistake: Diarrhœa

early in the morning, about 6 A. M.; involuntary stool when passing wind (this symptom was elicited by questioning and was not marked); lochial discharges, brown, muddy, at first stringy, shreddy, but soon became a reddish, thin, yellow leucorrhœa; stitching pain in left chest; this symptom was the most severe of all and she had complained of it several days. Aloe did no good, and Sulphur was given on account of the pain in the left chest, notwithstanding it failed to help in a previous stage and which proved a second mistake.

Several days passed while waiting on the two remedies (Aloe and Sulphur), the patient in the meantime gaining slowly in a general way, but the worst symptoms, pain in left chest, burning pain in the rectum, and diarrhœa continued, therefore she received a dose of Psorinum mm., after which she made a good recovery; all the remaining symptoms disappeared speedily, and when she gained sufficient strength, she left her bed to remain up without the least recurrence of any of her complaints.

On the third month after confinement she menstruated all right. The leucorrhœa continues as before, but she is well and happy with it.

CANCER OF THE STOMACH.—ARSENICUM.*

WM. A. HAWLEY, M.D., SYRACUSE, N. Y.

July 30, 1887, I was called to J. P. G., aged 66, a tall, spare man, stoop-shouldered, emaciated, of a yellow, waxy complexion; his lips and tongue of the same color. A more complete pallor could not be. For more than twenty years he had been a constant sufferer from a disordered stomach which physicians had characterized as dyspepsia and gastralgia. For the last year or more it had been attended with frequent vomiting of his food especially if he took any solid food, for which reason his physician had put him on exclusive diet of potentized milk, to which he had been confined for something over six months. He was expected to take three quarts daily, taking a given quantity once in three hours. Sometimes the stomach rejected it very soon and at others he would go two or three

* Transactions I. H. A., June, 1888.

days without vomiting. Hunger was a constant symptom. The emesis usually occurred without nausea but was always preceded by intense pains in the hypogastrium and violent eructations of tasteless gas from the stomach, affording momentary relief. Escape of flatus from the bowels also affording relief. He has a double inguinal hernia of some six years continuance and a chronic prostatitis which for some ten or twelve years has compelled him always to use a catheter to void urine. During these attacks of violent pain, ending in vomiting, and at some other times, it was impossible to pass the catheter until he could get an escape of flatus from the bowels, when it would pass without difficulty. His sleep was much disturbed, and when he slept he was sure to wake about three in the morning and lie awake till after daylight. There was much burning and soreness of the stomach, for relief from which he took the domestic soda as he judged best. At the time of my visit he had just reached home from a summer resort, whither he went by advice of his physician in hope of improvement, and was in the midst of one of his attacks of severe suffering which had attended him all the way in his journey home, and was so severe that he and his friends thought he would die before he could get home. I found him in bed, but in such agony that he was all over it in his efforts to get relief from the change of position, at one moment sitting up and belching off quantities of tasteless flatus, the next lying on his face or bending over to press the legs against the abdomen. He was thirsty but dared not drink because water distressed the stomach. The pains he described as burning, grinding, pressing, and sometimes cutting and tearing. His bowels were constipated, seldom moved without enema. I gave *Nux v. 30*, in frequent repetition, but without any apparent relief, till he vomited about an hour after my coming. He ejected fully three pints of a milky fluid, like milk mixed with water slightly muddy, having a slightly sour taste and odor but without coagula. The vomiting gave instant relief and I left him on the *Nux*, a dose once in three hours.

July 31st.—Found him cheery and comfortable. The milk was discontinued and gruels substituted. The remedy continued.

August 1st.—Found him comfortable after a fair amount of sleep during the night. Continued the remedy. About nine

o'clock in the evening of that day was called again to see him and found him again in great distress, which continued till after midnight. At times he would belch volumes of flatus with relief for a moment. He was much inclined to bend over, pressing his abdomen on arms folded across his legs, sometimes with a pillow and sometimes without. Gave Colocynth 30 every few minutes. After an hour or more I made a thorough exploration of the abdomen and found what seemed to me an evident thickening of the wall of the stomach near the pyloric orifice, so marked as to suggest cancer, which had not before occurred to me. At last, after nearly four hours of dreadful suffering, he vomited again about three pints, and was relieved. The matter ejected had the color and appearance of unsettled coffee. He was left on Colocynth 30, once in three hours, if awake.

August 2d.—Found him free from pain after a good sleep. The ejecta of the night before, as much as a quart bottle would hold, looked like coffee, and the apparent grounds occupied about one-third of the space. The gravity of the case was such that I suggested that they might like further counsel. The suggestion was gladly accepted and the patient and his wife made choice of Dr. Smith, a Homœopath of large experience residing in Geneva, N. Y., and of their friend, and for six years their attending physician, Dr. Coe, who is a so-called "regular." Some three days later they met me at his bedside. Meantime the patient had been on Arsenicum 40m. (Fincke), in solution, a teaspoonful once in three hours, with no vomiting till the morning of our meeting, when he vomited about a half-pint of coffee grounds after a short period of suffering similar to that described above but much less intense. After giving the counsel a statement of the case, I asked them to make an examination and diagnosis. Dr. Smith very soon satisfied himself there was thickening of the stomach in the region of the pylorus. Dr. Coe made search for it and thought he could feel it but was not quite clear that he did so. I then exhibited the injecta of that morning, and of three days before, when both were of the opinion that the case was one of cancer of the stomach. Diagnosis very unfavorable. No change was made in the remedy and the Arsenicum was continued once in four hours till the 8th of August, when it was so evident that the patient was improv

ing that Sac. lac. was substituted. I saw him every day, but while his ability to take nourishment improved daily so that he could chew a little beef once or twice a day with relish and comfort, the constipation did not yield, and he got on the 25th of August Nux vom. 50m., one dose, followed by Sac. lac. A second dose was given September 5th and then Sac. lac. continued. The constipation was relieved, and the case was dismissed September 22d without further medication. Improvement began with the administration of the Arsenicum, and there was no vomiting after the morning of the counsel, but he was so feeble as to require daily visits till the 31st of August, though before this he had taken several short drives in an easy carriage. For ten or twelve days before he was discharged from my care, he was in his office and at work several several hours each day.

On the 20th of April last he called to tell me he was to leave with his wife the next day for Colorado. He added that he weighed 185 pounds, more than ever before in his life, and said he had the appetite and relish of a boy. His pallor was entirely gone and his cheeks were fairly ruddy.

CONGESTIVE CHILL.

CHAS. B. GILBERT, M.D., WASHINGTON, D. C.

Mrs. R., about sixty years old, had in April, 1888, intermittent fever, with urticaria during the chill, for which Hepar was given; it relieved her for three days but on the fourth day, April 5th, the paroxysms returned at 1 P. M. and continued to do so every day in spite of Hepar, Rhus tox, Bryonia and Apis, until on the 11th she was very delirious during the paroxysms; this was succeeded by unconsciousness and mild delirium. The attacks were as follows: for about half an hour she would feel throbbing in the spine, which became cold; this coldness soon spread all over the body accompanied *by* (not *with*) violent shaking. With the chill: thirst for cold water; hard, dry coughing that hurt an old pleuritic adhesion in lower left side (pressing there would start the cough even when she was unconscious); urticaria; desire to be warmly covered; severe stretching across

hips and down legs like labor pains, which on the 11th became tonic flexor spasms of the toes and hands (the thumbs being clasped) and the head somewhat drawn back.

During the fever which immediately followed the chill, *regularly*, she would desire to be uncovered but would become chilled; the thirst continued, headache set in—first occipital then frontal—which became severe.

Then the sweat, upon which the thirst ceased and the other symptoms became modified. The urticaria troubled her considerably during the apyrexia and there were also loss of appetite, constipation, weakness and irritability of mind.

Each day the attacks grew worse until on the 11th the congestive symptoms had become alarming, as already detailed, unconsciousness having continued until 7 P. M., when she was reported by telephone as being in convulsions like those of Strychnia. She was immediately given Nux vom. every half-hour, which quickly relieved her, the medicine being given at longer intervals as she improved; she had no spasm from 9 to 12 P. M., when she had one lasting eight minutes, after which she had none. One hour after the first dose of Nux she asked for something to eat and was given a glass of milk. On the morning of the 12th she asked for hot water and wine which were given her.

On consultation the next morning the opinion was given by an experienced physician, that she would have another chill and die in it; still, as she had been given Nux through the night, no medicine was given. She had a light chill an hour later, a still lighter one the next day (13th), three-quarters of an hour late, while on the next day (14th) she had only a little throbbing and a slight sensation of coldness. At 8.30 P. M., on the 15th, hiccough set in which after lasting three hours was soon stopped with two doses of Nux vom., half an hour apart. The urticaria had not troubled her for three days.

May 4th.—The chill returned, preceded by nausea, for which Ipecac was given with relief.

June 1st.—After over-exertion she had three light chills, for which nothing was given; she has had procidentia uteri for several years which improved while resting in bed.

July 1st.—Has felt very well since last attack; the urticaria has not returned.

Would Quinine have done as well in this case? If puerperal convulsions, cholera, the shock of injury, and other as dangerous conditions can be cured by means of the simillimum, why not congestive chills? They can be *every time*; the fact that they are not only shows that the physician is not able to select the right remedy. To fail is human; to admit it, heroic; but to palm off your failure on Homœopathy is cowardly.

TWO CASES OF METRORRHAGIA.

H. W. CHAMPLIN, M.D., TOWANDA, PA.

The following cases illustrate two methods of treatment, of which, in the opinion of the writer, all physicians should be the master.

CASE I.—Was called May 29, 1886, to see Mrs. B., aged about 48. Found her completely prostrated from a profuse metrorrhagia of several weeks' duration. The previous history of the case I had been somewhat familiar with, though I had never before been called upon to treat her for this trouble. She had for six years or more been subject to frequent attacks of metrorrhagia, continuing two or three months. These had so weakened her that she was now in a critical condition. Her former attendant considered the symptoms due to the change of life and treated the case indifferently. During the six weeks following my call, to the case I had abundant opportunity to study the symptoms. Arsenicum seemed to be the indicated remedy and did a considerable service though Lachesis probably helped to pull her back from the grave. China and Ferrum were tried with no benefit. Six weeks after my first call and when just nicely convalescing, the metrorrhagia returned with all violence. Convulsions and sinking spells were repeated, the friends looked anxious, and the doctor's face lengthened several inches. The necessity for ascertaining the cause of the flooding was evident. The patient was in no condition for a thorough examination. A digital examination revealed the fundus uteri in the back part of the pelvis pressing against the rectum. A suspected fibroid could not be ruled out by this examination, but it was evident that the cause of the flooding

was an abnormal condition of the womb. As soon as the patient's strength would permit a more thorough examination was made which revealed nothing more than the retroversion. This being a possible and very probable cause of the hæmorrhages, an attempt was immediately made to restore the normal position by manipulation with the patient in the knee-chest position. This was not a success. Determined, however, to have whatever benefit might result from the replacement, I procured a Ludlam's repositior and lifted the womb into its proper position, which was maintained with little trouble. The normal circulation through the uterus and appendages was thus restored and the cause of the hæmorrhage removed. The patient regained her strength as rapidly as possible, and not the slightest hæmorrhage occurred during the following year and a half that the patient was under my observation, and I have reason to believe that there has been no recurrence of it to this day.

It is the opinion of the writer that it was beyond the power of medicine to remove the cause of this woman's fearful flooding. I fear that, as homœopathic physicians, we are often so earnestly seeking the right medicine that we overlook various causes of disease, and trusting to the apparently indicated remedy which often works such wonderful cures, we fail to remove some causes of disease that the indicated drug can never reach.

But to encourage the seeking for, and trusting in, the similitum, I report:

CASE II.—A sister of the above (Case I.), age, past fifty. Was called to see her the night of March 22, 1887. The patient was flowing alarmingly. After asking numerous questions I found myself utterly unable to prescribe. However, upon inquiring into the history of the case, I learned that the metrorrhagia immediately followed the suppression of chills and fever with Quinine, three months previously. Gelsemium seemed to fit the ague symptoms and was therefore administered. The report on the following day was that the flowing rapidly diminished after the exhibition of the remedy, and on the 24th chills and fever were reported. Visiting the patient in order to inquire carefully into the symptoms, I found them, especially the ague symptoms, still pointing strongly to Gelsemium. I changed the potency and all the symptoms cleared up at once with no recurrence.

A CASE FROM PRACTICE.—REPERTORY WORK.

R. C. MARKHAM, M.D., MARQUETTE, MICH.

In the August number of *THE ADVANCE* for 1887, was given a very full and complete method for working the repertory. The system there presented is never suited to chronic cases where there is much doubt as to the curative remedy, so many remedies are so closely allied to the symptoms of the case.

The following system, much more brief, is often helpful to me in my acute cases, and while not so exhaustive as the other, it may prove useful to others as yet unacquainted with repertory work. Ten minutes is ordinarily sufficient time to work a case after it is well taken. The case I have chosen is one of neglected dysentery.

The patient, a strong man, came into my office Saturday morning, October 6th, and said that he had been passing bloody mucus that morning and thought it was now time to have something done for himself; that he had been having diarrhœa four days, the stools seeming to come on before eating and up to this time had only occurred during the day.

This morning and yesterday morning he was hurried to stool as soon as he got up. There was no time for delay. The stool was not large, was preceded by pain in the sacral region, somewhat ameliorated by stool. There was an inclination to sit and strain.

He put a good deal of stress on the early morning aggravation, and also upon the urging. This, with the small quantity passed, out of proportion to the desire, led me to give Aloe. As the day advanced he grew worse, showing that what I interpreted as a morning aggravation was the beginning this morning of a continuous aggravation.

I was called to see him toward night and found him doubled up with cutting pains in abdomen below the umbilicus, never entirely leaving, but spasmodically increasing and decreasing. No more pain in sacral region. Nausea was now present. The pain, and the position of the patient, led me again into error, for this time I left Colocynth, but with no good results.

As night came on he grew rapidly worse; so we now have aggravation at night as well as by day. General perspiration

had also set in, most pronounced on the lower part of the body and thighs. Stools more frequent, blood more pronounced, tenesmus more constant, the pain frightful.

The case was now well developed, and the prominent and peculiar symptoms collected were as follows:

1. Stool: bloody, mucous.
2. Tenesmus after stool.
3. Abdomen: cutting, colic pain below umbilicus.
4. Nausea.
5. Perspiration before and after stool, most pronounced on lower part of body and thighs.
6. Aggravation: day and night.

Mercury was now so plainly indicated that I gave Merc. viv., being led astray this time by an observation in Bell and Laird, namely: that Merc. cor. was only applicable in dysentery when occurring in great intensity and accompanied by the characteristic urinary symptoms. We had the intensity but not the urinary symptoms, and the sequel shows they are not necessary when the totality of the symptoms are covered by Merc. cor. and nothing else.

Merc. viv. seemed for a brief period to help matters a little, but the night was a serious and most anxious one for our patient and his friends. I found him in the early morning a very sick man with scarcely any freedom from his dreadful pain and constant desire for stool, and continued tenesmus.

Before seeing the case this time I had worked his case from Bell and Laird's repertory, some of the rubrics being more fully completed by myself from Hering.

I turn to the rubrics covering symptoms 1 and 2:

1. Stool: bloody, mucous,
2. Tenesmus after stool,

since the remedy covering our case must certainly have these two prominent symptoms.

I copy the remedies common to both rubrics. They are: Bapt., Bell., Bol., *Canth.*, Caps., Cub., Hydroph., Ign., MERC. COR., MERC. VIV., Plumb., Rhus, *Sulph.*, *Thromb.*

I now copy out of the rubric covering symptom No. 3, only such remedies as are common to this and Nos. 1 and 2.

3. Abdomen: Colic, cutting pain below umbilicus.
Canth., Cub., MERC. COR., Rhus, *Thromb.*

This narrows our case to so few remedies that a hasty glance at our materia medica, if necessary, at once decides our choice. For completeness we may carry it a little further.

4. Nausea.

The remedies common to this rubric and No. 3, are: Cub., Merc. cor., *Rhus*.

5. Perspiration before and during stool, most on lower body and thighs.

The only remedy common to this rubric and No. 4 is MERC. COR.

Merc. cor. 1m. (B. & T.) was now given, one dose, dry on the tongue, with Sac. lac. at frequent intervals.

Within ten minutes our patient was easier. The pains grew less severe and less frequent. There was but one stool during the next twelve hours.

As night came on there was a general aggravation again. Another dose of the same potency was again followed by prompt improvement and our patient rested comfortably during the night and needed but one more dose of medicine to complete his cure which was prompt and satisfactory to all concerned.

This case illustrates the great importance of extreme care in making our prescription. A few more guesses and this patient would have slipped through my hands into eternity.

My off-hand prescriptions, of which I make a great many, are not all so unfortunate. While I grow to prescribe better and better as I grow in experience, yet I more and more study my cases with the aid of repertories. The infrequent, minimum dose is here illustrated very emphatically.

I have done good work with the low potencies, but am doing on the whole, much better and sharper work with the higher. My faith and confidence in the high potency and infrequent dose has been of gradual growth, based on my own observation and trial. I was led to make the trial from the fact that Hahnemann, Jahr, Hering, Wells, Dunham, Lippe, all traveled in this path, and their testimony is in perfect harmony.

I need not add that repertory work is one, if not the best, way of studying materia medica. Our attention in this case is called to a few remedies that are more closely allied to Mercurius than the off-hand prescriber would suppose. It is only by

fully expend itself before another dose is given, or its action carelessly interfered with by another remedy. If we are confident of its powerful centrifugal action, and know that it can reproduce on the surface cutaneous diseases long suppressed, or has the capacity of bringing to the surface latent psoric tendencies, which may have caused internal discord through a lifetime, affecting different systems and different tissues at different periods of a lifetime, disturbing the harmony of the vital force in the most varied expressions, then, I say, we may safely trust it to do still more and annihilate even the product it has caused to appear.

The action of Aloe is a very long one. I am not prepared to say how long, but I am certain that it may continue curative for three months, and possibly much longer.

The pathogenesis of Aloe, that we now possess in the Guiding Symptoms, is one of those masterpieces of Constantine Hering's genius, which he repeated in his *Nux moschata*, *Stramonium*, etc. He arranged and collected Helbig's and Buchner's provings and added all clinical results up to the year 1881. For this we owe him a great debt of gratitude, which we can best pay his memory by making the right use of his labor, and strictly individualizing our cases, never prescribing on pathological indications only. With his marvellous insight into the sphere of the action of a drug, he has bequeathed the strongest characteristics for the use of Aloe, and it is our fault if we neglect to profit by such masterly achievement.

The following case will demonstrate the thorough work which this drug is capable of performing in a single, highly potentized dose.

Mrs. F. H. M., aged 36, light blonde, medium size, thin, pale. Has had two children, the youngest five years old.

Has suffered with gastralgia and diarrhoea for four years.

Awakes almost every night at 2 A. M. with oppression at stomach, nausea, saliva running copiously from the mouth. After violent rubbing over epigastrium, she raises gas, which gives relief. There is usually much rumbling of gas in abdomen with these attacks, but does not feel secure in making the effort to pass it, as she fears stool will escape.

She is called out early in morning, sometimes before daylight, by urgent desire for stool.

The stool is painless, watery, gushes out with flatus.

Before stool, rumbling in abdomen, or as if fluid was swashing.

This condition of things occasionally alternates with constipation of several days' duration; when one or two formed stools may occur, to be surely followed by a longer attack of diarrhoea.

The stools always occur in early morning and during forenoon; seldom has more than four loose stools daily, which are followed by some exhaustion.

Tongue slightly coated yellow; appetite usually good.

After eating, has had for several years a dull pain under right shoulder-blade lasting from half to one hour.

Seven years ago a moist eruption appeared on chin and submaxillary region exuding a thin, clear serum with intense itching; scratching aggravated the moisture and itching. This was treated locally with zinc ointment and other applications and finally "cured." Soon after it (she does not remember how long, but probably several months,) her stomach began to give her trouble, and the pain under the right shoulder-blade after eating, disappeared. Later the diarrhoea followed alternating with constipation.

Is taking pills of Opium, and a mineral acid (probably Sulphuric).

As she had taken these drugs up to the time of coming to me I gave her a dose of *Nux vomica* cm.

She returned in a week to tell me that the nocturnal gastric attacks had been less severe and the stools somewhat less urgent and less fluid. I allowed her to go another week without medicine.

At the end of the second week after taking *Nux vomica* the report was: Stools equally loose, frequent and urgent; do not appear quite as early but still drive her out of bed; the same sense of insecurity of sphincter when desiring to pass flatus. During the day occasional griping in abdomen independent of stool. Tongue a little cleaner. She now received a dose of *Aloe* cm.

In a week she reported that during the last two or three days she had perceived an improvement in the urgency of the stool and had passed flatus several times without the feeling of insecurity. For the past three days she has had but two stools, less watery and gushing.

She now received during two months only *Sac. lac.*; the stools became normal with recurrence of the nocturnal gastralgia. At the end of the sixth week after taking *Aloe* a large stye appeared on the lower lid of the left eye. This healed and was followed a week later by a boil on the end of the nose, and an annoying soreness on the inside of the right nostril, which scabbed over, and after shedding the scab remained raw for a period, till a new scab formed. At the end of another month the nose had healed internally, and my patient has now been free from all stomach and bowel troubles for many months.

Aloe was selected only on account of its symptoms of the diarrhœa, which were very characteristic, and the selection therefore not a difficult one.

Aloe, however, as far as observed, has none of the gastric symptoms similar to this case, and still it cured the after-midnight attacks of oppression, nausea and salivation. The dull pain under the shoulder-blade after eating does not appear in the proving of this drug, yet this oldest of all her symptoms yielded to its action, although it was the last to disappear; not, however, until some time after the disappearance of the boils and eczematous disease in the nostril.

From this case we should draw the following lesson: *Aloe* will cure chronic diarrhœa when it is homœopathically indicated, clear away a number of other psoric symptoms not yet contained in its pathogenesis. It does not need to be repeated to fulfill its mission, and is capable of reproducing cutaneous disease after having been suppressed eight years.

The question now arises, Are we authorized to add to the pathogenesis of *Aloe* those symptoms which were cured in this case, notably the pressure under right shoulder-blade after eating, and the oppression in the stomach, nausea and salivation occurring at 2 A. M. and relieved by rubbing? I think we are fully authorized to do so and in this way enrich still further this splendid proving.

Instruction in Homœopathy.—*Le Progres Medical* announces that the physicians of the St. Jaques' Hospital will give a gratuitous course in clinical therapeutics at the hospital, 227 Rue de Vangieard, every Sunday at 9 A. M., and a course on materia medica three time a week at 8:30 P. M. at 15 Rue des Grands-Augustins.

AN ANCIENT PROVING OF APIS MELLIFICA.

(BY A TIRED WORKMAN ON A RAINY DAY.)

Famous in his day and generation (and by no means yet wholly forgotten of men) was Lazarus Riverius. "Councillor and Physitian to the King, and Professor of Physick in the University of Montpelier," were his proud titles; and as we look upon his copperplate *icon*, provided for us by Publisher George Sawbridge, who sold books "at the Bible on Ludgate-Hill," we feel that Nature had fitted him for kingly company. His doctor's cap looks not unlike a coronet; his flowing locks, rippling in curls and stretching over his broad expanse of immaculate collar, together with his features, make him resemble England's Charles the First. His nose is bold without any vulgarity of nostril; his eye large and full; his chin not weak, and the *tout ensemble* suggests a mild and seriously-thoughtful student. To-day his dust is indistinguishable; he *himself* is where? His "fame" is chiefly in here and there a bookworm's keeping—does *that* vex him *now*? O my brother, why do we strain our sinews and stain our souls for 'fame'!

No doubt "The Works of that Learned and Renowned Doctor Lazarus Riverius" (to copy the two-century-old title-page), coming from the press in "Seventeen several Books" were *the* medical event of the Year of Grace, 1657. Certain it is that the English translation of 1678, a portly folio, had for its translators and professional sponsors none other than Nicholas Culpeper, Physitian and Astrologer; Abdiah Cole, Doctor of Physick, and William Rowland, Physitian. I incline most kindly to poor Doctor Rowland, because, while I have not yet found any other trace of his life-work than this old book, I have reason to infer that he did all the drudgery of translating its some 641 printed folio pages, and that the two Cs, Culpeper and Cole, only lent him the *respectability* of their names. Poor, hard-worked William Rowland, thou wert a Welchman, evidently stranded in London by adverse fate,—let me fondly trust that, at the worst, thou hadst thy bread and cheese and cwrw, and eke an onion on an halcyon day. Did ever the grave-worm ask thee of thy 'fame'? O, Welsh William, I trow not. And yet, O countryman of mine, I write thy name lovingly to-day, because any honest *doing* defies the grave. Peace to thee!

* * * * *

Alas, I am forgetting myself, intoxicated by the indefinable aroma that exhales from a yellow-paged old folio on a rainy day, when one feels almost sure that no "patient" will drop in to disturb the divine delight.

Even such a day is this on which I write, having propped up the old folio before me so that I may transcribe the *Ancient Proving of Apis mellifica* for my readers' delectation.

But, *Fiat justitia!* here and everywhere—so let me explain. I said that the works of Riverius were in "Seventeen several Books." Even so; but does not every hen that lays an egg claim her right to her "cackle" by an "act" older than any Parliament known to men? Well, the Riverius-egg is seventeen books of the "Practice of Physick," and the Riverius-cackle is "Four Books * * * containing Five hundred and thirteen Observations or Histories of Famous and Rare Cures." Now for the *Fiat justitia*—"all Englished by Nicholas Culpeper, Physician and Astrologer." I have half-accused N. C., deceased, of defrauding one William Rowland, also much deceased, of work done by the said W. R. Therefore, as I would not like to do any dishonor to even a thoroughly defunct "Astrologer," be it known that he that was Nicholas Culpeper "Englished" the appended Proving of Apis Mellifica.

[Is my reader a homœopathic physician, and does he deem himself competent to "take a case," and has he observed that I have here written both 'Physitian' and 'Physician,' and did he consider it merely a freak of mine? Well, it is not. It is only proof that scholars in the 17th century had a "go-as-you-please" orthography. The very title-page from which I transcribe "Physician" has also on it "Physitians." Did it ever occur to you, O sapient, latter-day Homœopath, that there is also a "go-as-you-please" Pathology? I don't care a fig for your 'opinion,' nor am I at all dismayed by your thin pretence of "modern science"—I simply know it for a hard fact; also an extremely indigestible one! You can learn that, and much else, from a dusty folio. Do it in time!]

As there is no need for hurry on a rainy day, we have "made haste slowly" and here we are, at last, square "on to" our Ancient Proving of Apis Mellifica. It figures in our old folio

as "The 215 Observations or History of Famous and Rare Cures, etc." Here it is:

"STINGINGS OF BEES."

"A merchant of Montpellier named Calaparede, fifty years old, going early in the morning out of the City, and intending to Travail,* when he was a mile on his way, a swarm of Bees flying in the Air suddenly assaulted him, and fixed all over his Face and Neck a thousand stings. [Draw it mild, O Lazarus Riverius!] Whereupon he was grievously pained [granted] which made him presently turn home again. ["There's no place like home"!] Being called to him, I find the man extremely out of Patience by reason of the pain [Did you expect to "find" him singing "What is home without a Mother?"] that he could hardly contain himself in his bed; his Face did swell and was red all over. I presently caused the places stung to be smeared all over with Treacle [in our lingo, molasses], which not restraining the extremity of the pain: I ordered him a Fomentation of the same Treacle dissolved in Aquæ Vitæ, wherewith the pains were somewhat mitigated, and the swelling of his Face abated. Afterwards to the places most pained, bruised Onyons were applied in manner of a Cataplasma, and after that they were annointed with *Matthiolus* his Oyl of Scorpions. The extremity of the pain caused us many times to change our Medicines [your descendents are in the same "fix" to-day, Professor Riverius], which being continued for two hours, and a cordial and antidotary potion [They spell it "hypodermic" now-a-days, O Lazarus!] being given him, the pains ceased in all parts almost. But there abode yet *a most acute pain in the Gristle of his left Ear* [our italics,] which could not be allaied with the aforesaid Remedies [!!!]. Considering with myself that not only Bees [are] applied to the part, to attract the poyson [pure hypothesis, Lazarus,] and assuage pain, but also other kind of Flies, I conceived that Cantharides might do good for a double reason, first because they are a sort of Flies, and then because they had a mighty drawing faculty [even so, Professor]. And because the Vesicatory Plaister kept in shops has store of Cantharides in it: I laid a Plaister made thereof to his ear, which in a quarter of an hour took the pain quite away.

* "Go-as-you-please" orthography again.

No bladders [blisters] being raised, because it lay on so small a time."

So far the old folio, *punctuatum et literatim*. I close it, having gotten therefrom not a 'new symptom' of *Apis* but an astounding corroboration of homœopathic 'provings' made two centuries later. That "most acute pain in the Gristle of his *left Ear*" had no significance for Professor Lazarus Riverius; but turn to our Encyclopædia and there learn if *Apium virus* has not an especial affinity for the *left ear*. And more than this do we learn, namely, that *Cantharis* is an antidote to *Apis*. Of course, any one who can 'read between the lines' could have inferred this from Hering's teaching that *Apis* is an antidote to *Cantharis*, but now we have even a "Professor of Physick—[formerly] of the University of Montpellier" as our authority for the *fact*.

O thou that wast Merchant Calaparede, little didst thou dream when tossing on thy bed of anguish, "annointed with *Matthiolus* his Oyl of Scorpions," that even the "Gristle" of thine "Ear" should carry through the centuries so convincing a corroboration. True, thou wert "extremely out of Patience" at the time, but thou wert also *used as a witness for the truth* by even Him who is the Source of Truth. To the fool, that "swarm of Bees flying in the Air" incontinently "assaulted" thee from pure cussedness, and by chance a Montpellier professor was called to thy relief, and the fact of that "Stingings of Bees" is buried in an old folio for more than two centuries, and during all that period not one of all the "regular" descendents of Prof. Lazarus Riverius divined the significance of the fact, or knew that it had an absolute therapeutic value—and yet, O defunct Calaparede, they prate of "Scientific Medicine"! Shade of the beestung Calaparede, is thy brain quite so 'defunct' as theirs?

O Son of the porcelain painter of Meissen, may we who hold thine "open secret" forever hold *thee* at thy solid worth; and in better days (when the English Cyclopædia is generously forgotten) let better men build thee a monument in the cemetery of *Montmatre*, inscribing thereon thy talisman:

THE PATHOGENETIC EFFECTS OF ANY AGENT ARE THE CLEW
TO ITS THERAPEUTICAL APPLICATION.

S. A. J.

[Did it ever occur to you, my homœopathic reader, that the records of Old Physic swarm with examples of unconscious Homœopathy? For instance, when Riverius ordered “Matthiolum his Oyl of Scorpions” he was employing a ‘similar.’ Let Paul of Ægina testify:

ON THE STING OF THE SCORPION.

“When one has been stung by a scorpion, the part immediately begins to inflame, becoming hard, red, tense and painful, etc.”—The Seven Books of Paulus Ægineta. Book v, Sec. viii.

The learned Dr. Francis Adams, whose translation we are citing from, writes in his commentary on the Pauline text: “Nicander describes several species of the scorpion. The white, he says, is innoxious. The red occasions a fiery heat with restlessness and great thirst. The black brings on inquietude, delirium, and laughter. The green occasions chilliness with horror.”—*Op. cit.*, vol. ii, p. 172.

The scorpion belongs to the *Arachnida*, and some six varieties are known. *Scorpio afer*. (Linn.) Is found in Africa, India, and Persia. *Scorpio Americanus*. (Linn.) Inhabits South America, and Sierra Leone. *Scorpio Australis*. (Linn.) From Africa. *Scorpio Europæus*. (Latr.) The south of Europe—especially Italy. *Scorpio Maurus*. (Linn.) Barbary. *Scorpio Occitanus*. (Amor.) Spain.

“The poison of scorpions, though much more active, is said to resemble that of bees and wasps in many of its chemical characters.” Gray.

“Matthiolum his Oyl of Scorpions” is a ‘similar’; but Riverius found *Cantharis* “*more like*,” and “in a quarter of an hour *it* took the pain quite away”!

A sucking pup opens its eyes after nine days; Old Physic has not been able to do it after forty centuries.]

MAGNESIA PHOS.—MENSTRUAL NEURALGIA.

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

Mrs. —, age 27, a very gentle, sensitive, nervous patient, has long suffered from pains, seemingly neuralgic, at the close of menstruation. The pains radiate from the dorsal spine and

seem to meet over stomach and abdomen; some hyperæsthesia of the spine; worse from cold; very much improved by warm clothing; compelled to wear her corsets for the pressure produced. Magnesia phos. cm. proved to be her constitutional remedy.

PYROGEN.—SEPSIN.

SAMUEL SWAN, M.D., NEW YORK.

Some years ago, I do not remember how many, Messrs. Alfred Heath & Co. (I think it was) sent me some "Sepsin" artificially prepared. Some time subsequent to that Dr. William Tod Helmuth sent me a vial of pus from an abscess in the thigh, in the "worst case of septicæmia he had ever seen," the patient at the time being moribund. This I potentized and named it Pyrogen—the English preparation being then called Sepsin.

I have made several partial provings, have used it extensively in cases of blood-poisoning, and it has been used by other physicians in such cases, and in certain forms of malaria, especially those taking on the typhoid form; also in typhoid fever, and surgical diseases where the symptoms of blood-poison were marked. In the proving there is a marked similarity to the premonitory symptoms of small-pox, diphtheria, scarlet fever, malarial fevers—such as aching in the limbs, chills down the back, severe pain in small of back, pain in stomach, soreness in the whole body and especially in the region of the spleen—with extreme sensibility of the parts—also complete apathy, wants to be let alone, is very comfortable; dull, sleepy.

It has greatly modified, and in some cases cured, typhoid fever. It cured a case of purpura hæmorrhagica. There is great dryness of all the mucous surfaces. Dr. G. H. Carr cured a case of puerperal peritonitis in a very short time with four doses, one-third hour apart. Headache, extending to nape and dorsal vertebræ.

It should be the first thing thought of in surgical wounds, and in all cases where blood-poison is suspected.

If used in high potencies, no person need die of blood-poison; and seldom more than one dose is needed.

If physicians would give it a trial, I think they would never after be without it.

The proving and clinical experience will be published in **THE ADVANCE** at no late date.

ADDITIONS TO BELL'S "THERAPEUTICS OF DIARRHŒA."

SAMUEL SWAN, M.D., NEW YORK.

I send you a few additions to Bell's excellent work on Therapeutics of Diarrhœa, which I have gathered from various sources and most of which have been verified by myself and others.

Infantile diarrhœa. Lactopeptin.

Dysentery. Dirca pal.

Cholera infantum.—In first, and especially *last*, stages, when all hope has left: yellowish, watery, or papescent, involuntarily passing. Medorrhin (high).

Bilious diarrhœa.—When at the seashore, driving out of bed early. Painless; after a while excoriating, always relieved by going to the mountains. Syph., Dirca pal.

Color.—Black. Nux v., Op., Scill., Acet. ac.

Black, green, yellow. Pyrogen.

Ash-colored. Dig.

Blue clay color. Ind.

Gray. Psor., Phos. ac.

Intensely yellow, containing masses like fat. Asclep. t.

Orange yellow. Cocc. — child cries all the time. Syph.

Salmon color. Deflor.

Yellow, watery. Coto., Merc. cor.

Painless. Puls., Syph. — like slightly beaten egg. Coto.

Coming out all at once. Gum. g.

Expulsion difficult. Sulph.

Sputtering, spattering all over the vessel. Aloe, Eug.

Stools.—Watery, yellow, exhausting, especially after typhoid fever. CEnoth.

Typhoid fever, with no fecal matter. Ars., Cinch., Rheum, Petr., Nux v., Phos. ac.

- Smelling like rotten eggs. Ars., Fagop., Hepar, Sulph.,
Carlsbad, Spreudel, Wiesbaden.
- Watery, frothy. Coto., Crab Orchard.
- Slimy mucus. Coto.
- Offensive. Coto.
- Odorless. Ferr. iod., Xanth.
- Undigested. Ipec., Meny., Merc. sol., Verat.
- After constipation. Deflor.
- Drinking. Rhod., Kali n., Nux v.
- Eating. Alveloz, Caust., Kali n., Nit. ac., Tab.
- Exciting emotions. Gels., Hyos., Phos. ac., Staph.
- A meal. Ant. oxyd.
- Menses. Ars., Nat. m.
- Menses, with stinking discharge from vagina. Ars.
- Pasty. Plectranthus.
- In the morning, watery. Cact., Ant. t., Copaiba, Fluor.
 ac., Hip., Kali n., Mur. ac., Nux m., Nux v., Olean.,
 Oxal. ac., Phos., Pod., Sulph.
- At night. Arn.
- Watery, painless, with thirst. Ars., Cinch., Puls., Sulph.
- Morning, driving out of bed. Pod., Sulph., Syph.
- Very urgent, yellow, with or without pain. Nuph.
- Noon to 7 P. M. Coto.
- After eating peaches. Glon.
- When riding horseback. Puls. n.
- After vegetables. Ars., Cist., Cup., Hell., Verat.
- Urgent desire, passing *only* flatus. Carbo an., Lach., Magn. c.,
 Magn. m., Sep., Ferr., Sanicula, Sang.
- Desire, entirely relieved by passing flatus. Luna. (Verified.)
- No desire or inclination for stool. Alum., Gnaph., Lyc.
- Torpor of intestines. Chlor., Op., Ran. s.
- Paralysis of intestines. Plumb., Phos., Sec., Viscum alb.
- Amelioration by bending double. Ant. t., Cham., Carbo v.,
 Cup., Bov., Digitalin, Cim., Dios., Kali c., Lyc., Phos.,
 Plumb., Puls., Sep., Tereb., Taran., Thuja, Merc. c.,
 Nux v.
- Amelioration from walking. Dios.
- Before stool.—Pains in back. Bap. c.
- Passing flatus only. Ferr., Magn. c., Sang.
- Tenesmus. Dirca.

- Ineffectual urging. Ptelia.
 Constant urging. Anac.
 Trembling before diarrhetic stool. Merc. sol.
 Sensibility, tenderness of abdomen. Rhus, Tab.
- During stool.—Sharp pain in anus. Sulph.
 Pain in the back. Asaf., Kreos., Pod., Spong., Tab.
 Passing of flatus. Deflor.
 Fetid, like rotten eggs. Crab Orchard, Nux j.
 Yawning. Lact.
- After stool.—Soreness, sensibility and tenderness in abdomen.
 Croc., Puls., Tab.
 Itching in anus. Sulph.
 Aching pains in anus. Sulph.
 Pains in the back. Æsc., Alum., Asaf., Berb., Cocc.,
 Pod., Dros., Magn. m., Digitalin.
 Frequent explosion of flatus. Con.
 Exhaustion. Nux v., Coto.
 Stool feeling as if more would pass. Iod.
 Tenesmus, extending to perinæum and urethra.
 Thromb.
 Weakness, relaxation. Lept., Magn. m., Phos., Plat.
 Sepia.
 Weary and exhausted feeling in the abdomen. Sulph.
 Yawning. Anac.
 Mapped tongue. Ars., Lach., Nux v., Lac vacc.
 Tongue cold. Iris. v.

GENERAL ACCOMPANIMENTS.

- Feeling of retraction of the navel. Plumb.
 Rumbling in abdomen. Guaco.
 Pain in hypogastric region, before diarrhoea. Thuja.
 Skin constantly damp. Phenic ac.
 Stools first hard then liquid. Lact.
 Followed immediately by a loose, yellowish stool.
 Staph.
 Or thick, then yellow, watery, with fetid flatus.
 Rhus.
 Then liquid, fetid. Sulph. ac.
 Soft. Nux v., Nat. s.
 Diarrhoea. Magn. m., Bry., Agar.
 Papescent or liquid. Calc.

THE MEDICAL ADVANCE

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. G. ALLEN, M.D., EDITOR.

The Editor is not responsible for the opinions of contributors. Personalities being; foreign to scientific discussion, must be excluded.

Editorial.

"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."—FAHNEMANN.

THE FIRE IN THE REAR.—There is nothing more demoralizing to the earnest champion of any cause than a *quasi* support from professed friends. A vigorous opposition is not dreaded; an honest opponent may be honorably met and the question discussed on its merits; but to be compelled to constantly apologize for a weak, faint, half-hearted friend as deeply interested in the success of the cause as yourself, is, to say the least, discouraging. And when this friend, exalted to an official position, becomes the official spokesman for the profession and the cause, honesty demands that notice be taken of the utterance. In his presidential address at Pittsburgh before the Homœopathic Medical Society of Pennsylvania, in 1887, Dr. A. R. Thomas discussed the following questions:

1. "Does Homœopathy constitute the whole of therapeutic science?" [YES!]—ED.

2. "Is the physician best prepared to cope with disease in its varied forms whose knowledge and use of drugs, is always, and only, confined to their therapeutic use?" [YES! YES!]—ED.

3. "Has the physician discharged his full duty to his patients, in all cases, when he has made the most careful selections of the symptoms in the case? [and given the remedy indicated by the totality of the symptoms." YES! YES! YES!]—ED.

4. "May the medical school, in view of its responsibility in the education of physicians, confine its therapeutic teachings to the homœopathic medication alone?" [YES! YES! YES! YES!]—ED.

TO EACH of these questions a negative is given by President Thomas; but a true follower of Hahnemann would never think of giving any other than an affirmative answer. The genuine Homœopathist, thoroughly indoctrinated in the principles of Organon, believes it to be a law of cure and also believes it to be a law of Nature, and he follows its guidance implicitly in the treatment of the sick; and with it he is able "always and only," every time and every where, "to cope with disease in its varied forms." And further he "has discharged his full duty," his highest duty and his only duty to his patients in every case of sickness, either acute or chronic, mild or malignant, curable or incurable, in infancy or old age, when he has selected the simillimum according to the totality of the symptoms as taught by the Organon, and administered it to his patient in single or repeated doses according to indications. If a homœopathic physician believes Homœopathy to be right, he should practice Homœopathy; if he believes Allopathy to be right and for the best interests of his patient he should practice Allopathy. If one be true and right, the other must be false and wrong, for in principle they are diametrically opposite. The former is grounded on the strict inductive philosophy of Bacon, the latter on the deductive philosophy of Aristotle, "old and always false." You might as well try to mix oil and water; if you employ the empirical methods of allopathic palliation you must expect allopathic results.

* * *

AT THE recent meeting in Philadelphia Dr. Hugh Pitcairn, in his presidential address, reiterates the same questions and says. "I am constrained to affirm negatively to every proposition"; and then in seeming condemnation of his own position as well as that of his predecessor, he appends some comparative statistick of the results of both systems of practice. The following is a partial list, a condensed summary of these statistics for the five years ending Sept. 30, 1887, of the following asylums for the insane:

HARRISBURG, PA. (ALLOPATHIC).

Average percentage of deaths for five years.....	7.40
" " " recoveries "	4.37

NORRISTOWN, PA. (ALLOPATHIC).

Average percentage of deaths for five years.....	7.59
“ “ “ recoveries “	5.85

DANVILLE, PA. (ALLOPATHIC).

Average percentage of deaths for five years.....	4.82
“ “ “ recoveries “	4.96

DIXMONT, PA. (ALLOPATHIC).

Average percentage of deaths for five years.....	8.33
“ “ “ recoveries “	5.94

MIDDLETOWN, N. Y. (HOMŒOPATHIC).

Average percentage of deaths for five years.....	4.26
“ “ “ recoveries “	15.10

WESTBOROUGH, MASS. (HOMŒOPATHIC).

Average percentage of deaths.....	4.40
“ “ “ recoveries.....	12.79

IONIA, MICH. (HOMŒOPATHIC).

Percentage of deaths, Sept. 30, 1886, to June 30, 1888...	3.60
“ “ recoveries “ “ “	12.00

* * *

THIS is, we presume, as fair a practical test of the comparative results under the two systems of treatment as can be obtained at present, and here, as everywhere, the nearer the teachings of Hahnemann are applied in practice—the purer the Homœopathy, the less of empirical palliation—the higher the percentage of recoveries and the lower the percentage of deaths. Now, will Drs. Thomas and Pitcairn kindly tell us, in view of the above statistical facts, how the addition of the uncertain, empirical and palliative use of Opium, Morphine, Chloral, Quinine and alcoholic stimulants will reduce the mortality or increase the cures under homœopathic treatment? If homœopathic treatment must be handicapped with the addition of this allopathic element, its percentage of cures will most certainly be reduced and its mortality percentage increased. And what is true of the treatment of the insane is equally true of every other class of patients. And yet in these presidential addresses the question is asked: “May the medical school, in view of its responsibility in the educations of physicians, confine its therapeutic teachings to the homœopathic medication

alone?" and the negative answer is given. Thus the medical school indoctrinates the student with its own agnosticism. It teaches the student to treat diseases, instead of patients—to unlock all locks with the same key—and when he faces the stern realities of actual bedside practice, he finds there is a particular key required for each lock and the medical school has neglected to tell him how to find it. Then comes the cry, "When Homœopathy fails" we must resort to the palliatives of Allopathy.

* * *

Is it not time that the Homœopaths of Pennsylvania should be taking measures to secure the medical control of one of their numerous asylums for the insane? The numbers, the social standing and the tax-paying ability of their clientele, demand at least an earnest effort in this direction. In view of this fact is it wise to put into the hands of their opponents an argument like this. With these questions they may with justice plead that the Homœopaths are not honest; that they do not believe in their own belief; that in all serious cases they fall back on empiric methods—so that in actual practice there is a difference in name only; and in justification they present the official utterance of two ex-presidents.

* * *

"Is HOMŒOPATHIC practice incompetent to alleviate the sufferings of the incurably sick, without the aid of other means?" This is a question that is beginning to agitate the public mind and must be met by the affirmative or negative answer by the homœopathic profession. If competent, why should the professed Homœopath resort to the palliative measures of Allopathy? If a strict compliance with law, furnishes, *as it does*, by far the most reliable means for the relief of those suffering from incurable disease, why do not all homœopathic physicians comply with law and employ those means? If some homœopathic physicians can so relieve their patients, why not all? If a Homœopath, who was educated an Allopath and for years had practiced Allopathy, *can and does now* use the indicated remedy in such cases with satisfaction and a success hitherto unknown, why should not the Homœopath educated in a Homœopathic college do the same? Who is to blame for this ignorance?

Societies.

THE SOUTHERN HOMŒOPATHIC ASSOCIATION.—The southern Homœopaths brought themselves to public notice on the 10th, 11th and 12th of October, by holding their annual session at Louisville, Ky. More than fifty considerately turned their patients over to the care of the obituary "Kind Providence" and came together in this yearly assembly.

The accomplished Ockford, of Lexington, presided over the deliberations. Grosvenor, of Chicago, was there and dressed the Baby in public. Pratt was on the still hunt for more rectums to conquer. There was Yellow-Fever Falligant, of Savannah; the indefatigable Fisher, of Texas, and surgical Green, of Little Rock—*green* only "in that strange spell—a name." Professor Morgan, of St. Louis, ably represented his college and state, and Professors Buck and Walton met there many of Pulte's alumni.

The local committee left nothing undone to insure a successful meeting.

Wednesday evening a public meeting was held, at which Dr. Fisher told of "The Past of Homœopathy"; Dr. Buck, "The Future of Homœopathy," and Dr. Pratt stretched the sphincter which holds the veil between our perception and "The Faith Cure."

Thursday evening Professor Grosvenor told the public "How to Dress the Baby."

Dr. and Mrs. A. I. Monroe tendered the association an elegant reception after the public session of Wednesday evening, and Col. Bennet H. Young, president of the Louisville Southern railroad gave a complimentary excursion to Shelbyville, Thursday afternoon.

When we reflect that Homœopathy is comparatively a new thing in the south, and that its representatives are so widely scattered that only at great sacrifice can they leave their patients to attend conventions, the meeting at Louisville spoke volumes for the enthusiasm of the southern profession. The meeting developed the information that the south presents a fruitful field for labor, and competent physicians who will go there and stay long enough to establish their worth will encounter no sectional prejudice.

C. E. W.

THE ROCHESTER HAHNEMANNIAN SOCIETY.—A memorable meeting, and one never to be forgotten, was held in the office of Dr. Biegler on October 30th, where action was taken which, like the historic shot fired at Lexington, will “ring round the world.” Two very important steps were taken: first, the decision to build a homœopathic hospital, the funds for which having already been guaranteed, in which the sick will be treated *by homœopathic methods without the adjuvants or palliatives of Allopathy*; second, the resignation of several of the members from the county society. Like Hahnemann, the members who have taken this decided stand for truth and principle, are in the minority, but they have planted their banner on the immutable foundation of right and in the end must come out victorious. “One truth with God is Truth’s majority.”

WHERRAS, We the members of the Rochester Hahnemannian Society, feeling the urgent need of a hospital, where the principles of pure Homœopathy may be put in practice, and believing that the time has come for the establishment of such an institution, therefore be it

Resolved, That this society hereby assumes the responsibility of inaugurating such steps as will insure the speedy building of a homœopathic hospital in Rochester, and to further such an undertaking the following committee is hereby appointed to arrange a board of trustees for said hospital, and to transact such other business as may be necessary: J. A. Biegler, chairman; Julius Schmitt, M.D., Allen B. Carr, M.D., R. C. Grant, M.D.

WHEREAS, We the members of the Rochester Hahnemannian Society, who are members of the Monroe County Homœopathic Medical Society, fully believing in the rules of practice as given in the Organon of Samuel Hahnemann, the master, that the fundamental principles therein given, viz., the law of similars, the totality of the symptoms, the single remedy and the dynamic power of the drug, should be the sole foundation upon which we act in practice. And, further, that as legitimate Hahnemannian Homœopaths, we disavow all the innovations that have been foisted upon Homœopathy by its false practitioners, and therefore we repudiate the mixing and alternating of medicines, and disapprove of all local and mechanical applications in non-surgical diseases, and,

WHEREAS, The present active membership of the Monroe County Homœopathic Medical Society has heretofore maintained and does still continue a method of practice incompatible with the above principles, and has taken a further departure in assuming a hostile attitude toward the teachings of the founder of Homœopathy and his true followers, and compromising their professed principles by endeavoring to reconcile their practice with the teachings of the dominant school. Now therefore be it

Resolved, That we deem it a duty we owe the public and ourselves to withdraw from the Monroe County Homœopathic Society, and we hereby tender our resignations.

J. A. BIEGLER, M.D.
R. A. ADAMS, M.D.
JULIUS SCHMITT, M.D.
ALLEN B. CARR, M.D.
VOLNEY A. HOARD, M.D.
R. C. GRANT, M.D.
W. G. BROWNELL, M.D.

The reporter obtained the opinions of some other members of these societies which may be of interest at this time.

Dr. Baker, the secretary of the meeting, said: "These members of the Monroe County Society have been thinking for some time of taking this step. They claim, as stated in the resolution, that to alternate medicine or in any way deviate from the Organon of Hahnemann is wrong, and that no physician who does this can be a true Homœopathist. The idea of buiding a hospital has perhaps hastened the action, as the members of our society do not wish any one interested in it who does not follow true homœopathic principles."

Dr. Sumner, when spoken to about the action of the Hahnemannian society said: "Personally speaking, I feel that I am as good a follower of Hahnemann as they are. This faction is what we term 'high dilutionists.' They differ in the definition of Homœopathy from me. I hold that where a patient is ill beyond recovery that I have a right to use medicines which will relieve him and ease him from pain. So do many others of our school. That is one of the essential points of difference between us."

Dr. Dayfoot said: "Our society has no hobby to ride. Our mission is to cure patients, not to propagate hobbies. The charge that we have taken a hostile attitude toward Homœopathy is absolutely without foundation. We accept the cardinal tenets of Homœopathy, but we will not permit one or two men to interpret these tenets for us. What our seven friends are pleased to term innovations are but the natural outcome of the desire of the true physician to cure his patient. * * * The members of the homœopathic society, despite the charge of Dr. Biegler and others, fully believe in the rules of Samuel Hahnemann. We, however, claim that there can be progress in medicine as in everything else. We do not think that Hahnemann is the end of all human knowledge. We believe that Hahnemann has formulated the best law of cure.

Dr. Sumner claims to be "as good a follower of Hahnemann as they are," yet he claims the right as a Homœopath to use Morphine, Chloral, etc., when a patient is beyond recovery "to relieve him of pain," and he adds by way of justification, "so do many others of our school." Dr. Dayfoot says, "The mem-

bers of the county society fully believe in the rules of Hahnemann," but practice what they think best. How does it benefit our cause in the eyes of the public for a physician to "believe in the rules of Hahnemann" and practice Allopathy? Every homœopathic physician should know that the safest and by far the best palliative in incurable cases is the similar remedy; not the similar for the *disease*, but for the totality of the symptoms presented by the sick. Wendell Phillips once said: "Ask yourself if there be any element of right and wrong in a question. If so, take your part with the perfect and abstract right and trust in God to see that it shall prove expedient." Would that we had more Homœopaths willing and able to preach and practice from this standpoint.

AN ORGANON AND MATERIA MEDICA SOCIETY for mutual improvement and the study of Homœopathy was organized November 6th, at the office of J. T. Kent, 1419 Walnut street, Philadelphia. The first Tuesday in each month is the regular night of meeting. The following were present: Drs. Hoopes, Johnstone, Pierce, Howard and William Powell, Thatcher, W. J. Guernsey, J. V. Allen, Fitz, Macdonald, Kent. Several others have signified their intention of becoming members. The officers are: President, J. T. Kent; vice-president, J. W. Thatcher; secretary and treasurer, W. R. Powell.

THE EASTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY held its semi-annual meeting in the parlors of the Park House, at Warren, Ohio, October 17th. President E. G. Allen called the meeting to order at 10 A. M., after which he read his address, followed by the secretary's report. The treasurer's report showed the financial part of the society in a thriving condition. Papers were presented by T. T. Church, on Scarlatina from A Clinical Standpoint; C. H. Lee, on Diphtheria; and by W. B. Croft on Pneumonia. Clinical cases were presented by the Warren physicians, after which a general discussion took place, especially confined to the treatment and care of scarlet fever and diphtheria. After discussing the papers and completing the business, the society adjourned until its regular meeting in April at Akron.

The following physicians were in attendance: G. E. Allen, Youngstown, Ohio; Malvina H. Abell, Warren; F. H. Bierce,

Warren; D. E. Cranz, Wadsworth; W. B. Croft, Medina; J. Deetrick, Youngstown; J. A. Gann, Wooster; A. S. Hayden, Columbiana; R. B. Johnson, Ravenna; Katherine Kurt, Akron; R. T. Marks, Leetonia; Wm. Murdoch, Akron; W. H. McGranaghan, Youngstown; O. A. Palmer, Warren; R. B. Rush, Salem; H. A. Sherwood, Warren; J. A. Shaffer, Champion; H. B. Van Norman, Cleveland; C. W. Hoyt, Sharon, Pa.; C. H. Lee, New Castle, Pa. F. M. CLARK, Secretary.

EDITOR ADVANCE: You have been instrumental in sending me a rich harvest of letters of inquiry as to Hanover, N. H., as a location for a homœopathic physician, through your November number. I will respond to all such through your column.

Hanover is the seat of Dartmouth college, one of the oldest literary institutions of the country. It is beautifully located on the Connecticut river, amid the hills of New Hampshire; a more delightful location could not be desired. There is a medical school connected with the college which is, of course, allopathic to the core. There are however among the faculties of Dartmouth, as well as among the citizens of the village, a number of influential families who are homœopathic, and others who are quite homœopathically inclined. Hanover is situated in the midst of a rich farming country with a number of prosperous villages within easy reach.

A physician to successfully settle there must be wide awake and aggressive, and ready also to assume the role of a pioneer in Homœopathy; he should be, as well, *thoroughly up in his profession* and pecuniarily able to support himself until success is acquired, and this latter would not be an onerous task, as the expenses of living there are quite moderate. Such a candidate for the patronage of the denizens of Hanover and vicinity, if a gentleman of good address, thorough culture, and general intelligence, would find himself most congenially and, eventually, profitably located.

The "inspiration in prescribing" to which Dr. J. G. Malcolm refers in connection with myself, on page 470 of November ADVANCE, is the inspiration begotten of intelligent study, and a thorough familiarity with our *materia medica*, which comprehends the *genius* of each drug as well as its *detail* of symptoms, and that may be, and often is, embodied in a single symptom in its relations to the case in hand, it must therefore govern the selection. This is just how "a good prescription is felt to the ends of fingers and toes," and how the "totality of the symptoms" depend upon their relative *value*, rather than upon their numerical superiority.

T. F. POMEROY, M.D.

PROVIDENCE, R. I., Nov. 19, 1888.

New Publications.

MEDICAL DIAGNOSIS. By J. GRAHAM BROWN, M.D., Fellow of the Royal College of Physicians of Edinburgh, etc. Second edition, illustrated. Treat's Medical Classics, Vol. XI. New York: E. B. Treat. 1888.

The author, who has already acquired a reputation for conscientious and thorough work, could have no higher compliment paid him than the demand

for a second edition of his *Medical Diagnosis*. The following is a brief summary of the contents from which an idea of its merits and plan may be judged:

Chapter I. The General Aspect: Condition and Circumstances of a Patient; Preliminary Inquiries. II. Alimentary System: Objective; Subjective; Excretory Phenomena. III. Examination of the Abdomen: Its Palpation and Percussion. IV. Hæmopoietic System: Lymphatic Vessels and Glands; Examination of the Blood. V. Circulatory System: Subjective Phenomena; Palpation; Percussion; Auscultation of the Heart; Examination of the Arteries, Capillaries and Veins. VI. Respiratory System: Subjective Phenomena; Examination of Nares and Larynx; Palpation; Percussion of the Chest; Auscultation; Respiration. VII. Integumentary System: Subjective and Objective Symptoms; Eruptions. VIII. Urinary System: Subjective Symptoms; Normal Constituents of Urine; Abnormal Constituents of Urine; Urinary Sediments. IX. Reproductive System: The Female Reproductive Organs and Functions; Physical Examination. X. Nervous System: Sensory, Motor, Trophic, Cerebral and Mental Functions; Condition of Cranium and Spine. XI. Locomotory System: Bones, Joints, Muscles.

HELMUTH HOUSE REPORTS. Second Annual Report, September 1, 1887—June 1, 1888. Illustrated. Pp. 50.

This report gives the tabulated statistics of one hundred and fifty cases treated in the hospital and a complete report of a few of the most interesting operations. Among the latter is a remarkable case of "angio-sarcoma of the dura-mater" occurring in a hæmorrhagic diathesis and attended with profuse hæmorrhage on the slightest touch. The tumor was removed, but the patient succumbed on the third day after the operation. Here is a case in which Phosphorus, Lachesis, Crotalus, or some of our hæmorrhagic remedies should, we think, have been used before the operation; but no mention is made of them in the report. There is no telling what might have been had the simillimum been carefully prescribed.

TRANSACTIONS OF THE AMERICAN INSTITUTE. Edited by the General Secretary, PEMBERTON DUDLEY, M.D. Pp. 820. Philadelphia. 1888.

The new secretary is to be congratulated upon the prompt appearance of the Transactions, as well as upon the excellent proof-reading. There is also a decided improvement in the character of the papers and some cures worthy of imitation—fit to take their place beside the best work ever done by the Institute—are to be found in the report of the clinical bureau. Let this be emulated at Minnetonka in 1889.

HAND-BOOK OF HISTORICAL AND GEOGRAPHICAL PATHISIOLOGY: with Special Reference to the Distribution of Consumption in the United States. Compiled and arranged by GEO. A. EVANS, M.D. Large octavo; pp. 400. New York: D. Appleton & Co. 1888.

We wish personally to thank the author for this practical, excellent compilation. Most of the facts here presented are not new, being scattered through medical literature from the time of Hippocrates to the present day. But

nearly every physician is frequently called upon to answer questions as to the most suitable climate for tuberculous patients, and here, in a condensed form, he will find data for both Europe and America conveniently arranged for reference.

The contents are arranged under the following headings:

I.—Historical Sketch of Consumption.

II.—Geographical Distribution of Consumption in Countries other than the United States.

III.—Geographical Distribution of Consumption in the United States.

IV.—Topography and Climate of States and Territories, showing the Number of Deaths from Consumption per 1000 Inhabitants.

V.—Meteorology.

VI.—Etiology.

VII.—Conclusions: in which are shown the Curability of Consumption and the Treatment by Residence at Great Altitudes.

The book should be found in every medical library, because when it is wanted it is wanted very badly, and journal articles on climate in diseases of the lungs are largely individual experiences, and seriously defective in reliable data for comparison.

THERAPEUTICS, ITS PRINCIPLES AND PRACTICE. By H. C. WOOD, M.D., LL.D. The Seventh edition of a treatise on Therapeutics, rearranged, rewritten, and enlarged. Pp. 908. Cloth, \$6.00. Philadelphia: J. B. Lippincott Company, 1888.

The author's preface says "All new drugs, such as Hydrastin, Strophanthus, Sparteine, Iodol, Ichthyol, Paraldehyde, Urethan, Hypnone, Amylene hydrate, Methylal, Oil of Sandalwood, Kawa, Extract of Malt, Papain, Antifebrin, Salol, Bethol, Thallin, Kairin, Lanolin, Saccharin, Sulphuretted Hydrogen, etc., have been carefully considered, while many articles upon older drugs, such as Cocaine, Antifebrin, and Caffeine, have been completely rewritten. Further, the discussions of even the longest and best-known members of the materia medica list have been carefully gone over, and, whenever it has been to the author possible, have been made clearer and more practical."

The work is divided into two parts: One treats of remedies, remedial measures, and remedial methods which are not drugs. Part I. is divided into four chapters, as follows: Chapter i., General Considerations and Various Miscellaneous Remedial Measures, including Massage, Metallo-Therapy, and Feeding of the Sick; Chapter ii., Treatment of General Bodily Conditions, including Exhaustion, Obesity, and the Gouty Diathesis; Chapter iii., Heat and Cold; Chapter iv., Electricity.

Part II. is devoted to the consideration of drugs, and the classification adopted is different from that of previous editions. All drugs are divided into two classes: systemic remedies and extraneous remedies, which are again subdivided into two classes.

CLASS I.—General Remedies, drugs which affect the tissues of the body generally, or such organized systems as reach all portions of the body.

Order I.—Nervines, drugs which affect the nervous system.

Order II.—Cardiac drugs, which affect the circulation.

Order III.—Nutrient drugs, which affect the nutritive movements of the body.

CLASS II.—Local Remedies, drugs which affect one organ or apparatus more or less isolated from the remainder of the body. A summary of the physiological action of the remedies is given at the end of each article.

In the preface the author states, "That experiments upon the lower animals and upon healthy human beings is the only rational scientific groundwork for the treatment of disease." It is nearly a hundred years since a celebrated and learned German physician made the same assertion; but he no sooner saw the necessity for such work, than he began on his own person to test the unknown power of remedial agents, and on this basis founded a *materia medica* that will stand the test of time. The present volume would be wonderfully curtailed in size if founded on such exact experiments.

In the special therapeutics we note many grave omissions: In *Cimicifuga* there is no mention of its wonderful action on the generative organs of women. *Eupatorium*: "its chief employment is as a sudorific." Nothing is said of its curative power in intermittents where it will cure more cases than Quinine. *Eupatorium purpureum* is not mentioned, hence its action on the kidneys and bladder, especially in diabetes, must be unknown to the author. And so we might fill several pages, which we trust future editions will correct.

DISINFECTATION AND DISINFECTANTS: Their Application and Use in the Prevention and Treatment of Disease and in Public and Private Sanitation. By the Committee on Disinfectants of the American Public Health Association. Concord, N. H.: Irving A. Watson, Secy. Pp. 268, with 68 illustrations.

The following is the list of authors of this work: George M. Sternberg, M.D., Surgeon U. S. A.; Joseph H. Raymond, M. D., Professor of Physiology and Sanitary Science in Long Island College Hospital; Victor C. Vaughan, M.D., Ph.D., Professor of Physiological Chemistry in the University of Michigan; Charles Smart, M.D., Surgeon U. S. A.; George H. Rohe, M.D., Professor of Hygiene in the College of Physicians, Baltimore; Joseph Holt, M.D., President of the Louisiana State Board of Health; Samuel H. Durgin, M.D., health officer of Boston; and J. R. Duggan, M.D.

The investigations of this committee have extended over a period of three years, and a large amount of original work has been done in the effort to determine the value of many of the so-called germicides and disinfectants, and with fair success. The various apparatus used for disinfecting by dry and moist heat and especially that employed in the admirable system of quarantine at New Orleans by Dr. Holt, are both described and illustrated.

The extravagant claims made for many substances as disinfectants are rudely shocked, when submitted to the crucial test of practical experiment. The report of the committee is a valuable one and the association has conferred a favor on the profession by offering it at the low cost of \$2.00, thus placing it within the reach of all.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON GENERAL'S OFFICE, U. S. A. Vol. IX, Medicine—Nywelt. Washington: Government Printing Office, 1888.

This splendid volume of 1054 pages carries the work to "Nywelt" and completes vol. ix. But notwithstanding the apparent faithfulness with which it is prepared, it is not by any means a complete catalogue of the contents of the library. For the reasons see the following extract from the address of Dr. Helmuth, president of New York State Society.

AN EXAMINATION OF THE WORK OF "INDEXING" AS PERFORMED AT THE LIBRARY OF THE SURGEON-GENERAL, U. S. A.

The following is the result of an examination of medical journals in the library of the surgeon general, U. S. A., at Washington, D. C.

The number of journals examined was 24; 12 "Allopathic," and 12 Homœopathic." The journals were taken at random, the only idea being to examine the leading periodicals of the two schools. The same year was selected in both cases, viz., 1886, and it was chosen because its periodicals were the last returned from the bindery.

The object of the examination was to ascertain if in "indexing" the articles published in the several journals any undue prominence was given to one school over another.

"The Index Catalogue of the Library of the Surgeon General, U. S. A.," is an elaborate work that has already reached letter "M."* It is published by the United States government, in large, finely bound volumes of from eight hundred to one thousand pages each, the same size as the "Medical and Surgical History of the Rebellion." The work will be completed in thirteen or fourteen volumes. The intention is supposed to be to index every book and pamphlet in the library, both by author and subject, and also to index any or all articles of particular merit that may appear in the medical, surgical and scientific journals taken by the library. A copy of every medical and surgical journal published in this country, and most foreign journals, are regularly received at the library. These publications are subscribed for by the surgeon general and paid for by an appropriation made by congress. Eight clerks and two or three army surgeons, or assistant surgeons, are employed in preparing "copy" for the Index. As fast as it is prepared it is printed by the government printer, and bound at the government bindery. The work when finished is distributed by the surgeon general. An appropriation is annually made by congress of public moneys to carry on the work of indexing.

The library of the surgeon general, U. S. A., is the largest exclusive medical library in existence. It contains some of the oldest and rarest medical works to be found in any collection in the world. Money is annually appropriated by congress to purchase, under the direction of the surgeon general, medical and surgical works and valuable manuscripts. The idea of congress has always seemed to be that this grand collection should be in its fullest sense a representative medical library, one to which all medical writers, physicians, surgeons or students could turn for information. The arrange-

* Vol. IX, just issued, includes the letters M and N.—ED.

ments for the accommodation of those wishing to avail themselves of the use of the library are quite perfect. Every facility and assistance is offered all who call for books or wish to consult any work in possession of the librarian. The entire work of indexing all books, as well as selecting articles from the medical journals for indexing, is under the immediate supervision of the librarian. The library now occupies a magnificent new fire-proof brick building, in which is also located the "Army Medical Museum."

The following is a list of "allopathic" journals for 1886 that were examined, together with the number of articles that were found to be indexed in the "Index Catalogue of the Library of the Surgeon General, U. S. A.":

Boston Medical and Surgical Journal.....	211
American Medical Journal.....	16
Chicago Medical Journal and Examiner.....	44
New Orleans Medical and Surgical Journal.....	86
Detroit Lancet.....	51
New York Medical Journal.....	137
Cincinnati Medical News.....	9
American Journal of Medical Sciences.....	81
Virginia Medical Monthly.....	43
Medical and Surgical Reporter.....	115
New England Medical Monthly.....	37
The London Lancet.....	678
Total.....	1508

The following is a list of the "homœopathic" journals for 1886 that were examined, together with the number of articles that were found to be indexed in the "Index Catalogue of the Library of the Surgeon General of the U. S. A.":

Medical Advance.....	0
North American Journal of Homœopathy.....	3
American Homœopathist.....	0
New England Medical Gazette.....	1
Southern Journal of Homœopathy.....	0
The Homœopathic Physician.....	0
U. S. Medical Investigator.....	0
Hahnemannian Monthly.....	4
Medical Counselor.....	0
New York Medical Times.....	1
The Homœopathic Review, London.....	0
The Homœopathic World, London.....	0
Total.....	9

Of the articles indexed in the 12 Homœopathic journals but one is surgical. One, page 814, North American Journal of Homœopathy, vol. i., 3d series, 1886, is a report of two cases of "Tracheotomy," by C. E. Beebe, A.M., M.D. In the 12 Homœopathic journals are three hundred and eighty-seven surgical cases. Among the original articles appearing in the 12 homœopathic journals for the period above mentioned, reporting surgical cases, are the following, which are given here, with the journal in which they appear and the page on which they may be found, in order to show the character of some of the original articles that are not indexed in the "Index Catalogue of the Library of the Surgeon General of the U. S. A."

In making this list of surgical cases but one journal was consulted, The North American Journal of Homœopathy, vol. i., 3d series, 1886.

- Page 24. Supra-pubic Cystotomy.
 Page 101. Excision of Bones and Joints.
 Page 167. Eleven cases of Tracheotomy in Diphtheritic Croup.

- Page 307. Cystic Goitre cured by Operation.
- Page 376. Radical Operation for Hernia.
- Page 382. Excision of Jaws.
- Page 644. Abdominal Surgery.
- Page 738. Fourteen Consecutive Completed Ovariectomies.

In one allopathic journal alone for 1886, *The Boston Medical and Surgical Journal*, 56 surgical articles are indexed. In the same periodical, on page 310, appears a doggerel rhyme, one verse of which is as follows :

“ The demon rose and shook from off his coat
 The yellow filins of U. S. Sulph. Lot.,
 Uttered a cough which all Hell's regions racked,
 And ordered out his baggage to be packed.
 ‘I'll up to earth,’ he said, ‘for I must know
 Why doctors are now rattled on me so.’
 Out into space he shot, a curious sight,
 The devil bent on setting things aright.”

This is carefully indexed in the “Index Catalogue of the Library of the Surgeon General, U. S. A.,” while a full and complete report of many interesting medical cases and surgical operations recorded in Homœopathic journals are passed as unworthy of being noticed. On page 371 of the *Canada Medical and Surgical Journal*, an allopathic publication, appears an article, which is indexed, entitled, “Humpty Dumpty and his Medical Advisers,” while an original article of great merit in a homœopathic journal (*North American Journal of Homœopathy*, vol. i., 3d series, 1886, page 712) entitled “The Bacillus of Typhoid Fever,” by George W. Lewis, A.M., M.D., is passed as unworthy of being indexed.

One allopathic journal alone for 1886 has 13 obituary notices indexed, while not a single obituary notice appearing in any of the 12 homœopathic journals examined are indexed.

Many of the articles indexed in the allopathic journals are papers read at the meetings of medical associations. In all the homœopathic journals not a single paper of a similar nature is indexed. Not even the valuable papers read at the meeting of the “American Institute of Homœopathy” are honored by having a single one noticed, while many of the papers read at the “American Medical Association” meetings are fully indexed.

The figures used in this statement are based on an actual count of the articles in the several journals mentioned, and a comparison of the same with the “Index Catalogue” as far as published. As has been stated, only the journals published in 1886 were examined, except in the case of the *New England Medical Gazette* (homœopathic), in which the year 1885 was used—as 1886 was said to be at the binder's. Judging from a hasty examination of the earlier and later years of the journals mentioned above, I should say that the year 1886 presented about an average of the “indexing” as performed at the “Library of the Surgeon General of the U. S. A.” This finishes the report.

You may observe now, gentlemen, how our literature is treated in the “Library of the Surgeon General of the United States Army.” I would suggest that a committee be appointed to consider the best method of rectifying such palpable injustice to the Homœopathic school, and that this committee report at the annual meeting.

[Dr. Helmuth will receive the thanks of the profession for unearthing this underhand, partisan work. Congress should employ a homeopathic physician to see that our books and periodicals are properly indexed if it cannot be otherwise done.]—ED.

CLINICAL LECTURES ON CERTAIN DISEASES OF THE NERVOUS SYSTEM. By PROF. J. M. CHARCOT, translated by E. P. HURD, M.D. Detroit: Geo. S. Davis. 1888.

This volume of clinical lectures pertain chiefly to hysteria, and especially hysteria of the male sex, and has as an introduction a brief review of the professional career and titles, as well as the leading contributions to medical science made by Dr. Charcot. But by far the most valuable are his contributions on the diseases of the nervous system.

THE PHYSICIANS' LEISURE LIBRARY. GEO. S. DAVIS, Detroit, presents a handy little volume on the

DISEASES OF THE LIVER, by Professor DUJARDIN-BEAUMETZ, Paris. Like all works from his pen this is an instructive monograph, and he gives some curious facts and statistics in regard to the prevalence of hydatid cysts among the inhabitants of Iceland.

ABDOMINAL SURGERY. By HAL. C. WYMAN, M.D., of Detroit, is another monograph by this enterprising publishing house. In the eighty-three pages of which it consists the author gives some practical hints on vivisection which he recommends to the country practitioners as good practice preparatory to the actual test. But there are some points in the surgery of the abdomen not to be found here.

A SYSTEM OF GYNÆCOLOGY BY AMERICAN AUTHORS. Edited by MATHEW D. MANN, A.M., M.D., Professor of Obstetrics and Gynæcology in the University of Buffalo. Illustrated with four colored plates and three hundred and sixty-one wood engravings. Vol. II. Pp. 1180. Philadelphia: Lea Brothers & Co. 1888.

We do not know that we can give our readers a better idea of the value of this work or the thoroughness with which the various subjects have been treated than by giving the contents of the volume and the names of the authors: The Diseases of the Vagina, Carroll Lee, New York; The Hystero-Neuroses, Geo. J. Engelmann, St. Louis; Extra-Uterine Gestation, T. Gailard Thomas, New York; Tumors of the Breast, S. W. Gross, Philadelphia; Diseases of the Breast other than Tumors, Roswell Park, Buffalo; Fistulæ, E. W. Jenks, Detroit; Diseases of the Bladder and Urethra, W. H. Baker, Boston; Non-Malignant Tumors of the Uterus, R. S. Sutton, Pittsburgh; Lacerations of the Cervix Uteri, Bache McEmmett, New York; Chronic Inversion of the Uterus, S. C. Busey, Washington; Injuries and Lacerations of the Perineum and Pelvic Floor, H. A. Kelly, Philadelphia; Treatment of Ovarian and of Extra Ovarian Tumors, William Goodell, Philadelphia; Diseases of the Ovaries, Robt. Battey and H. C. Coe; Diseases of the Fallopian Tubes, H. C. Coe and W. Gill Wylie; Pathology of Ovarian Tumors, S. Y. Howell, Buffalo; Clinical History and Diagnosis of Pelvic Tumors

other than Uterine and Tubal, M. D. Mann, Buffalo; Displacement of the Uterus, Geo. T. Harrison, New York.

Although we have now over three hundred volumes on Gynæcology, there is no work in the English language which, for thorough and exhaustive detail in operative gynæcology, at all compares with this. For this reason any one who is making a specialty in this department of surgery can ill afford to be without it. It holds the same relation to gynæcology that Gray does to anatomy: it stands without a peer. It is sold only by subscription. For particulars address the publishers.

ALDEN'S MANIFOLD CYCLOPÆDIA: Vols. VIII and IX. Ceylon-Cosmogony. John B. Alden, Publisher, New York, Chicago, Atlanta and San Francisco.

The regularity with which these splendid and convenient volumes make their appearance is very gratifying, while the information they contain is not only clear, practical and well digested, but usually very satisfactory. When completed the set will form a valuable and standard addition to any library. The price also is low beyond precedent, placing it within popular reach—50 cents a volume for cloth binding, 65 cents for half morocco; postage 10 cents. A specimen volume may be ordered and returned if not wanted.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD. Perpetual. For Thirty Patients, \$1.25; Sixty Patients, \$1.50.

This is one of the most convenient pocket visiting lists with which we are acquainted, and one of the best features about it is, that it is "perpetual." It has a calendar for 1889 and 1890, obstetrical table, poisons and their antidotes, etc., etc. Try one next year.

THE LIFE INSURANCE EXAMINER: A Practical Treatise upon Medical Examinations for Life Insurance. By CHARLES F. STILLMANN, M.D. New York: The Spectator Company. 1888.

This is a thoroughly practical work and contains a fund of information on this subject of great value to every physician in active practice, and indispensable to every medical examiner. It will pay life companies to furnish each of their examiners with a copy.

BLAKISTON'S PHYSICIAN'S VISITING LIST, for 1889: Thirty-Eighth Year of Publication.

This practical visiting list appears to improve with each succeeding year of publication, and needs no recommendation from us. It is well known as one of the best.

WIT AND HUMOR: THEIR USE AND ABUSE. By WILLIAM MATHEWS, L.L.D., author of "Getting on in the World," "The Great Conversers," "Words: their Use and Abuse," etc., etc. Chicago: S. C. Griggs & Co. Pp. 400. 1888.

It has been truly said, and there is much force in the saying, that, for brain rest and mental recreation, every professional man should read a novel once a month. Well, for every busy and overworked medical man, here is a book

the reading of which is at once restful and mirthful—one from which he may learn many a practical lesson and laugh while learning. It is from the versatile pen of one of the most popular of American authors and will add not a little to an already well-earned and well-deserved reputation.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN—17th, 18th and 19th Annual Sessions. Pp. 172.

The executive committee are to be congratulated on two most important points in the publication of the present volume: First, the transactions which have not been printed for three years are now up to date, and second, by a judicious condensation the society is free from debt and is now in a position to publish an annual volume hereafter.

The Atlantic Monthly for December contains a new novel, *Passe Rose*, by that master of fiction, A. S. Hardy. It is, if possible, more absorbing in interest than his former great work, *But Yet A Woman*, and is considered by the author as his finest story. It is an unusually attractive romance. *The Future of the Country College*, by Hyde, and *The Close of Garibaldi's Career*, by Thayer, will also be read with interest. The Atlantic for 1889 promises to be rich in able articles.

Wide Awake for 1889 has among its other attractions, promised articles by the following well-known writers: J. T. Trowbridge, Margaret Sidney, Andrew Lang, Jessie Benton Fremont, Susan Coolidge, Elizabeth Stuart Phelps, Sidney Luska, Jean Ingelow, John Strange Winter, Noah Brooks. One of the brightest and best of periodicals. At \$2.40 per year it is within the reach of all our readers and every family ought to have it.

The Magazine of American History for December is a rich number, and the prospectus for 1889 promises one of the best years in the history of the magazine.

The Century for 1889 has a prospectus on another page. Look over it carefully.

Scribner's for 1889 presents its bill of fare elsewhere. Read it.

Editor's Table.

Errata.—In *Sycosis*, November issue, correct the following: Page 385, first line, for "mission," read "miasm." Page 386, 11th line from top, for "irisculate," read "inoculate."

A good homœopathic physician can learn of one of the best opportunities in the country for securing a lucrative practice by addressing "B," care MEDICAL ADVANCE, Ann Arbor. A capital of \$1000 required.

Dr. Geo. E. Ehinger, of Keokuk, Ia., recently left for California with a patient and expects to be absent during the winter months. His son, Dr. C. E. Ehinger, Quincy, Ill., will make weekly visits to Keokuk during that time.

EDITOR ADVANCE.—In November issue, page 435, 9th line from bottom should read: "That our scientific basis, obtained by the proving of drugs on the healthy is nothing but experiment, and that we claim for Homœopathy more than is justly her due."
C. H. LAWTON, M.D.

The Ohio Sanitary Association has elected Dr. D. H. Beckwith president for 1889; and on the "executive committee" is Dr. H. E. Beebe, and on the "committee on legislation" Dr. E. R. Eggleston. On the great public questions of the day the Homœopaths of Ohio are coming to the front.

We trust every reader of *The Advance* will not fail to read Dr. Helmuth's remarks under our review of the Index-Catalogue of the Surgeon General's office. Then see that the attention of the M. C. from your district, or senator from your state, is called to it. As a specimen of rank injustice it is unparalleled.

Tobacco Using.—We have waited with some curiosity for a few lines from our staunch anti-tobacco advocate—*THE MEDICAL ADVANCE*—on that peculiar experience related in the daily press, of a well-digger at Omaha, who while temporarily buried under a fallen wall of a well, sustained life for six days on a plug of tobacco and the moisture trickling down the wall of his prison. When eventually released he was none the worse for his confinement.—Am. Homœopathist.

We have no objection to the use of the weed if used in this way, underground, and for the purpose mentioned.

A reader of *THE ADVANCE* who attended the late meeting of the New York State Society writes: "The case cited in the discussion of New York State Society in the November issue was evidently one of left-sided ovarian irritation in a young, healthy, strong girl. It was simply astonishing that she died." [Nothing very astonishing about it, when we consider the enormous doses of Belladonna and Morphine that she received from a professed Homœopath. The only astonishing thing we can see about it is that it was reported by a homœopathic physician to a homœopathic society, as homœopathic treatment.]—ED.

Geo. W. Barnes, M.D., of San Diego, at the recent annual meeting of the Natural History Society, resigned the position of president which he had held for fifteen years. After the election of the officers for the ensuing year the directors passed the following resolution:

WHEREAS, Dr. George W. Barnes, who has occupied the office of president of this society from its organization in 1874, now declines a re-election upon the ground of ill-health, therefore be it

Resolved, By this Board of Directors, that we express to Dr. Barnes the grateful appreciation of this society for his long, faithful and most unselfish labors in its behalf, and tender to him our cordial wishes for his health and happiness.

IN MEMORIAM.

MARIA W. PORTER, M.D., at her home in Davenport, Iowa, on Saturday evening, Sept. 8, 1888, "Peacefully fell asleep until that morning."

The deceased was born in Nottingham, Eng., April 23, 1823, and came to this country when nine years old. She was educated at New Brighton, Pa., Seminary. In 1845 she was married to Nathaniel Porter, of Allegheny City, in which place she lived until 1860.

She studied medicine with Dr. J. P. Dake and took two full courses of lectures in the Womans' Medical College of Philadelphia, graduating in 1859

In 1860 she came with her family to Davenport, Iowa, where she lived to the time of her death.

Dr. Porter was the first lady physician to settle in Iowa, and if we mistake not, the first to locate between the Mississippi river and the Rocky mountains. The Doctor soon made her presence and abilities known by giving a course of medical lectures. At that time few people had ever heard of a lady physician, and in her struggles to overcome the prejudices and traditions about her, she stood alone. She also had (to their shame be it said) the combined opposition of the medical profession to combat. Their antagonism was based on two facts, viz.: She was a Homœopathist, and, a woman. But by her thorough preparation for her work, by her steadfast purpose, by her conscientious devotion to truth, she silenced the voice of detraction and soon established a successful practice. Her work did not stop here. Her kindness of heart, her unselfish activity for the good of others, found a field for exercise on every hand.

She was a very active member of the Ladies Aid Society during the rebellion, and many a soldier-boy's heart was made glad through her ministrations. Nor is this all. She was one of the prime movers in the establishment of the Soldiers' Orphans' Home, now located in Davenport.

To those of us who were so fortunate as to know her well in professional intercourse her real worth was beyond expression. The light of her countenance was an inspiration. To all with whom she came in contact her presence was a benediction.

Her earthly career is ended, but the influence of her unbounded faith in her Creator, and the example of her virtues will be embalmed in many hearts. The thoughts of the "meekness and long suffering" manifested in her last illness will linger sweetly in many memories. *

Of her it may indeed be truly said, "She hath done what she could."

ROCK ISLAND, Ill.

C. B. KINYON.

At a meeting of the homœopathic physicians of the three cities the following resolutions were unanimously adopted:

WHEREAS, In the natural course of human events, our colleague, Maria W. Porter, M.D., has been called from her labors among us to receive the crown awaiting her, therefore be it

Resolved, That we hereby testify to our high appreciation of the noble qualities of heart and mind that distinguished Dr. Porter as a true physician, thoroughly prepared for the duties of life, as an unswerving Homœopathist, and a steadfast friend.

Resolved, That we tender to the family of Dr. Porter our heartfelt sympathy in their sad bereavement.

Resolved, That a copy of these resolutions be engrossed and sent to the family of the deceased, and a copy be furnished the Davenport daily papers, and the homœopathic medical journals for publication.

J. W. WATZEK, Davenport,	} Committee.
ELLEN A. TAYLOR, Davenport,	
MARY H. ROWLAND, Moline,	
JOHN REITER, Rock Island,	
C. B. KINYON (Sec.), Rock Island.	

Please compare this with any similar preparation in Minute Division—Perfect Emulsionizing of the Oil—

Miscibility—Permanency of Emulsion—Limpidity—Smoothness—Palatability and Digestibility.

THE CHAS. H. PHILLIPS CHEMICAL CO., 30 Platt St., New York.

Vol. XXI.

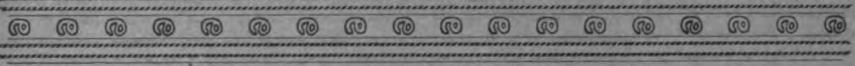
DECEMBER, 1888.

No. 6.



The MEDICAL ADVANCE

"ITS LAW IS PROGRESS: A POINT WHICH YESTERDAY WAS INVISIBLE IS ITS GOAL TO-DAY AND WILL BE THE STARTING POINT TO-MORROW."



CONTENTS

ORIGINAL ARTICLES.

First Lecture of Lippe Memorial Course. By P. P. Wells, Brooklyn, N. Y..... 481

Lectures on the Organon. Lecture I. By J. T. Kent, Philadelphia, Pa..... 496

CLINICAL MEDICINE.

Verifications. By E. B. Nash, Cortland, N. Y..... 505

Cholera Infantum.—Bismuth..... 505

Cholera Infantum.—Kreasote..... 505

Cholera Morbus.—Antimonium Tart..... 505

Cholera Morbus.—Cuprum Met..... 506

Sciatica.—Lycopodium..... 507

Sciatica.—Valeriana..... 507

Diabetes Mellitus.—Lactic Acid..... 508

Albuminuria of Pregnancy.—Helonias..... 508

Two Desperate Cases Cured. By J. A. Biegler, Rochester, N. Y..... 509

Lachesis in Mental Alienation. A case of Hereditary Disposition to Insanity called into action by Alcoholic Stimulation, cured with Lachesis..... 509

Kali Phos. in Subacute Laryngitis..... 514

Cancer of the Stomach.—Arsenicum. By Wm. A. Hawley, Syracuse, N. Y..... 517

Congestive Chill. By Chas. B. Gilbert, Washington, D. C..... 520

Two Cases of Metrorrhagia. By H. W. Champlin, Towanda, Pa..... 522

A Case From Practice.—Repertory Work. By R. C. Markham, Marquette, Mich..... 524

Baby Therapeutics. By Z. T. Miller, Pittsburgh, Pa..... 527

Ethusa..... 527

Antimonium crud., Antimonium tart., Arsenic..... 528

Baryta carb., Benzoic acid, Calc., Calc. phos..... 529

Silicea, Chamomilla..... 530

Cina, China..... 531

Graphites, Rheum, Magn. carb., Capsicum..... 532

Coffea, Zincum, Cuprum..... 533

Causticum, Pulsatilla, Aconite..... 534

Ferrum phos., Magnesia phos..... 535

MATERIA MEDICA.

Aloe Socotrina.—An Anti-Psoric Remedy. W. P. Wesselhoeft, Boston, Mass..... 536

An Ancient Proving of Apis Mellifica. (By A Tired Workman on a Rainy Day.)..... 540

Magnesia Phos.—Menstrual Neuralgia. By J. T. Kent, Philadelphia..... 544

Pyrogen.—Sepsin. By Samuel Swan, New York..... 545

Additions to Bell's "Therapeutics of Diarrhoea," By Samuel Swan, New York..... 546

EDITORIAL.

The Fire in the Rear..... 549

SOCIETIES.

The Southern Homœopathic Association..... 553

The Rochester Hahnemannian Society..... 554

An Organon and Materia Medica Society..... 556

The Eastern Ohio Homœopathic Medical Society..... 556

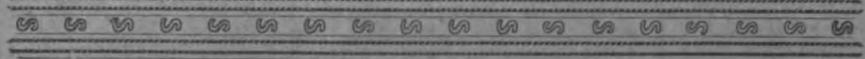
New Publications..... 557

Editor's Table..... 566

In Memoriam.—Maria W. Porter, M.D..... 567

◀PUBLICATION OFFICE, 56 WABASH AVENUE, CHICAGO, ILL., U. S. A.▶

LONDON: BUTCHER & CO., Homœopathic Chemists, 315 Regent St.



Subscription, \$3 00 a Year, 25 Cents a Copy

Pharmaceutical Department.

Rare and Elegant Preparations.

Compound Syrup of Hypophosphites.

Syrup of Lacto-phosphate of Calcium.

Hydrastin Cordial.

Calendula Antiseptic.

Aromatic Spirits of Yerba Santa.

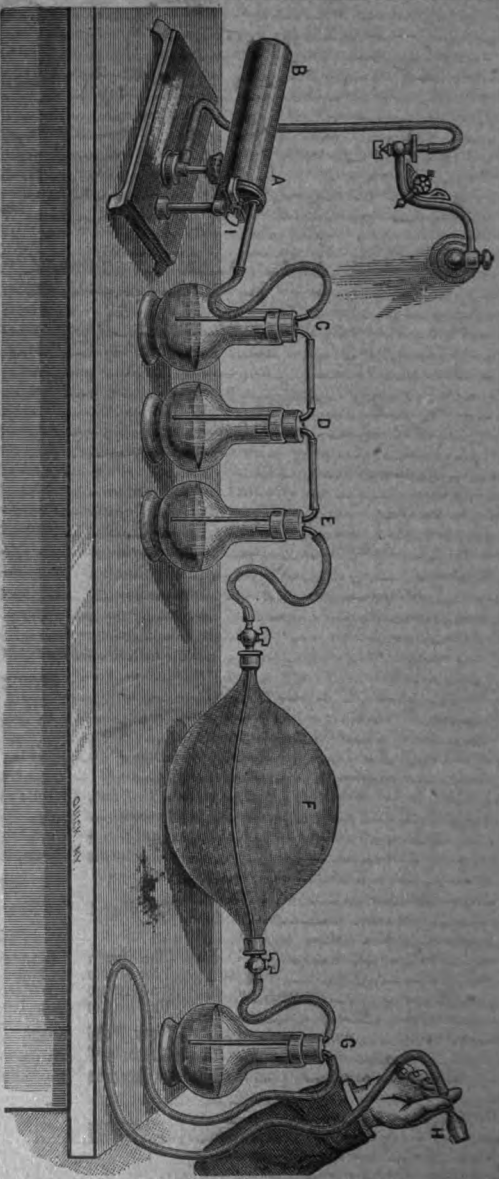
Solution Bromide of Arsenic.

(Chloroform).

Ophthalmic Ointment.

Etc., Etc.

A NEW AND IMPROVED METHOD OF GENERATING AND INHALING Pure Oxygen Gas for Medicinal Purposes.



PRICE, \$32.50.

Quincy Oxygen and Physicians' Supply Company,

Oxygen Apparatus and Physicians' Supplies,

WESTERN AGENTS FOR THE CELEBRATED
BESSEMER ATOMIZING APPARATUS.

QUINCY, ILL.

{ SEND FOR DESCRIPTIVE PRICE LIST.
WE DEAL WITH PHYSICIANS ONLY.

Specialties.

Marchand

C. P. Hydrogen Dioxide (Oxygen Home) Treatment.

C. P. Glycozone.

Apparatus for Administration of Ozonized Vapor.

Eureka Spirometers.

Portable Outfits.

One-to-Four-Meter Office Outfits.

Oxygen Cabinets.

Pure Prepared Chemicals.

Etc., Etc.

Etc., Etc.

Change of Address.

After this date, all business communications, subscriptions, articles for publication, books for review, etc., must be sent to THE ADVANCE PUBLISHING Co., Ann Arbor, Mich.

Prospectus for 1889.

The December number closes Vol. XXI of THE MEDICAL ADVANCE. For the many kind and cheering words as well as the material aid we have received from our contributors and readers we are under many obligations; for the position which the ADVANCE holds in homœopathic literature as an exponent of the teachings of Hahnemann, Hering, and Dunham, is very largely due to them. But while so much has been done, and well done, in the past year, much remains to be done in 1889, and with the aid of our co-laborers we propose to do it. The following is a part of our programme:

1st.—*Hahnemann's Chronic Diseases* translated by Dr. Hempel in 1845, has long been out of print, hence inaccessible to the younger members of the profession. Hering says: "Hahnemann's work on Chronic Diseases may be considered a continuation of his Organon. As the principles and rules of general therapeutics have been developed in the Organon, so, in the present treatise, Hahnemann develops the principles and rules which ought to prevail in the treatment of chronic diseases, whose name is 'legion.'" His theory and rules have stood the test of nearly a century and grow brighter and clearer with each decade. We shall publish Volume I of this great work as an appendix of THE ADVANCE in 1889, beginning with

the January number, thus giving our subscribers an invaluable work, in the the treatment of chronic diseases, in addition to the regular journal.

2d.—By arrangements made with Dr. J. T. Kent, we shall publish a series of lectures on the Organon and Materia Medica delivered before the Woman's Homœopathic Association of Pennsylvania, which have been reported at a considerable outlay, especially for THE ADVANCE. This will be the first series of lectures on the Organon ever published.

3d.—During 1888 the editor has been so fully occupied with work on "The Therapeutics of Tubercular Affections" (which it is now expected will be issued in January), that Mr. Chatterton kindly consented to assume the position of publisher and business manager, and he has satisfactorily fulfilled his duties. But after this date all subscriptions and communications must be sent to THE ADVANCE PUBLISHING CO., Ann Arbor, Mich., where the January number will be published.

4th.—In order to insure paper of a uniform tint and quality, we must order our stock for the year, which means money; and a prompt renewal of subscriptions for 1889 will be duly appreciated. Our readers can also materially aid us by calling the attention of their colleagues to the claims of THE ADVANCE and its generous premium for 1889.

ORDER BLANK.

Please fill out the order for subscription printed below and return to us.

THE MEDICAL ADVANCE PUBLISHING CO.:

Enclosed please find \$.....for which please send to my address THE MEDICAL ADVANCE, for the year 1889, commencing with the January number (vol. xxii), and including appendix of vol. i of Hahnemann's Chronic Diseases.

Name.....

No.Street,

Town.....

P. O. Box.....

State.....

THE BEST ANTISEPTIC
FOR BOTH EXTERNAL AND INTERNAL USE.

-LISTERINE-

FORMULA.—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria Benzo-Boracic Acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in LISTERINE will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:

A Tabulated Exhibit of the action of LISTERINE upon inert Laboratory Compounds.

Full and Exhaustive Reports and Clinical observations from all sources, confirming the utility of LISTERINE as a General Antiseptic for both external and internal use; and particularly

Microscopic Observations, showing the comparative value and availability of various antiseptics in the treatment of the Oral Cavity, by W. D. Miller, A. B., Ph. D., D. D. S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S
LITHIATED HYDRANGEA

KIDNEY ALTERATIVE--ANTI-LITHIC.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of fresh Hydrangea and three grains of chemically pure Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia, Albuminuria, and Vesical Irritation generally.

WE have prepared for the convenience of Physicians **Dietetic Notes**, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of Diseases.

LAMBERT PHARMACAL COMPANY,
314 North Main St., St. Louis.

RHEUMATISM.

DIETETIC NOTE.—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

ALLOWED.—Beef and mutton in moderation, with horseradish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

AVOID.—Starchy and saccharine food: all malt liquors, wines and coffee.

We publish on this page, for the benefit of our subscribers, the names of specialists in the different departments of Medicine and Surgery residing in various parts of the United States.

J. W. DOWLING, M.D.,
6 East 48d Street, - New York.

SPECIALTY:

DISEASES OF THE HEART, LUNGS
AND THROAT.

MOSES T. RUNNELS, M.D.,
DISEASES OF WOMEN,
MEDICAL AND SURGICAL.
8 East 9th Street, Kansas City, Mo.

G. C. McDERMOTT, M.D.,
EYE AND EAR SURGEON.
118 West 7th St., Cincinnati.
Office Hours: 9 a. m. to 12 m.; 4 to 6 p. m.

E. V. Van Norman, M.D.,
SAN DIEGO, CAL.,
CONSULTING PHYSICIAN.
Chronic Diseases and Gynæcology
a speciality.

J. G. GILCHRIST, M.D.,
GENERAL SURGERY,
Iowa City, Iowa.

S. S. SALISBURY, M.D.,
Los Angeles, Cal.
Office, Rooms 11 and 12, Los Angeles National Bank
Building, corner First and Spring Streets.
DISEASES OF THE LUNGS AND
THROAT A SPECIALTY.

DR. JOSEPH T. O'CONNOR,
DISEASES OF THE
NERVOUS SYSTEM,
19 West 46th Street,
NEW YORK.

DR. PHIL PORTER,
SURGICAL
DISEASES OF WOMEN,
33 Adams Av., E., Detroit, Mich.

WM. D. FOSTER, M.D.,
SURGERY,
AND DISEASES OF WOMEN,
KANSAS CITY, MO.

GEO. H. TAYLOR, M.D. **G. H. PATCHEN, M.D.**
Originator and Resident Physician
Consulting Physician. and Director.

THE
IMPROVED MOVEMENT CURE,
(Succeeding Drs. TAYLOR & PATCHEN,)
71 E. 59th St., New York.

The experienced application of MECHANICAL MASSAGE and *Specialised Movements* to chronic forms of disease a speciality.

Correspondence from physicians and others concerning the treatment, *as here employed*, of difficult and long-standing cases of disease of the Female Pelvis, Digestive Organs, Hernia, Rectal Affections, Scrofulous Disorders, Complete Prostration of Nervous or Muscular Power and Infantile Paralysis, is solicited. Literature sent to any address upon application.

S. M. FOWLER, M.D.,
St. Augustine, Fla.
DISEASES OF THE
THROAT AND LUNGS
A SPECIALTY.

MRS. HELEN P. PHILLIPS, M.D.
2904 Pine St., St. Louis, Mo.

SPECIALTY:
DISEASES OF
WOMEN and CHILDREN.

BATTERIES

FOR
PHYSICIANS' AND FAMILY USE.

We manufacture the most complete line of

Galvanic, Faradic and Cautey Batteries

AND ELECTRODES

OF EVERY DESCRIPTION.

A 60-Volt Battery for \$80.00

A Cautey outfit complete 19.50

Send for Price List and mention
this journal.

GALVANO-FARADIC MFG. CO.

300 Fourth Avenue,
NEW YORK.



OLDEST HOMŒOPATHIC PHARMACY IN THE WEST.

ESTABLISHED 1847.

CINCINNATI HOMŒOPATHIC PHARMACY.

GEO. W. SMITH,

Manufacturer of and Dealer in

- PHYSICIANS' SUPPLIES -

143 WEST FOURTH STREET,

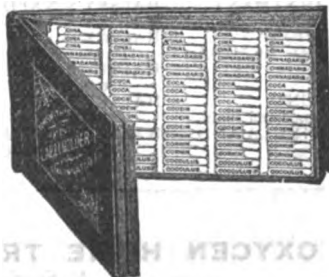
PUBLISHER OF

SMITH'S PATENT LABEL HOLDER.

No. 1.

CONTAINS 736 REM-
EDIES REPEATED
FROM 5 TO 25
TIMES.

PRICE, \$1.25.



No. 2.

CONTAINS 49 PRIN-
CIPAL REMEDIES
REPEATED FROM 35
TO 105 TIMES.

PRICE, 75 c.

The only Book in which the Labels are *Cut and Gummed Ready for Use.*
SAMPLES FURNISHED ON APPLICATION. FOR SALE AT HOMŒOPATHIC PHARMACIES.

- Homœopathic Pharmacy -

GEO. E. HALSEY,

88 STATE STREET,

CHICAGO, ILL.

Importer and Manufacturer of

Tinctures, Triturations, Dilutions, Globules, Sugar of Milk,
Vials, Alcohol, German Velvet Corks, Absorbent Cones,

MEDICAL BOOKS,

Pocket Hand and Buggy Medicine Cases

Of our own manufacture from best material and workmanship.

Special Cash Prices to Physicians:

Mother Tinctures, Dilutions, Triturations, Etc.

Per $\frac{1}{4}$ ounce vial	\$ 10
" $\frac{1}{2}$ "	15
" 1 "	25
" 2 "	40
" 4 "	60
" 8 "	1 10
" 1 lb. bottle	2 00
" 4 ounce vial of Triturations, hand made.	50
" 8 " " " "	90
" 1 lb bottle " " "	1 50

SAME PRICES ON THE GENUINE SCHUESSLER'S TISSUE REMEDIES.

I make NO CHEAP GOODS.

Over Thirty Years experience in Pharmacy. My
Calendula Tincture, Aqueous Extract Calendula, Aqueous Extract
Hydrastis, Decolorized Cerates from Green Plants,
ARE UNEQUALLED.

SPECIAL PREPARATIONS:

DR. HALL'S COMPOUND TAR OINTMENT.
 DR. HALL'S TAR PLASTER.
 DR. HALL'S BALSAMIC COLLOIDION.
 HALSEY'S SALT RHEUM AND ECZEMA
 REMEDY.
 HALSEY'S CATARRH DISKS.
 HALSEY'S ARNICA OIL COMPOUND.
 HALSEY'S CALENDULINE, Perfumed and Plain.
 HALSEY'S CONSERVE OF CALENDULA AND
 ROSES.

HALSEY'S NAPIFORM TONIC.
 HALSEY'S ANTI-MALARIAL GLOBULES.
 HALSEY'S CINCHO-CARBON TABLETS, for
 Dyspepsia.
 HALSEY'S DERMAL COLOGNE, for Moth
 Patches, etc.
 HALSEY'S RECTAL AND VAGINAL SUPPOSITORIES.
 HALSEY'S INTRA-UTERINE AND URE-
 THRAL BOUGIES.

We furnish the Genuine

COMPOUND OXYGEN HOME TREATMENT

At Special Reduction to Physicians

Letters of commendation from Physicians in all parts of the country will be shown on application.

Artificial Arms and Legs

WITH RUBBER HANDS AND FEET.

The use of rubber hands and feet on artificial limbs simplifies the construction, so that limbs can be worn for many years without requiring repairs. Persons engaged in every conceivable occupation operate on rubber feet or use rubber hands to great advantage.

MAMARONECK, N. Y., Dec. 21, 1887.

Mr. A. A. MARKS.

DEAR SIR.—Over 12 years ago I met with the misfortune of having both my legs crushed by the railroad cars, which necessitated amputation below the knees. By the advice of my surgeons I placed myself under your care for restoration.

Your reputation as the one most competent in the land had so impressed me that I felt that I was soon to realize the most that skill and ingenuity could devise. I will remember how proud I was when your genius placed me in a position in which I could indulge in youthful sports; how I availed myself of every advantage, playing ball, boating, fishing, and hunting in summer, and skating in winter. My latest prank is that of riding a bicycle.

I found the task considerable at first, but being determined, I succeeded to ride tolerably well. I shall only be too happy to recommend your rubber feet, and will do all I can to encourage their sale.

JAMES McDONALD.

With our copyright formula applicants can supply us with all the data necessary to secure fit. One-half the legs and arms furnished by us are made from measurements and profiles, without our seeing the wearers.

Fit always guaranteed. A treatise of 400 pages, with nearly 200 cuts and illustrations, and nearly a thousand endorsements and testimonials, sent gratis.

United States Government Manufacturer:

A. A. MARKS,

701 Broadway, New York City, U. S. A.

The Highest Awards received at every Exhibition.



ALMA SANITARIUM.

A. W. WRIGHT, PROPRIETOR.

ALMA, Gratiot Co., MICHIGAN.

Alma is a clean, quiet and healthy city, with bracing atmosphere and 12-acre park of native grown timber, with fountain, flowing wells, seats and swings adds to its attractions. Railroad, Telegraph and Telephone connections good.

This Institution is furnished and finished in natural wood, with all modern improvements for comfort and convenience of Guests, to-wit: Beds strictly first-class—none such found in any Institution—heated by steam and lighted by gas; Hydraulic elevator and wheeled chairs to convey the needy to places desired; Electric call bells from rooms to office; Tables bountifully supplied; Charges moderate; Cures wonderful; Open all the year; Winter accommodations excellent; Guests eat, sleep and are treated in the same building. Also Free Bus to Sanitarium and Wright House.

After twenty-three years of constant use of Galvanic, Faradic and Static Electricity, I am now prepared to treat Successfully, Acute and Chronic diseases from a Pathological standpoint, aided by Fresh and Mineral water, Vibratory Exercises, Pneumatic and Neuro-dynamic system of cure. Turkish, Russian, Roman and Needle-spray; also Sitz, Pack, Douche, Shower, Pour and Medicated Baths, with a judicious use of Medicine, constitute in part our *Materia Medica*.

We treat all forms of Acute and Chronic diseases, including Deformities of Spine and Extremities, Rheumatism, Neuralgia, Lumbar, Sciatica, St. Vitus' Dance, Headaches, Sleeplessness, Fever Sores, Spermatorrhoea; also Derangement of the Head, Spine, Nerves, Stomach, Liver and Kidneys. Diseases peculiar to women. Rectal Diseases and their complications. Hay Fever and Catarrhal troubles; also Lung, Throat and Bronchial affections treated by the most advanced methods known to Specialists.

A critical examination solicited by the Medical Professions and Health-Seekers, which will show a mortality of less than two per cent and cures nineteen of every twenty cases treated, in five to twenty weeks, if the invalidism has not existed over seven to ten years.

● To all afflicted. Send us a history of your Case in full and we will give you the result of our experience.

Lady patients should bring one loose calico or muslin wrapper, and all for treatment should bring two sheets, blankets and towels.

The travelling public always welcome. Address,

MORRIS HALE, M.D., Manager.

PETTIT'S HOMŒOPATHIC PHARMACY,

No. 77 EUCLID AVENUE,
CLEVELAND, - - - OHIO.

A FULL LINE OF
BOERICKE & TAFEL'S GOODS,
Sherman's Tinctures, Surgical Instruments,
Pocket and Buggy Cases,
Scales and Weights of Precision, Etc.

A LARGE STOCK OF
MEDICAL BOOKS,

On which we offer THE BEST DISCOUNTS to the Profession.

SUGAR DISKS AND CONES.

Fifty cents per pound; 25 cents half pound.

ALL OF THE NEW REMEDIES.

We aim to furnish only the best of everything in our line, and spare no expense to that end.

All prices as low as any Respectable Pharmacy.

Send for PRICE LIST and COMPLETE CATALOGUE of Homœopathic Publications.

Non-Humanized Cow Pox: Our Own Propagation.

Grade XX, Ten large ivory points, heavily charged upon both sides, . . \$1 00

Grade XXX, Five large ivory points, extra heavily charged, 1 00

All Virus Warranted. Warranty with Each Package.

Orders by mail, with remittance, will receive prompt attention.

J. PETTIT, A.M., M.D.,
77 Euclid Avenue, Cleveland, O.

WITTE'S TRITURATIONS

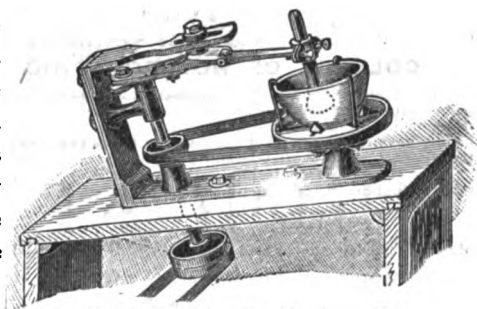
2X OR HIGHER.

4 Ounces in a Package.....	30 Cents.
4 " " Bottle.....	35 "
4. " Free by Mail.....	40 "

With a few exceptions, indicated in the list that will be sent on application.
Larger quantities, but not smaller, at same rate.

**Separate Porcelain Mortars and Pestles are used for Each Separate Remedy,
not the case anywhere else.**

That WITTE'S TRITURATOR is the only perfect one in use and that all others have some fault that compromises the value of the product will be shown and explained fully on application. Witte's patent covers every known triturator not having any frictional parts in the machinery above the trituration. I am not liable to any one for royalty for the use of triturators.



Witte's Triturator, Pat. March 17, 1885.

Witte's ordinary 1x trit. of Lycopodium was found by Prof. J. Edwards Smith, M.D., to have all the spores broken (see N. Y. Med. Times, Sept., 1882,) while the best extra-trituated 1x trit. of Lycopodium of a prominent Philadelphia homœopathic pharmacy was found by Dr. W. H. Winslow to have only ten per cent of the spores broken (see Hahn. Monthly, July, 1882). The failure of the Philadelphia product is not only due to their badly-constructed triturator, but also to their use of inferior milk sugar.

The milk sugar used in making Witte's Triturations is superior to that used by any one else (see Trans. Am. Inst. of Hom., 1883). The superiority is not only in the purity, but in the quality, it being harder and keeping its sharp cutting edges well during the act of triturating, hence Witte's triturations are gritty, differing in this respect from all others.

In addition to the above I am prepared to furnish to order, in pound packages, at

A MUCH LOWER PRICE,

triturations *smooth* to the touch, triturated as well and with milk sugar as good as used anywhere else.

I FURNISH AS LOW TO PHYSICIANS AS TO DEALERS.

All others charge physicians much more than they charge dealers, either charging physicians too much or making a lower grade of goods for dealers.

L. H. WITTE,
HOMŒOPATHIC PHARMACY,
350 SUPERIOR ST., CLEVELAND, O.

Perfect Triturations, Pure Tinctures and Pure Alcohol.

**WITTE'S PHARMACY IS THE ONLY HOMŒOPATHIC PHARMACY,
PROPERLY SO-CALLED, IN NORTHERN OHIO.**

Womens' Homœopathic Association of Pennsylvania.

Twentieth St. and Susquehanna Av., Philadelphia,

Will take patients at prices varying from \$6 to \$35 per week and will be glad to receive and treat cases pronounced incurable. For further information address the Resident Physician, or

MRS. S. M. REESE, 3301 Hamilton St., Philadelphia.

A Post-Graduate Course of Lectures

By J. T. KENT, M.D., on Materia Medica and the Organon, will be given at the Hospital building, commencing Oct. 16, 1888. For particulars address

MRS. M. T. KEEHMLE, 1315 Arch St., Philadelphia.

DEPARTMENT OF MEDICINE of the UNIVERSITY OF MINNESOTA.

This Department is composed of the following Colleges, viz., The College of Medicine and Surgery, The College of Homœopathic Medicine and Surgery, and The College of Dentistry.

COLLEGE OF HOMŒOPATHIC MEDICINE AND SURGERY.

This College succeeds the Minnesota Homœopathic Medical College with its curriculum of three years, each year comprising a course of lectures of six months duration. The students of this College will attend lectures in common with those of the entire Department, on Anatomy, Physiology and Chemistry, and must pass satisfactory examinations in all of these studies before they complete the course, or enter for the general examinations. They will also attend lectures in common on Medical Jurisprudence, Pathology, Histology and Hygiene.

The Homœopathic Hospitals of Minneapolis and St. Paul, with their Dispensaries, and the various charitable institutions in both cities under the patronage of Homœopathy, will afford abundant clinical facilities.

FEES. { For residents of Minnesota, including Matriculation..... \$35 00
 { For non-residents..... 60 00

Material for Dissection at actual cost.

SESSION OPENS FIRST WEDNESDAY IN OCTOBER.

For catalogue and information, address the Secretary of the Homœopathic Faculty,

H. C. ALDRICH, M.D., 82 Syndicate Block, MINNEAPOLIS.

Chicago Homœopathic Medical College.

OPPOSITE THE GENERAL HOSPITAL.

The Thirteenth Autumn and Winter session opens September 18, 1888, and closes February 19, 1889.

For Annual Announcement and Catalogue, giving the Collegiate Regulations and other information, address

J. R. KIPPAX, M.D., LL.B.,

3154 Indiana Avenue, Chicago.

Secretary.

Homœopathic Medical College of Missouri,

Cor. Jefferson Ave. & Howard St., St. Louis, Mo.

The Thirtieth Session begins Sept. 15, 1888, and closes March 15, 1889. Preliminary examination required.

For Announcement, etc., address

S. B. PARSONS, M.D., Dean,
 2246 Washington Avenue.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF PHILADELPHIA.



LOCATED ON

Broad Street, North of Race.

CHARTERED IN 1848.

Over 1,600 Graduates.

New and complete buildings, with every convenience.

Reading rooms and library of 5000 volumes.

A three years' graded course of six months each.

An extensive anatomical museum.

Laboratory work in all the practical branches.

Lectures commence First of October and close last of March.

For Announcement address

A. R. THOMAS, M.D., Dean,
1788 Chestnut St., Philadelphia,

DOCTORS, LOOK HERE!

Fire and Burglar Proof

SAFES

AT WHOLESALE.

WANTED! WANTED! WANTED!

NAMES and ADDRESSES of all Lawyers, Doctors, Merchants, Dealers, Farmers, Housekeepers and Men of every calling,

WHO HAVE NO SAFES.

We will furnish you with a *first-class Safe, Strictly Fire-Proof, Burglar-Proof Combination Lock, beautifully finished and lettered with name, at \$12 and upward.*

DEATH TO HIGH PRICES!

We pay no salaries or commissions to *middle men* nor *agents*. We have no *high-salaried officers*. We practice strict economy to enable us to sell direct to the user at

LOWEST WHOLESALE PRICES.



The **VICTOR SAFES and LOCKS** are the latest improved, and manufactured under excellent patents, issued Dec. 29, 1885, June 7, 1887, Oct. 11, 1887 and Nov. 1, 1887.

EVERY SAFE IS GUARANTEED SATISFACTORY.

Our prices are about **EIGHTY PER CENT LOWER** than any others. *Write for our Prices and Terms at once. Don't fail to mention The Advance.*

THE VICTOR SAFE & LOCK CO., CINCINNATI, O.

State University of Iowa.

HOMŒOPATHIC MEDICAL DEPARTMENT.

The Twelfth Annual Course of Lectures will begin Oct. 3, 1888, and close March 5, 1889.

FEES: {	Lecture Course.....	\$20 00
	Matriculation.....	5 00
	Demonstrator's Ticket (including material).....	10 00
	Examination and Diploma Fee.....	25 00
	Hospital Ticket.....	3 00

For further particulars address the Dean,

A. C. COWPERTHWAIT, M.D., Iowa City, Iowa.

New York Homœopathic Medical College.

T. F. ALLEN, A.M., M.D., Dean.

For Announcement and information, address

L. L. DANFORTH, M.D., Secretary,
149 West 44th St., New York City.

Cleveland Homœopathic Hospital College.

ORGANIZED IN 1849.

ADVANTAGES:

- A corps of practical experienced teachers.
- A three years' graded course of study.
- Unequalled Hospital and Dispensary Clinics.
- Laboratory works in different departments.

For Catalogue, address

WILLIAM T. MILLER, M.D.,
661 Superior St., Cleveland, O.



"CHICAGO TRUSS."

NEW SPIRAL-SPRING TRUSS.

Approved by the Highest Medical Authority.

Sent to the Medical Profession at a good discount. It meets all forms of Scrotal, Femoral, Inguinal and Umbilical Hernia in both infants and adults. **Hard Rubber Pad.** Clean, durable, cheap, and is easily adjusted. Also a full line of **Surgical and Veterinary Instruments, Deformity Apparatus, Artificial Eyes, Crutches, Elastic Stockings, Etc.,** manufactured by **Hausmann, McComb & Dunn, Instrument Makers,** 122 East Randolph St., Chicago. Enclose stamps and address

CHICAGO TRUSS CO.,

T. Y. KAYNE Manager.

CHICAGO, ILL.

Office and Fitting Room, 122 EAST RANDOLPH ST., One Door East of Clark.

Dr. SHERMAN'S

FRESH PLANT

TINCTURES



are preferred by careful and well-informed physicians, because they are known to be made from genuine and pure materials, and because they are of definite medical strength.

They are sold in Glass-Stoppered Bottles, like the one represented in the accompanying cut. The glass stoppers are neat and durable, and preserve the purity and strength of tinctures better than corks.

Each vial of tincture bears a printed dilution-formula, which shows the proper proportion of tincture, strong alcohol and distilled water to make the lower dilutions, so that the several attenuations shall represent decimal parts of the original substance. This makes the liquid attenuations of the same medicinal strength as the corresponding triturations. Dilutions made according to these formulæ are free from muddiness and from sediment, because all of the medicinal substance which exists in the tincture is kept in solution.

The accompanying *fac simile* of my dilution-label, No. 14, in connection with the cut of the bottle, shows how to make the first decimal dilution of such tinctures as *Cimicifuga*, and others which require the same alcoholic strength and solvent.

The empty decimally-graduated vials of various sizes are sold at reasonable prices.

STRONGEST TINCTURE.				
To make dilutions,				
	Med.	Alc.	Water	
v	2	5	3	ix
ix	1	6	3	ix
xx	1	9	0	ix

SHERMAN'S PHARMACY.
MILWAUKEE, WIS.
Registered Label, No. 14

LEWIS SHERMAN,

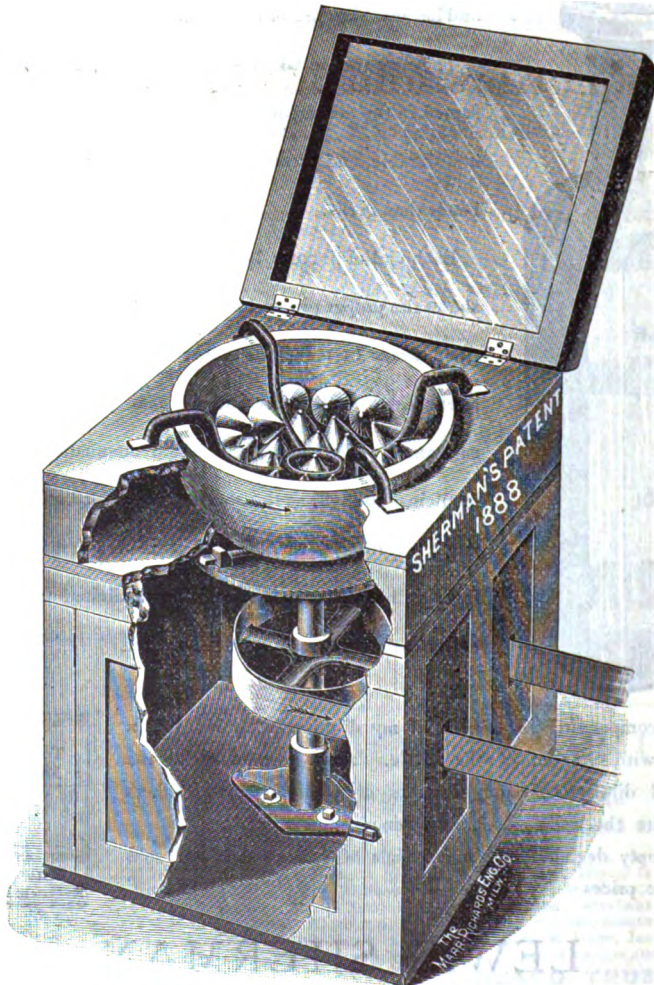
171 Wisconsin St., Milwaukee, Wis.

Triturates

Made with Sherman's New Multiplex-Pestle Triturator are finer and better than those heretofore sold.

They may be known by the following peculiarities :

1. They are lighter in specific gravity, so that a 24-ounce bottle is required to hold a pound.
2. They are impalpable to the touch.
3. They have more of the characteristic colors of the respective drugs: those from colorless drugs being whiter, and those from drugs having color being deeper in tint than the ordinary triturates.
4. They are homogeneous in appearance (free from specks) as seen by the unaided eye.
5. The drug particles are smaller and more numerous as seen with the microscope.
6. The drug particles, in case of insoluble drugs, are more diffusible in alcohol and water.



The machine is of the simplest mechanical construction.

The absence of pestle handles permits a construction without joints or bearings above the medicine, and allows the glass cover to fit closely over the rim of the mortar, avoiding con-

tamination from dust, oil or debris of machinery. The pestles have a uniform pressure, which is never so great as to bring them in contact with the surface of the mortar. We thus avoid: the wearing off of the mortar, the charring of the milk sugar, and the chemical changes in the medicine, which takes place in all hand trituration as well as in the work of all machines having pestle handles.

Milk Sugar triturated in this machine 1000 hours to each 100 grains came out as white as it went in.

Send for my new Catalogue and Price-List, in which may be found a special list of triturations sold at the rate of

\$1.00 for a 24-oz. bottle containing 16 ounces by weight,
 .85 " 6-oz. " 4 " "

LEWIS SHERMAN,

No. 171 Wisconsin Street, Milwaukee, Wis.

Therapeutics and Materia Medica,

Intended mainly for non-professional persons. Third edition. By LEWIS SHERMAN, A.M., M.D. Published by the Milwaukee Homœopathic Pharmacy. Price, \$1.00; the same in German, \$1.00.

The ready sale of the former editions encourage the continuance of the publication.

The book has been carefully revised and partly re-written.

Its object is to instruct intelligent non-professional persons in the nature symptoms, course and treatment of the common forms of disease. It is not intended to take the place of the family physician, but rather to aid him by diffusing useful knowledge among his patients.

The language though not technical is sufficiently accurate to answer the purpose intended.

The titles are arranged in alphabetical order to facilitate reference.

Physicians find this a very desirable book to place in the hands of their patrons.

We put up to accompany the book several sizes of Medicine Chests, with glass-stoppered vials. These chests range in price from \$5.00 to \$12.00 filled. Twenty-five per cent discount to physicians.

Practical Homœopathy

For the People. Adapted to the comprehension of the non-professional and for reference by the young practitioner. Fourteenth edition. By J. S. DOUGLAS, A.M., M.D., Ph.D., late Professor of Materia Medica, Special Pathology and Diagnosis in the Western Homœopathic Medical College, Cleveland, Ohio, etc.; author of Treatment of Intermittent Fever, etc. Price, \$1.00. Twenty-five per cent off to physicians.

The popularity of this little Domestic book still continues. The exposition of the principles of Homœopathy in the Preface, is a feature which especially commends itself to the lay reader.

LEWIS SHERMAN,

No. 171 WISCONSIN STREET, MILWAUKEE, WIS.

SHERMAN'S SPIROMETER

MEASURES ACCURATELY, THE WORKING CAPACITY OF THE LUNGS, IN CUBIC INCHES.

It is the only Spirometer in which allowance is made for the condensation of moist air in cooling.



THE USE OF THE SPIROMETER NOT ONLY AIDS IN THE DIAGNOSIS IN OBSCURE CASES, BUT MEASURES THE PROGRESS OF DISEASE IN EITHER DIRECTION. THE LOSS OF A CUBIC INCH OF LUNG TISSUE MAKES A DIFFERENCE OF ABOUT FORTY CUBIC INCHES IN THE AMOUNT OF AIR WHICH CAN BE EXPIRED.

THE SPIROMETER IS THE MOST CONVENIENT MEANS OF DEVELOPING THE LUNG BY EXERCISE. IT BRINGS INTO PLAY THE LATENT, HALF-DEVELOPED AND HALF-USED AIR CELLS, AND THUS INCREASES THE ACTUAL LUNG CAPACITY AND ADDS TO THE PLEASURE AS WELL AS THE LENGTH OF LIFE.

The Physician will find it profitable to have one of these Instruments standing in his office for the use of patients,

PRICE, BOXED FOR SHIPMENT, \$10.00, NET.

**LEWIS SHERMAN,
171 Wisconsin St., Milwaukee, Wis.**

THE STANDARD HOMŒOPATHIC GLOBULE MANUFACTORY

We make a specialty of manufacturing Pure Cane Sugar Globules, and preparing Sugar of Milk expressly for Homœopathic use.



Physicians can obtain our goods at nearly all the Homœopathic Pharmacies in the United States and Canada.

OUR GLOBULES

Are made from the best refined Cane Sugar only, and in the making of them they do not come in contact with copper or any other metallic body, nor with strong odors, and are therefore of the highest purity, and will not affect any of the potencies with which they may be medicated. They have also a large absorbent power, are free from sugar dust, and will always remain perfectly white, are regular in sizes, and will not become too hard by age. Regular sizes running Nos. 5, 6, 8, 10, 15, 20, 25, 30, 35, 40, 50 and 60. Special sizes made to order without extra charges.

OUR SUGAR OF MILK CRYSTALS

Are the largest and most refined Crystals imported. From these Crystals we carefully grind and prepare our trituration and prescription sugar, consequently our sugars consist of hard grains and contains its full action for producing thoroughly triturated triturations, where the imported powdered Sugar of Milk or the domestic Sugar of Milk consists of soft grains and are not comparable with ours for triturating.

THE STANDARD HOMŒOPATHIC GLOBULE MANUFACTORY,

F. BISCHOFF, MANAGER,

No. 174 WORTH STREET, NEW YORK, N. Y.

Caution to Physicians

Who Prescribe "Acid Phosphate."

There are several spurious preparations in the market put out by unscrupulous manufacturers, as substitutes for the genuine Horsford's Acid Phosphate. They are offered to the druggist as "the same thing as Horsford's," to be used when Horsford's is prescribed, etc., being sold at a low price, as an inducement for their purchase.

We have examined all these spurious preparations, and not one is the same as Horsford's, but all differ materially from our preparation, and some are positively dangerous compounds to use for the purpose intended.

One preparation that is persistently urged upon the trade contains free *sulphuric* acid and the *sulphates* of magnesia, aluminum, iron, etc., *with no phosphates whatever*. The genuine Horsford's contains *no free sulphuric acid, no sulphates, but does contain the phosphates*.

The substitution of such a preparation for "Horsford's" will not produce the results anticipated by the physician.

Be sure to write the word "HORSFORD'S" on your prescriptions.

N. D. ARNOLD, Treas.

RUMFORD CHEMICAL WORKS, *Providence, R. I.*

COLDEN'S

ESTABLISHED 15 YEARS.
OBSERVE THE NAME.
BEWARE OF IMITATIONS.

Liquid Beef Tonic.

ORIGINAL LABEL:
"Colden's Liebig's Liquid Extract of Beef
and Tonic Invigorator."

AN INVALUABLE AID IN THE TREATMENT OF ALL CASES OF DEBILITY.

ENDORSED BY SCORES OF PHYSICIANS.

ESSENTIALLY DIFFERENT FROM ALL OTHER BEEF TONICS.

COLDEN'S LIQUID BEEF TONIC consists of the Extract of Beef (by Baron Liebig's process), spirit rendered non-injurious to the most delicate stomach by extraction of Fusel Oil, soluble Citrate of Iron, Cinchona, Gentian, and simple aromatics. An official analysis of this preparation by the eminent chemist ARTHUR HILL HASSALL, M. D., F. R. S., and an endorsement by SIR ERASMUS WILSON, F. R. S., is printed on the label of each bottle.

In the treatment of all cases of Debility, Convalescence from severe Illness, Anæmia, Malarial Fever, Chlorosis, Incipient Consumption, Lack of Nerve Tone, and of the Alcohol and Opium Habits, and all maladies requiring a Tonic Nutrient, it is superior to all other preparations.

It acts directly on the sentient gastric nerves, stimulating the follicles to secretion, and gives to weakened individuals that first prerequisite to improvement, an appetite. By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of SOLUBLE CITRATE OF IRON, and which is designated on the label WITH IRON, "No. 1," while the same preparation, WITHOUT IRON, is designated on the label as "No. 2."

I will, upon application, send a sample bottle of COLDEN'S LIQUID BEEF TONIC to any physician in regular standing. Please ask your Dispensing Druggist (if he has not already a supply) to order it. In prescribing this preparation physicians should be particular to mention "COLDEN'S," viz: "EXT. CAERNIS FL. COMP. (COLDEN)." It is put up in pint bottles and CAN BE HAD OF WHOLESALE AND RETAIL DRUGGISTS GENERALLY THROUGHOUT THE UNITED STATES.

C. N. CRITTENTON, General Agent, 115 Fulton St., New York.

GLENN'S Sulphur Soap.

All physicians know the great value of the local use of Sulphur in the TREATMENT OF DISEASES OF THE SKIN. GLENN'S SULPHUR SOAP is the ORIGINAL and BEST combination of its kind, and the one now generally used.

For sale by all Druggists at 25 cents a cake, or three cakes for 60 cents.

Beware of counterfeits.

CONSTANTINE'S Pine Tar Soap.

BY FAR THE BEST TAR SOAP MADE. Has been on trial among physicians for very many years as a toilet soap and healing agent, and its superior virtues have been unanimously conceded in ALL CASES WHERE THE USE OF TAR IS INDICATED.

Unsolicited expressions of its excellence have been received from the Medical Faculty generally. None genuine unless stamped "A. A. Constantine's Persian Healing Pine Tar Soap." For sale by all Druggists.

Samples of above Soaps SENT FREE on application to any physician enclosing card.

Wholesale Depot, C. N. CRITTENTON, 115 Fulton St., New York.

Please mention this Journal (inclosing business card).

THE MEDICAL ADVANCE.

PUBLISHED MONTHLY.

PUBLICATION OFFICE, 56 WABASH AVENUE, CHICAGO, ILL.

Entered at Postoffice at Chicago, Ill., as second class mail matter, Feb. 1, 1888.

TERMS.

The Medical Advance is published monthly at the following rates, which includes postage:

One copy, \$3.00 a year.

Articles for publication, books for review, and exchanges, should be sent to DR. ALLEN, Ann Arbor, Mich.

Discontinuances.—Remember that the manager must be notified by letter when a subscriber wishes his journal stopped. All arrearages must be paid.

Returning the journal will not enable us to discontinue it as we cannot find your name on our books unless your postoffice address is given.

The Courts have decided that all subscribers to periodicals are held responsible until arrearages are paid and their journals are ordered to be discontinued.

Subscribers desiring to have the address changed should be careful to name postoffice to which The Advance has been sent as well as the *new* address.

All subscriptions, advertisements, etc., and remittances for same must be sent to Mr. W. A. Chatterton, 56 Wabash av., Chicago.

"THE ORGANON,"

Edited by Dr. Skinner. Two complete sets of this valuable Hahnemannian journal—all that was published of it—may still be had only of the editor for \$10.50, bound in cloth, 3 vols., free by post. As there are only two sets left, to prevent disappointment, send at once an international postoffice order, payable to Thomas Skinner, G. P. O., London, E. C. Postal address, 25 Somerset Street, London, W.

LIPPE'S REPERTORY.

A few more copies of this work on hand and will be sold at the following rates: Flexible morocco covers, \$4.50; cloth, \$2.50. For particulars, address Mrs. G. A. Lippe, 301 D street, N.W., Washington, D. C.

ESTATE OF ADOLPH LIPPE, M.D.

The medical library and medicines belonging to the above estate are now offered for sale, and proposals are solicited for the purchase of the whole, or any part thereof. A catalogue will be sent to parties desiring to purchase upon application to

W. C. HALL, Executor,
251 South 4th St., Philadelphia, Pa.

A GREAT MAGAZINE.

The Century for 1889.



HE question has often been asked, "to what does *The Century* owe its great circulation?" *The Christian Union* once answered this by the statement that "it has been fairly won, not by advertising schemes, but by the excellence which characterizes it in every department." In their announcements for the coming year the publishers state that it has always been their desire to make *The Century* the one indispensable periodical of its class, so that whatever other publication might be desirable in the family, *The Century* could not be neglected by those who wish to keep abreast of the times in all matters pertaining to culture. And the unprecedented circulation of the magazine would seem to be the response of the public to this intention.

With the November number *The Century* begins its thirty-seventh volume. Two great features of the magazine which are to continue throughout the new volume are already well known to the public, the Lincoln history and the papers on "Siberia and the Exile System." The first of these, written by Messrs. Nicolay and Hay, President Lincoln's private secretaries, contains the inside history of the dark days of the war, as seen from the White House.



THE SIBERIAN PAPERS, by George Kennan, are attracting the attention of the civilized world. *The Chicago Tribune* says that "no other magazine articles printed in the English language just now touch upon a subject which so vitally interests all thoughtful people in Europe and America and Asia." As is already known, copies of *The Century* entering Russia have these articles torn out by the customs officials on the frontier.

DURING 1889

The Century will publish the most important art feature that has yet found



place in its pages. It is the result of four years' work of Mr. Timothy Cole, the leading magazine engraver of the world, in the galleries of Europe, engraving from the originals the greatest pictures by the old masters. A series of papers on Ireland, its customs, landscapes, etc., will appear, and there are to be illustrated articles on Bible scenes, treating especially the subjects of the International Sunday-School Lessons. George W. Cable will write "Strange, True Stories of Louisiana." There will be novelettes and short stories by leading writers, occasional articles on war subjects (supplemental to the famous "War Papers" by General Grant and others, which have been appearing in *The Century*), etc., etc.

The Century costs four dollars a year, and it is published by The Century Co., of New York, who will send a copy of the full prospectus to any one on request.

"It is simply the ideal young people's magazine, and holds the first place."—*Boston Journal*.

ST. NICHOLAS FOR 1889.

An All-Around-the-World Year.

This world-renowned magazine "for young people and their elders" is to have a great programme for the new volume beginning with November, 1888. The editor, Mrs. Mary Mapes Dodge, calls it "an-all-around-the-world year." Of course, the bulk of the contents, as heretofore, will relate to American subjects; but young America is always glad to learn what goes on in the world outside, and these stories and descriptive papers are not of the dry geographical order, and they will be strikingly illustrated. We have space here for only a few prominent announcements.

AMERICA.

Little Saint Elizabeth, by Mrs. Burnett, author of *Little Lord Fauntleroy*; The Routine of the Republic, how the Government is carried on; College Athletics; Amateur Photography; Boys and the National Guard; The Girl's Crusade; Indian Stories, School Stories, etc. The Bells of St. Anne, a serial about Canada. South American stories—A Railroad in the Clouds; Indians of the Amazon, by Mrs. Frank R. Stockton, etc.

EUROPE.

Life in Norway, by H. H. Boyesen; Holland and the Dutch, by Mrs. Mary Mapes Dodge; The Queen's Navy, by Lieut. F. H. Smith, R. N.; The Winchester School; English Railway Trains; Ferdinand de Lesseps; German, Italian (art) and Russian papers, etc., etc.

Subscription price, \$3.00 a year; 25 cents a number. Subscriptions are received by

booksellers and newsdealers everywhere, or by the publishers. Remit by P. O. money-order, bank-check, draft, or registered letter. The new volume begins with November. December is the great Christmas Number.

THE CENTURY CO., 33 East 17th St., N. Y.

TAKE NOTICE.

Three of our Homoeopathic journals having withdrawn from clubbing list, no further commissions on subscriptions for this journal will be allowed agents after July 15, 1888.

SCRIBNER'S MAGAZINE FOR 1889.

The publishers of Scribner's Magazine aim to make it the most popular and enterprising of periodicals, while at all times preserving its high literary character. 25,000 new readers have been drawn to it during the past six months by the increased excellence of its contents (notably the railway articles), and it closes its second year with a new impetus and an assured success. The illustrations will show some new effects, and nothing to make Scribner's Magazine attractive and interesting will be neglected.

The Railroad Articles will be continued by several very striking papers; one especially interesting by Ex-Postmaster-General Thomas L. James on "The Railway Postal Service." Illustrated.

Mr. Robert Louis Stevenson's serial novel, "The Master of Ballantrae," will run through the greater part of the year. Begun in November.

A Correspondence and collection of manuscript memoirs relating to J. F. Millet and a famous group of modern French Painters will furnish the substance of several articles. Illustrated.

The brief end papers written last year by Robert Louis Stevenson, will be replaced by equally interesting contributions by different famous authors. Mr. Thomas Bailey Aldrich will write the first of them for the January number.

Many valuable Literary articles will appear; a paper on Walter Scott's *Methods of Work*, illustrated from original MSS., a second "Shelf of Old Books," by Mrs. James T. Fields, and many other articles equally noteworthy. Illustrated.

Articles on Art Subjects will be a feature. Papers are arranged to appear by Clarence Cook, E. H. Blashfield, Austin Dobson, and many others. Illustrated.

Fishing Articles describing sport in the best fishing grounds will appear. Salmon, Winninich, Bass, and Tarpon are the subjects now arranged. The authors are well-known sportsmen. Illustrated.

Illustrated Articles of great variety, touching upon all manner of subjects, travel, biog-

[Continued to page 37.]



Hahnemann Medical College and Hospital

OF CHICAGO, ILL.

The LARGEST Homœopathic College in the World.

The Twenty-ninth Annual Course of Lectures begins September 18th, 1888, and continues for twenty-one weeks.

The Course of Instruction as given by the faculty of this College is divided into : (1), the Didactic Lectures ; (2), the Clinical Teaching. The plan of teaching the principles of Medicine and Surgery and the art of practice, as adopted, is to give special drill upon the primary branches. This is accomplished not in theory, but in fact. The advanced student is also thoroughly taught the principles in different departments. The lecturers are men of experience, learning and responsibility, and realize the fact that there is no compensation or make-shift that will atone for a lack of conciseness, clearness, competency and responsibility on the part of the teaching corps of a Medical College. This would be a good point for students to consider when selecting their College.

The Clinical Teaching is illustrative of the Didactic Course and is to-day the popular form of imparting information in the treatment of diseases that can be obtained in no other way. Fourteen distinct Clinical Courses are regularly taught at the Hospital. The number of patients attending these Clinics is always ample to illustrate every variety of disease conditions.

The Policy of the College is to make no promises for hospital or college tuition, clinics, sub-clinics, or any means for study and observation that are not literally and righteously kept.

Our Catalogue, including the rates of tuition, cost of living, text-books recommended, etc., will be mailed on application to the Registrar of the

Hahnemann Medical College and Hospital

OF CHICAGO, ILLINOIS.

Address. E. STILLMAN BAILEY, M.D., 3034 Michigan Avenue.

GRADUATE INSTRUCTION

IN THE

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

The Medical School of Harvard University has arranged a greatly enlarged and improved plan of instruction for graduates, embracing all the branches of practical and scientific medicine, in which graduates of medical schools may feel the need of advanced or special training. It is designed to supply those opportunities for clinical and laboratory study, which have hitherto been sought in Europe by recent graduates and practitioners of this country, and by means of repeated short courses to limited numbers to give the practitioner the advantages to be derived from personal instruction in the following subjects: Anatomy, Physiology, Histology, Medical Chemistry, Pathological Anatomy, Clinical Medicine, Surgery, Obstetrics, Gynecology, Dermatology, Syphilis, Ophthalmology, Otolaryngology and Rhinology, Neurology, Mental Diseases, Diseases of Children, Legal Medicine, Hygiene, and Bacteriology.

Instruction in the graduate course is entirely distinct from that of the undergraduate department of the School, but students of the former will be admitted also to all the regular lectures (not clinical) of the latter without extra charge during their term of connection with the School, to the new and extensive laboratories which are known to be inferior to none in America, and to the clinical advantages afforded by the hospitals of Boston which furnish abundant material for all purposes of instruction.

The courses in this new plan of instruction will begin Dec. 1, 1888, unless otherwise specified in the full announcement, for which and for all other information address Dr. HENRY P. BOWDITCH, Dean, Harvard Medical School, Boylston St., Boston, Mass.



THE "Yale" SURGICAL CHAIR.

The most complete chair ever offered to the Surgeon, Gynecologist, Oculist or Aurist. Every position known to the profession easily and quickly obtained, having the largest range of movements. Can be firmly locked in any position. Does away with moving patient to get dorsal position. Secures the most desirable inclinations for the Simms' position. Can be tilted backward to revive patient from an asphyxiated condition during the administration of anesthetics. Raised, lowered, revolved, or tilted, with patient in position to get the best lights. It is the strongest and most substantial chair made,

will last a lifetime. Elegantly finished and upholstered, eight different styles.

Before purchasing elsewhere it will pay you to examine the "Yale" Chair. Every chair warranted as represented. Eight additional positions, not shown in the cuts, can be seen by sending for Illustrated catalogue, mailed free with full descriptions.



CANTON
SURGICAL and DENTAL
CHAIR CO.,
Manufacturers of **Canton and Yale**
Surgical and **Gould Dental**
Chairs.

27 W. Tuscarawas St., CANTON, O., U. S. A.

Homœopathic Pellets AND Copper Kettles.

For years we have endeavored to do away with copper kettles in the manufacture of Globules or Pellets, for it has been demonstrated beyond cavil that the copper kettles wear out in course of time, and the only way to account for it is, that the friction of the pellets gradually wears away the copper, and that the pellets must of necessity have become contaminated thereby to a greater or less degree. To obviate this we hit upon the expedient of lining the kettle with wood, and we finally succeeded about four years ago in lining one that way. This answered so well that we had the remaining two kettles lined likewise. In doing this, it was observed that the kettle longest in use had been worn as thin as paper, while originally it was as heavy as the others. It is undoubtedly more difficult to make a neat pellet in a wood-lined kettle; it takes more time, it is consequently more expensive, but then we can guarantee our pellets to be absolutely free from contamination by copper, a desideratum which no other pellet-maker can give at the present time.

We have, on previous occasions, called the attention of the profession to the desirability of obtaining pellets made by the homœopathic pharmacist under his own supervision, on his own premises; for then only can they be guaranteed to be free from any admixture, from contamination with copper, and from the smell of ethereal oils, which latter is unavoidable if they be made by a confectioner. And we know whereof we speak, for time and again were we compelled, in years gone by, to return pellets to the manufacturer on account of their decided smell of essential oils used in flavoring candies.

When the subtle nature of homœopathic attenuations is considered, it is manifest that too much care and circumspection cannot be exercised in order to preserve the purity of so important a vehicle of homœopathic medicine as pellets. It may be claimed by some makers, *who all use copper kettles*, that their pellets do not come in contact with copper or metal, because of the coating of sugar soon formed in the kettles; but this is as fallacious, as we have demonstrated; and, what is worse, this coating soon becomes saturated to a certain extent with verdigris.

Prices from No. 10 to No. 80.

Per pound in pasteboard box	\$0 30
" ten pounds in one-pound boxes.....	2 75
In quantities of from ten to fifty pounds, put up in five-pound pasteboard boxes, per pound.....	25

Larger quantities at special rates.

BOERICKE & TAFEL,

Homœopathic Pharmacists, Importers and Publishers,

1011 Arch St., and 1035 Walnut St., Philadelphia, Pa.

145 Grand St., 7 W. 42d St., New York.

36 E. Madison St., Cor. Wabash Ave., Chicago.

627 Smithfield St., Pittsburgh Pa.

228 N. Howard St., Baltimore, Md.

938 F St., N. W., Washington, D. C.

Business Established in 1835.



THE first Homœopathic physician landed in this country in 1825. The first Homœopathic pharmacy was opened in this country in 1835 and is still in business at 145 Grand St., New York. We have seven other pharmacies to-day, each completely equipped and able to supply the calls of the doctor promptly.

THE inducement offered buyers is medicine that will unquestionably stand the test at the bedside—medicine on which the most painstaking attention has been bestowed in every one of the innumerable details involved in homœopathic pharmacy.

MAIL orders are usually shipped off on the day they are received. Our mailing department is rapidly growing. *Physician's Price Current* sent free on receipt of address.

PUBLICATIONS.—Any American or European Homœopathic publication may be obtained at our pharmacies, or medical works of any kind ordered through them. *Faulkner's Visiting List*, \$2.00 net, with repertory, or \$1.65 without it: the completest and best obtainable. *American Homœopathic Pharmacopœia*, Third edition, \$5.00. Millspaugh's *American Medicinal Plants*, two vols., morocco, \$42.00. The *Homœopathic Recorder* (bi-monthly), \$1.00 per year and well worth it to every physician (send subscriptions to 1011 Arch St., Philadelphia, Pa.).

OUR tablets are made in glass moulds instead of the commonly used and cheaper hard rubber (full list sent on request).

IMPROVED OZONE GENERATOR. Price, \$55, net. The cost of keeping one of these in constant working order is a trifle. They are elegantly made. Descriptive pamphlet free.

HENSIL'S TONICUM, a physiological preparation of iron, \$1.50 per bottle containing over a month's supply. This preparation may be given in connection with homœopathic medicine in many cases with great success. Pamphlet concerning it mailed free.

LOEFLUND'S STERILIZED CREAM MILK, preserved without chemicals or sugar, or antiseptics. An absolutely *pure mountain milk*. As a diet for infants it is only surpassed by healthy mother's milk.

MALT EXTRACT BONBONS. Twenty-five per cent of the finest malt extract combined with 75 per cent cane sugar. For removing phlegm and clearing the voice these Bonbons are invaluable. Good and wholesome for children, too.

BOERICKE & TAFEL,

Homœopathic Pharmacists, Importers and Publishers,

1011 Arch St., and 1035 Walnut St., Philadelphia, Pa.

145 Grand St., 7 W. 42d St., New York.

36 E. Madison St., Cor. Wabash Ave., Chicago.

627 Smithfield St., Pittsburgh Pa.

228 N. Howard St., Baltimore, Md.

938 F St., N. W., Washington, D. C.

Business Established in 1836.

Gentry's Concordance Repertory

OF THE

More Characteristic Symptoms

OF THE

Materia Medica.

WHAT THEY SAY OF IT.

"This Concordance Repertory, is what I long have sought, and mourned because I found it naught. But now I rejoice and hope you will soon be able to publish. Enclosed is my order."—*J. K. Eberle, Pana, Ill.*

"I think your Concordance Repertory will simplify the practice of medicine."—*A. S. Griffith, Lebanon, Ill.*

"You are about to materialise one of the dreams of my professional life. Go on with the work and add my name to your subscription list. No homœopathic physician, no matter how small his income, can afford to do without it."—*M. D. Smith, Middlebury, Vt.*

"This is a work for which I have been waiting for a long time, and am glad that you have had the courage to undertake its compilation. It will be one of the greatest blessings to the Homœopathic physician of any book that has been published for some time."—*R. B. House, Springfield, Ohio.*

"The plan of your Concordance Repertory is admirable, I trust there will soon be subscriptions sufficient to insure success to the enterprise."—*Wm. C. Powell, Bryn Mawr, Pa.*

"The Concordance Repertory is the most needed work by our school to-day. After its publication there will be no longer any excuse for haphazard prescribing, alternating or mixing which is the great curse of Homœopathy. I hope you will soon secure the required number of subscribers and have it published."—*H. C. Morrow, Sherman, Tex.*

"I do hope we will not have to wait long, as it is a work much needed."—*L. J. Worthen, Paola, Kan.*

"I could not well resist entering my name on your list for so valuable a book and one so much needed."—*W. W. Heberton, South Orange, N. J.*

"A complete work of this kind is indispensable for satisfactory results. I wish you abundant success in the great work."—*Frederick W. Payne, Boston, Mass.*

"Just what I have wanted for years; what every homœopathic physician should have."—*E. Folsom, Fargo, Dak.*

"The sample pages of your Concordance Repertory, came duly, and my examination of its contents satisfies me that it will be a very valuable and indispensable work to every busy Homœopath."—*H. C. French*. [Professor of Surgery and Diseases of the Eye and Ear in Hahnemann Hospital College, San Francisco.]

"With great pleasure I send you my order for the Concordance Repertory. It will be an excellent work."—*W. Bancroft, Keokuk, Iowa.*

"The plan of arrangement of your Concordance Repertory I believe to be far ahead of any other. I certainly want the work."—*A. S. Eshbaugh, Lexington, Ill.*

"In the production of such a long needed help you have placed yourself under the lasting obligation of the homœopathic profession. My own desire is that you may hurry forward the work to completion."—*C. W. Higgins, Brookings, Dak.*

"Allow me to congratulate you on the happy thought you are about to crystalize into actuality. The Concordance Repertory will be of inestimable value to the busy practitioner."—*John F. Wage, Buffalo, N. Y.*

"You have done a great thing, and if you have done it well—correctly and thoroughly—and are still alive, you should be the recipient of unbounded congratulation. I take pleasure in sending in my subscription, for yours is the first work which really puts the ocean of symptoms, which flood our materia medica, at the command of the physician."—*Edward B. Hooker, Hartford, Conn.*

"Very gladly do I send in my subscription for the Concordance Repertory."—*Olin M. Drake, Ellsworth, Me.*

SOLD ONLY BY SUBSCRIPTION.

WORKS RECENTLY ISSUED

—BY THE—

Hahnemann Publishing House

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA,

**Dysentery, Cholera, Cholera Morbus, Cholera Infantum
and all other Loose Evacuations of the Bowels.**

By JAMES B. BELL, M.D. Third edition. Revised, enlarged and improved.
Pp. 191. 8vo. Cloth, \$1.50

The publisher is confident that the homœopathic press and profession will welcome a third edition of this valuable monograph on Diarrhœa, the genuine popularity of which has been abundantly proven by the steady sale it has had since its first appearance in 1869. The second edition of 1881, prepared for the press by Dr. W. T. Laird, has now, with the assistance of Dr. S. A. Kimball, been thoroughly revised and brought up to date. The book is fresh from our press in new and attractive shape (octavo, uniform with our other monographs), and, though so much enlarged, the price remains the same. The improvements in the work have been so pronounced, that those who possess either of the earlier editions will find it decidedly to their interest to procure also the present one.

PATHOGENETIC AND CLINICAL REPERTORY OF THE MOST PROMINENT SYMP- TOMS OF THE HEAD.

With their Concomitants and Conditions.

By C. NEIDHARD, M.D., formerly Professor of Clinical Medicine in the
Homœopathic Medical College of Pennsylvania, etc., etc.
Pp. 188. 8vo. Cloth, \$1.50

"We trust that the volume will find its way into the library of a large number of physicians, and we have no doubt it will be found worthy of a place. The salient advantages of the book are as follows:

1. It furnishes us with the most essential head symptoms of the materia medica.
2. It gives the confirmation of these, as well as other symptoms, from the experience of an extensive practice covering a period of fifty years.
3. To these are added the concomitants in other parts of the body, produced by the same remedy, and the conditions under which these symptoms are aggravated or ameliorated. It is the author's experience that if the symptoms of the head are most similar to any remedy, this remedy is also most efficacious to the corresponding symptoms in other parts of the body.
4. The different parts of the head affected are divided and classified in different chapters for the purpose of affording easy reference to the student or practitioner. To all of them the concomitants and conditions are appended."

—*New York Medical Times.*

F. E. BOERICKE, P. O. Box 709, Philadelphia.

"Such works as these are most useful in facilitating the study of materia medica in relation to our daily work. Care and accuracy are of course essential, and that both will be found in this *Repertory*, the fact that the symptoms have been collected and arranged by Dr. Neidhard is a sufficient guarantee."—*Homœopathic Review, London.*

"The *Repertory*, as a whole, is excellently planned and executed, and is doubtless destined to prove of genuine usefulness."—*New England Medical Gazette.*

"A valuable and practical work for ready reference."—*Medical Advance.*

"The homœopathic profession of medicine is to be congratulated that their colleague, whose successful reputation stands only rivaled by that of Hering and Lippe, has taken this means to share with them the results of his keen diagnosis and his broad experience in the healing art."—*Phila. Public Ledger.*

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER.

Comprising the Theory, Therapeutical Application,
Materia Medica, and a Complete Repertory
of these Remedies.

Arranged and Compiled by WILLIAM BOERICKE, M.D., Professor of Materia Medica, and W. A. DEWEY, M.D., Professor of Anatomy, in the Hahnemann Medical College of San Francisco.

Pp. 303. 8vo. Cloth, \$2.50

"This work is not a padded reprint of Schüssler's Therapy, nor a mere compilation from the journals of additional cures by the Tissue Remedies, but is, in large part, original work with the materials presented by Schüssler. The section on 'The Relations of the Biochemic (Schüssler's word) to the Homœopathic Treatment,' although short, is one of the most instructive we have read for a long time."—DR. J. T. O'CONNOR in *Homœopathic Recorder*.

"It is by far the most comprehensive and the fullest in every particular yet published on this subject."—*The Homœopathic News.*

"This octavo volume of 303 pages is the most imposing . . . and by far the best edition of the Tissue Remedies which has yet appeared."—*The Medical Advance.*

"The work is systematically arranged, the main part being devoted to the therapeutical application of the remedies, followed by a complete Materia Medica of the same, to which is added a carefully prepared repertory, which embraces every characteristic of the Twelve Remedies."—*The Medical Visitor.*

SALIENT MATERIA MEDICA AND THERAPEUTICS.

A concise work furnishing facility for Memorizing and
Rapid and Accurate Prescribing.

By C. L. CLEVELAND, A.M., M.D.

Pp. 171. Small 8vo. Cloth, \$1.25

"The monograph is very suggestive, and will be found a useful aid in the selection of remedies."—*New York Medical Times.*

"A very good clinical index gives increased usefulness to the work."—*Homœopathic Recorder.*

F. E. BOERICKE, P. O. Box 709, Philadelphia.

"It would be difficult to choose between Guernsey's 'Keynotes' and Cleveland's 'Salient Materia Medica.' Both are of pocket size; both are quite reliable. They will scarcely take the place of Johnson's 'Key' in the pockets of students. They ought not to replace a full symptomatology on the table of the physician, and still they refresh our minds, and will serve as companions in studying larger works. The truth is that Cleveland contains much that Guernsey lacks, and *vice versa*; one needs them both."— * * * in *North American Journal of Homœopathy*.

THE HOMŒOPATHIC TREATMENT OF RHEUMATISM AND KINDRED DISEASES.

With Notes, Suggestions and a Complete Repertory.

By D. C. PERKINS, M.D.

Pp. 180. 8vo. Cloth, \$1.50

"It is seldom that we can say, with truth, that a long-felt want has been supplied, but in reference to Dr. Perkins' book we do say it."—*The Homœopathic Physician*.

"There is no longer any reason why the dullest homœopathic physician should fail to cure his rheumatic patients, if he will only consult this volume for aid in his obstinate and unusual cases. At the time this work was received I had under treatment a case of rheumatism that had been under allopathic treatment over a year. *Magn. carb.* was given after consulting Perkins, and a speedy cure followed."—*The Medical Visitor*.

"This is a highly commendable monograph, which strictly adheres to the meaning of its title, and which deserves to be classed among the useful homœopathic books, like Bell and Laird on Diarrhœa and Bœnninghausen on Whooping Cough."—*North American Journal of Homœopathy*.

ALSO ON SALE

A CLINICAL MATERIA MEDICA.

By E. A. FARRINGTON, M.D., late Professor of Materia Medica in the Hahnemann Medical College of Philadelphia. Edited by
CLARENCE BARTLETT, M.D.

Pp. 752. Half Morocco, \$7.00. Cloth, \$6.00

"There is scarcely a practitioner in our school but will find a hint in every lecture worth the cost of the book, and we earnestly recommend not only its prompt purchase but its able comparisons written in every working *Materia Medica*. . . . We think it the best book published in our school in 1887."—*The Medical Advance*.

"The volume thus presented to the profession is a worthy monument to the originality, the enthusiasm and the indefatigable energy of the author. As a work on *Materia Medica*, it is of such unique arrangement that it can hardly enter into competition with, while it may invaluablely supplement the present occupants of that important field. . . . The work, as a whole, is a possession on which homœopathy may congratulate itself."—*The New England Medical Gazette*.

F. E. BOERICKE, P. O. Box 709, Philadelphia.

SOME OF OUR
Standard Publications.

ALLEN, DR. TIMOTHY F. <i>The Encyclopedia of Pure Materia Medica; a Record of the Positive Effects of Drugs upon the Healthy Human Organism.</i> Ten Volumes.	
Price, bound in cloth,	\$60 00
Half morocco or sheep,	70 00
ALLEN, DR. TIMOTHY F. <i>A General Symptom Register of the Homœopathic Materia Medica.</i> Pp. 1,331. Large 8vo. Cloth,	
Half morocco or sheep,	14 00
ALLEN, DR. H. C. <i>The Therapeutics of Intermittent Fever.</i> By H. C. ALLEN, M.D., of the University of Michigan. Second edition, revised and enlarged. 342 pp. 8vo. Cloth,	
	2 75
ARNDT, DR. H. R. <i>A System of Medicine Based upon the Law of Homœopathy.</i> In three volumes. Royal 8vo. Vol. I, 968 pp.; vol. II, 923 pp.; vol. III, 1,046 pp.	
Price per volume, bound in cloth,	7 50
Price per volume, bound in half morocco or sheep,	8 50
EDMONDS, DR. W. A. <i>A Treatise on Diseases Peculiar to Infants and Children.</i> By W. A. EDMONDS, M.D., Professor of Pædology in the St. Louis Homœopathic College of Physicians and Surgeons, etc., etc. Pp. 300. 8vo. Cloth,	
	2 50
GUERNSEY, DR. H. N. <i>Keynotes to the Materia Medica.</i> As taught by HENRY N. GUERNSEY, M.D. Edited by Jos. C. GUERNSEY, A.M., M.D. Pp. 267. Small 8vo. Cloth,	
	2 25
HALE, DR. E. M. <i>Materia Medica and Special Therapeutics of the New Remedies.</i> In two volumes. Vol. I, Special Symptomatology. Pp. 770. Cloth, \$5.00; half morocco, \$6.00. Vol. II, Special Therapeutics. Pp. 901. 8vo. Cloth,	
Half morocco,	5 00
	6 00
HELMUTH, DR. W. T. <i>A System of Surgery.</i> By Wm. TOD HELMUTH, M.D. Fifth edition. Enlarged, re-arranged, revised; many parts re-written, and much new matter added. Illustrated with 718 wood cuts. Bound in full leather. Pp. 1,111. Royal 8vo.,	
	9 00
HERING'S Condensed Materia Medica. Third edition. Revised, enlarged and improved. Pp. 968. Large 8vo. Half morocco,	
	7 00
JAHN, DR. G. H. G. <i>Therapeutic Guide; the most important results of more than forty years' practice.</i> With personal observations regarding the truly reliable and practically verified curative indications in actual cases of disease. Translated, with Notes and New Remedies, by C. J. HEMPEL, M.D. Pp. 546,	
	3 00
LILIENTHAL, DR. S. <i>Homœopathic Therapeutics.</i> Second edition. Pp. 835. 8vo. Cloth,	
Half morocco,	5 00
	6 00
NORTON, DR. GEO. S. <i>Ophthalmic Therapeutics.</i> With an introduction by Prof. T. F. ALLEN, M.D. Second edition. Re-written and revised, with copious additions. Pp. 342. 8vo. Cloth,	
	2 50
RAUE, DR. C. G. <i>Special Pathology and Diagnostics, with Therapeutic Hints.</i> Third edition. Re-written and enlarged. Pp. 1,094. Large 8vo. Half morocco or sheep,	
	8 00
WINSLOW, DR. W. H. <i>The Human Ear and its Diseases.</i> With 138 Illustrations. Pp. 526. 8vo. Cloth,	
	4 50
WORCESTER, DR. S. <i>Insanity and its Treatment.</i> Lectures on the Treatment of Insanity and Kindred Nervous Diseases. By SAMUEL WORCESTER, M.D., Salem, Mass., Lecturer on Insanity, Nervous Diseases and Dermatology at Boston University School of Medicine, etc. Pp. 262,	
	3 50

Address,

F. E. BOERICKE,

921 Arch St., Philadelphia.

P. O BOX 709.

McINTOSH GALVANIC AND FARADIC BATTERY CO.,

MANUFACTURERS OF THE CELEBRATED

McINTOSH

Combined Galvanic and Faradic Batteries.

Table, Office and Family Batteries, Electrodes, Electric Bath Apparatus, Statical Electric Machines, Stereopticons, Solar Monocular and Binocular Microscopes.

AND ALL KINDS OF

PHILOSOPHICAL ELECTRIC APPARATUS.

Schools, Colleges, Physicians or Hospitals wanting new Apparatus will do well to favor us with correspondence and obtain estimates. Men of Scientific experience have charge of the manufacturing department. We employ the most skillful mechanics, and have the largest facilities in America for manufacturing.

We would call the special attention of the Medical Profession to our

COMBINED GALVANIC AND FARADIC BATTERIES.



These Batteries are recommended by the Medical Faculty of both America and Europe, and have been adopted by the United States Government for use in Medical Department of the Army and Navy. They are

The First and Only Portable Batteries EVER INVENTED,

which give both the Galvanic and Faradic Current.

TWO DISTINCT BATTERIES IN ONE CASE.

No Physician can afford to be without it. This celebrated Battery is constructed on an improved plan. The zincs and carbons are fastened to hard rubber plates in sections of six each; this manner of connecting brings the plates nearer together than in any other battery, thus giving less internal resistance. The cells are composed of one piece of hard rubber and are made in sections of six each, with a drip-cup, thus one section can be handled, emptied and cleaned as easily and quickly as one cell. The drip-cup is to receive the elements when the battery is not in use. The fluid cannot spoil or run between the cells, and there is no danger of breaking as with the glass cells. This is the only battery in which the zinc and carbon plates can be kept clean and always in order by simply rinsing them.

An extra large cell (with a zinc and carbon element) is added to the combined batteries for the purpose of producing the Faradic current. This cell gives as much force as is ever needed, and avoids exhausting the current from the Galvanic cells. All the metal work is finely nickel-plated and highly polished, and every part is put together so that it can be easily replaced by the operator. Our batteries weigh less, occupy less space, give a current of greater intensity and quantity than any other battery manufactured.

Our Illustrated Catalogue, a handsome book giving full description of all our goods and other valuable information, sent free on application.

McINTOSH GALVANIC AND FARADIC BATTERY CO.,

141 AND 143 WABASH AVENUE, CHICAGO, ILL.

A NEW USE

FOR

Liquid Peptonoids.

Successfully used in Dissolving the False Membrane in Diphtheria.

A physician writes: "In an experience of over thirty years I have never used anything to equal your *Liquid Peptonoids* as a local application with a spray. It will dissolve the membrane and destroy the diphtheritic odor in less than twenty-four hours. I use the *Liquid Peptonoids* full strength as a spray, two or three times a day, in bad cases."

Used successfully by another physician in two desperate cases: "I was induced to try *Liquid Peptonoids* in two very desperate cases of *Diphtheria*. I think I never saw throats more heavily coated with exudate than were these, and I think I never saw it more rapidly disappear than in these cases, by frequent spraying with your *Liquid Peptonoids*."

LIQUID PEPTONIDS can be taken by patients unable to ingest food in any other form. In *dyspepsia* and *loss of appetite* its effects are positive, its digestive properties assisting in the digestion of food taken and its peptogenic properties quickly stimulating the natural digestive secretions of the stomach.

Pancrobilin.

Prepared (in both Liquid and Pill form) from Extract of Pancreas and Bile.

This preparation is designed expressly to increase the digestion and absorption of fats.

We believe that the fat-digesting properties of pancreatic and the bile are inseparable, and that without their union in the intestinal tract but little, if any, fat would be digested and absorbed.

PANCROBILIN will be found of great service in *Phthisis and other wasting diseases, Nervous Prostration, Constipation, Inanition, Malnutrition, Intestinal Indigestion* and wherever there is a failure to assimilate fats.

If the skin is first wet with LIQUID PANCROBILIN, the inunction of oils will be greatly facilitated.

LIQUID PANCROBILIN is put up in pound bottles.

PILL PANCROBILIN is put up in bottles holding 100 pills. The coating of the pills will resist acid digestion, when given as directed, but will be quickly dissolved in the alkaline secretions of the duodenum.

Phospho-Caffein Comp.

(Granular Effervescent.)

Formula for each desertspoonful:

Caffein.
Acidi Phosphorici, aa grains, ss.
Antipyrin.
Ext. Apii. Grav. dulc. (Celery), aa grains i.
Sodium Bromide, grains, v.

The satisfactory results produced by PHOSPHO-CAFFEIN COMP. in *Headaches, Neuralgia, Insomnia, Neurasthenia and general Nervous Irritability*, are not due to the effect of any one ingredient, but to the happy effect of the combination. A thorough series of comparative tests have demonstrated the superiority of the above formula over any other in the market.

REED & CARRICK, New York.

Homœopathic Pharmacy.

Tinctures, Triturations, Dilutions, Globules, Sugar of Milk, Vials, Alcohol, German Velvet Corks, Absorbent Cones, Pocket, Hand and Buggy Medicine Cases.

We carry a Full Stock of Sherman's Tinctures and Triturations and sell at Sherman's Prices.

**SEND FOR OUR PRICE LIST GIVING
Special Cash Prices to Physicians.**

**I. H. ROBY,
177 Thirty-first Street, Chicago.**

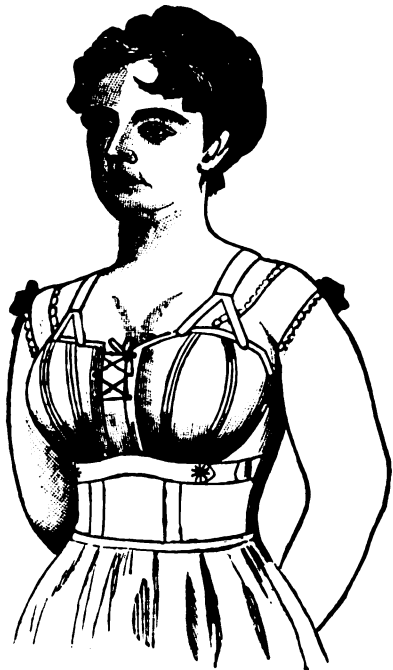
Perfection Breast Supporter.

This is a perfect support for the *breast* combined with *shoulder braces* and *skirt supporter*; it may be worn with or without corsets. This Supporter removes the weight of the breasts from the dress waist and places it upon the shoulders, producing a perfect shaped bust and allowing elegant fit of dress. The bands are elastic, allowing free respiration and easy movement of body and arms. This Supporter is what every lady needs during pregnancy and throughout the nursing period, relieving the sensation of weight and dragging that is so annoying and prevents injury from undue pressure. It is constructed upon sanitary principles, perfect ventilation secured, and may be worn, especially by the fleshy, all seasons of the year with perfect comfort.

When ordering, send bust measure.

ANTI-SEPTIC PADS,

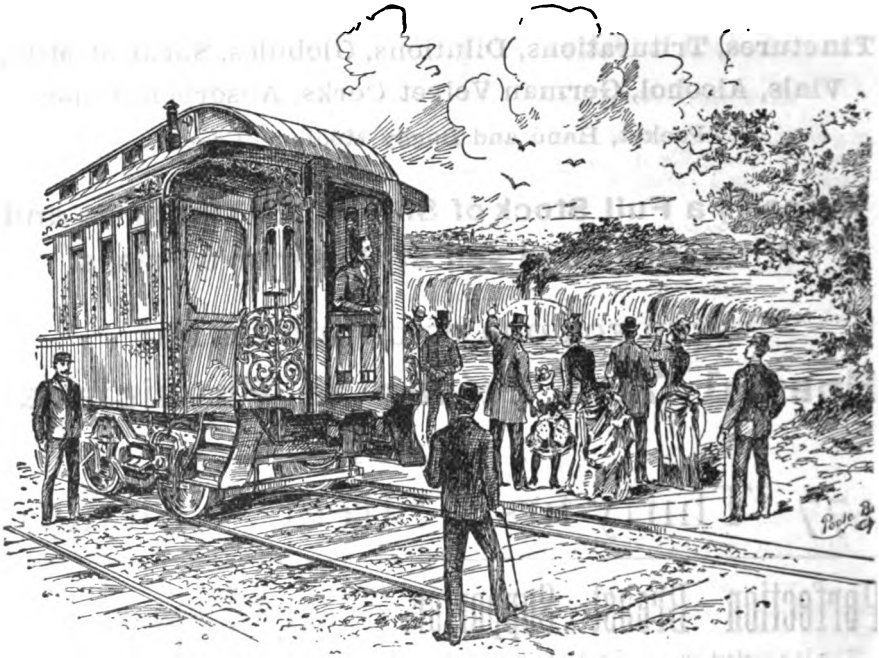
For lying-in and surgical purposes; are suitable for use in all cases where sepsis is possible and are endorsed and adopted by all obstetricians and gynecological surgeons who have examined them. Send or descriptive circular. For sale at all pharmacies



**MRS. C. D. NEWELL,
75 MADISON STREET, ROOM 49, CHICAGO.**

MICHIGAN CENTRAL

"THE NIAGARA FALLS ROUTE."



THE VESTIBULED LIMITED OF THE MICHIGAN CENTRAL AT FALLS VIEW.

The Vestibuled Limited

OF THE **MICHIGAN CENTRAL** IS THE

First complete and solid vestibuled train run on any eastern line. It is composed of

**VESTIBULED SLEEPING CARS,
VESTIBULED DINING CARS,
VESTIBULED DAY COACHES,
VESTIBULED SMOKING CARS,
VESTIBULED SECOND-CLASS CARS,
VESTIBULED BAGGAGE CARS,**

Leaving Chicago at 3:10 P. M. and Detroit at 10:55 P. M., stopping at Falls View at 5:45 A. M. (Eastern Time), arriving at Niagara Falls at 6:25 A. M.; Buffalo, 7:15 A. M.; New York, 8:50 P. M., and Boston, 10:57 P. M., via New York Central & Hudson River and Boston & Albany Railroads.

	Lvs. Chicago,	Ar. Niagara Falls,	Ar. Buffalo.
Day Express,	†9:00 A. M.	‡3:51 A. M.	‡4:35 A. M.
Night Express,	*9:10 P. M.	*8:23 P. M.	*9:05 P. M.
Atlantic Express,	*10:10 P. M.	*5:12 P. M.	*5:55 P. M.

* Daily. † Except Sunday. ‡ Except Monday. Eastern Standard Time at Niagara Falls and Buffalo.

CHICAGO DEPOTS: Foot of Lake Street, and Foot of 22d Street.

L. D. HEUSNER,
City Passenger & Ticket Agent,
67 Clark St., corner Randolph, Chicago.

O. W. RUGGLES,
Gen'l Passenger & Ticket Agent,
Chicago.

Wheeler's Tissue Phosphates.

Bone Calcium Phosphate CaP.O. , Sodium Phosphate Na H.P.O. , Ferrous Phosphate $\text{Fe}_2 \text{P.O.}$ Trihydrogen Phosphates H.P.O.

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.

A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris. Combines with it a superior Pemartin Sherry Wine and Aromatics in an agreeable cordial, easily assimilable and acceptable to the most irritable stomachs.

Phosphorus, the oxidizing element of the Nerve Centers for the generation of Nerve Force: Lime Phosphate, an element of Cell development and Nutrition; Soda Phosphate, an excitant of Functional Activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the Generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids, Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus of Subduing Fever and Allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of Faulty Nutrition, the outcome of Indigestion, Malassimilation of Food and FAILURE OF SUPPLY of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, and as a **PHYSIOLOGICAL RESTORATIVE** in Sexual Debility and all used-up conditions of the Nervous System should receive the careful attention of all good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychninæ of the U. S. Dispensary may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce an ordinary dose, a combination of a wide range of usefulness, especially in Dyspepsia, with Constipation, Nervous Debility, and in Chronic Malaria.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at Chemical Laboratory of T. B. WHEELER, M.D., Montreal, P. Q.

Put up in pound bottles and sold by all Druggists at One Dollar.

HERNIA

EGAN'S IMPERIAL TRUSS.



This is a new Truss upon new and anatomical principles, having a **Spiral Spring Pad**, varying in size and form, as well as strength of Spring. The pressure being circular, or graduated, adapts itself to every motion of the body. **Worn Day and Night.** The Adult Pad gives a pressure from 3 to 6 pounds. Pad No. 3 gives 3 pounds, Pad No. 4 gives 4 pounds, Pad No. 5 gives 5 pounds, Pad No. 6 gives 6 pounds. The springs are all interchangeable one with the other, and can thus be exchanged till the proper pressure is obtained and without extra expense. Our Infant's Truss is a perfect success, **Ladies' Trusses a Specialty.** Our Umbilical Truss is something new and never fails. Pronounced by the Best Medical Authority to be the true and only Umbilical Truss. Our Truss is used by the best medical men of Ann Arbor and in Michigan State hospitals. Office, Hamilton Block.

EGAN IMPERIAL TRUSS COMPANY, ANN ARBOR, MICHIGAN.

DR. McMUNN'S

- ELIXIR OF OPIUM -

An Invaluable Remedy in the Preparation of Opium.

This is the pure and essential extract from the native drug. It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious, useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and antispasmodic powers of Opium to produce sleep and composure; to relieve pain and irritation, nervous excitement and morbid irritability of body and mind; to allay convulsive and spasmodic actions, etc. And being purified from all the noxious and deleterious elements, its operation is attended by no sickness of the stomach, no vomiting, no costiveness, no headache, nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum and every other Opiate preparation.

E. FERRETT, AGENT, 372 PEARL STREET, NEW YORK.

raphy, description, etc., will appear, but not of the conventional commonplace sort. Illustrated.

Among the most interesting in the list of scientific papers for the year will be a remarkable article by Professor John Trowbridge, upon the most recent developments and uses of Photography. Illustrated.

A class of articles which has proved of special interest will be continued by a group of papers upon Electricity in its most recent applications, by eminent authorities; a remarkable paper on Deep Mining, and other interesting papers. Unique illustrations.

A Special Offer to cover last year's numbers, which include all the Railway Articles, as follows;

A year's subscription (1889) and the numbers for 1888, \$4.50. A year's subscription (1889) and the numbers for 1888, bound in cloth, \$6.00.

Three dollars a year, 25 cents a number.

CHAS. SCRIBNER'S SONS,

743-745 Broadway, N. Y.

THE JOURNAL OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

This journal will be issued by A. L. Chatterton & Co., New York, quarterly, commencing January, 1889, and edited by George S. Norton, M.D. The journal will be devoted to original articles upon the three specialties, and made of the highest practical value to all interested in the eye, ear or throat. In addition to original papers by prominent authorities, the immense mass of material found at the New York Ophthalmic Hospital will be utilized.



For 1888 is better than ever, and should be in the hands of every person contemplating buying **SEEDS, PLANTS or BULBS.** It contains 3 Colored Plates, thousands of Illustrations, and nearly 150 pages, telling what to buy, and where to get it, and naming lowest prices for honest goods. Price of GUIDE only 10 cents, including a Certificate good for 10 cents worth of Seeds.

JAMES VICK, SEEDSMAN,
Rochester, N. Y.

PRACTICE FOR SALE.

FOR SALE.—AS I CONTEMPLATE MOVING to the Coast in the spring, I will dispose of my good will and practice to any one purchasing my office furniture and fixtures at a fair valuation. Address, J. J. Sturgis, M.D., Olathe, Kan.

FOR SALE.—PRACTICE, ACUAL CASH receipts, \$2500. House twelve rooms including connecting offices, on an east front corner lot, 120x65 feet, barn 22x32 feet, will sell all for \$7000, offer good for thirty days. Easy terms. Property alone worth \$8000. Will sell practice alone for \$500. I want to leave the city if possible in forty days at farthest. Can hand over 95 per cent of work to right man. This is the finest city in the country, pop. 200,000, always booming—speak quick or you will be too late. D. M. GRAHAM, 1527 Sixth st., N., Minneapolis, Minn.

PRACTICE WANTED.

WANTED.—A SPECIALIST IN DISEASES of women would like to buy out a practice or form a partnership with a physician. Address, FRANKFORD, care Medical Advance.

FOR SALE.

WHO WANTS A COPY OF BOENNINGHAUSEN'S Pocket Book, spanning new, in perfect order. Price, \$8.00. Don't all speak at once. Write before sending money. Address, POCKET-BOOK, care R. B. Johnstone, M.D., 1319 Walnut st., Philadelphia, Pa.



The **BUYERS' GUIDE** is issued March and Sept., each year. It is an encyclopedia of useful information for all who purchase the luxuries or the necessities of life. We can clothe you and furnish you with all the necessary and unnecessary appliances to ride, walk, dance, sleep, eat, fish, hunt, work, go to church, or stay at home, and in various sizes, styles and quantities. Just figure out what is required to do all these things **COMFORTABLY**, and you can make a fair estimate of the value of the **BUYERS' GUIDE**, which will be sent upon receipt of 10 cents to pay postage, **MONTGOMERY WARD & CO.** 111-114 Michigan Avenue, Chicago, Ill.

MARVELOUS MEMORY DISCOVERY.

Any book learned in one reading.

Mind wandering cured.

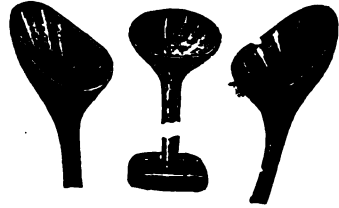
Speaking without notes.

Wholly unlike artificial systems.

Piracy condemned by Supreme Court.

Great inducements to correspondence classes.

Prospectus, with opinions of Dr. Wm. A. Hammond, the world-famed specialist in Mind Diseases, Daniel Greenleaf Thompson, the great Psychologist, J. M. Buckley, D.D., Editor of the *Christian Advocate*, Richard Proctor, the Scientist, Hons. Judge Gibson, Judah P. Benjamin, and others, sent post free by Prof. A. LOISETTE, 237 Fifth av., New York.



DR. McINTOSH'S Natural Uterine Supporter.

141 & 143 WABASH AVENUE, CHICAGO, ILL.

Reasons Why our Supporter is Preferable to Others.

It affords combined Uterine and Abdominal Support.

The Abdominal Support gently lifts the weight of the intestines off from the pelvic organs so there may be no obstruction to the replacement of the uterus, nor any unnatural pressure upon it from above.

The Uterine Support is perfectly smooth and unirritating. It cannot become poisonous from absorbed secretions, nor produce injury by pressure.

The Elastic Cords permit free movements: the patient may walk, sit, run or lift without risk or inconvenience. *This Supporter will not interfere in any way with nature's necessities.*

Self-Adjusting. It requires no especial skill for adjustment, therefore the patient can be readily instructed how to remove and replace it.

Our Reduced Prices are to Physicians, \$5.00. Instruments sent by mail, at our risk, on receipt of price; or we can send by express, C.O.D., and collect return express on the money.

CAUTION.—Several worthless Imitations have been made which are often substituted for our instruments to the detriment of the patient and the disappointment of the physician. None genuine unless the pad of the Abdominal Belt is stamped in gilt letters, "*Dr. McIntosh N. U. Supporter, Chicago, Ill.,*" and the base of each cup, "*Dr. McIntosh N. U. S. Co., Chicago, Ill., U. S. A.*" It is an advantage to order direct from us, as we exchange cups at any time without extra charge, and are able to fit any case that requires uterine support.

Our valuable pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

Optical Department

OF THE

McINTOSH GALVANIC AND FARADIC BATTERY CO.

We manufacture a complete line of *Microscopes, Stereopticons, Sciopopticons* and *Accessories*. Your special attention is invited to our *Solar Microscope* and *Stereopticon Combination, Professional Microscope, Clinical Microscope* and *Bi-unial Stereopticon*.

We are prepared to furnish a large assortment of *Educational and Scientific Slides, Microscopic objects*, including the productions the best American and Foreign Preparers furnished to order.

Our complete catalogue will be sent free on application. Address,

McINTOSH GALVANIC AND FARADIC BATTERY CO.,

141 AND 143 WABASH AVENUE, CHICAGO, ILL.

Malted Milk Co., Racine, Wis.

A SAMPLE WITH PARTICULARS on application to

Dr. T. Gristwood Comstock, 507 North 14th st., St. Louis, writes:
"We use it in the St. Louis Childrens' Hospital, as likewise in the Good Samaritan Hospital; and it is unanimously recommended by the Medical staff of both hospitals."

It is soluble in water!
It requires no cooking!
It does not require the addition of milk!
It contains no starch!

ADVANTAGES CLAIMED FOR MALTED MILK:

In MALTED MILK we present PURE, FRESH MILK from GRASS FED COWS, combined with the extract of selected wheat and malted barley in a dry, powdered form, which is soluble in water, and thus ready for instant use; at the same time it may be kept on hand in any climate for any length of time. Owing to the diastatic action of the barley malt, the starch of the wheat has been converted into the soluble form of dextrine and grape sugar. The caseine of the milk has also been divided, which causes it to form into creamy, light flakes; as in mother's milk, it having been subjected to constant stirring and mixing with the extract of the cereals during the process of evaporation in vacuo at low temperature.

INFANTS, INVALIDS AND AGED PEOPLE.

FOR

THE NEW DIET

MALTED MILK.

POWDERED CHOCOLATE
THE ONLY ANTI-DYSPEPTIC

Physicians in regular practice will be furnished with a sample on application.



COCOATHETA is recommended and sold by I. H. ROBY.
 Put up in $\frac{1}{2}$ and 1 lb. tins.

Dr. A. R. THOMAS, Dean of the Hahnemann College, says: "Of the various preparations of Cocoa and Chocolate in the market, WILBUR'S COCOATHETA I consider the best. Highly nutritious and extremely palatable, it forms a delightful beverage for all, and particularly for invalids."

MADE ONLY BY

H. O. WILBUR & SONS,
 PHILADELPHIA.

25

UNIVERSITY OF MICHIGAN

3 9015 04987 2537



